



2020-21 Pre-Budget Submission

December 2019

Contents

| | |
|---|-----------|
| About Vision 2020 Australia | 2 |
| Executive Summary | 3 |
| Summary of priorities for investment | 4 |
| Budget priorities for 2020-21 | 5 |
| End avoidable blindness in Aboriginal and Torres Strait Islander communities | 5 |
| Improve access to assistive technology for people who are blind or have low vision | 7 |
| Fund a second National Eye Health Survey | 8 |
| Getting to 2020 – tackling blindness in PNG | 9 |
| Extend support for KeepSight | 12 |
| Summary budget | 13 |

About Vision 2020 Australia

Vision 2020 Australia is the national peak body for the eye health and vision care sector.

It represents almost 50 member organisations involved in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support.

A range of Vision 2020 Australia members are making submissions to the annual budget process. Vision 2020 Australia supports these and the efforts of all members to reduce preventable blindness and improve opportunities for participation of people who are blind or vision impaired.

The proposals in this Vision 2020 Australia submission have been developed to complement those being proposed by individual members.

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Executive Summary

2020 is a unique year to raise awareness of the importance of good eye and vision care and invest in initiatives that can transform the eye health and vision of Australia and its neighbours.

There are currently over 450,000 Australians living with blindness or vision loss, and estimates suggest that without intervention, these numbers could almost double by 2030. Some of the key challenges faced in this area include:

- Aboriginal and Torres Strait Islander people experience vision loss at three times the rate of non-Indigenous Australians.
- Rates of diabetes are rising. While diabetes can cause permanent vision loss, this is almost entirely preventable or treatable if identified early.
- People who are blind or vision impaired continue to experience barriers when accessing the services and supports they need, including timely access to appropriate assistive technology.

High rates of vision loss also continue to be reported across parts of the broader Indo-Pacific¹, with one of Australia's closest neighbours, Papua New Guinea, experiencing some of the highest rates of blindness in the world.

The total annual economic cost of vision loss in Australia is estimated to be \$16.6 billion or \$28,905 per person with vision loss aged over 40.²

The good news is that some 90 per cent of vision loss can be prevented through early identification and treatment. For people who have permanent vision loss, there is a range of equipment, training and advice which can support them to remain independent and involved in the workforce and the community.

This submission outlines priorities for eye sector investment - a number of which will support the Government to deliver on its existing commitments:

- End avoidable blindness in Aboriginal and Torres Strait Islander communities.
- Improve access to assistive technologies for people who are blind or vision impaired and invest in cross sector research to identify how the benefits of this can be maximised.
- Support a second National Eye Health Survey.
- Expand investment in eye health programs in the Indo-Pacific, with a particular focus on Papua New Guinea.
- Continue support for the KeepSight program.
- Improve public access to intravitreal injections.

¹ Bourne, R, Flaxman, S, Braithwaite, T et al. Magnitude, Temporal Trends, and Projections of the Global Prevalence of Blindness and Distance and Near Vision Impairment: A Systematic Review and Meta-Analysis, *The Lancet Global Health* 2017, 5(9): 888-897.

² Access Economics, 2010, *Clear Focus: The Economic Impact of Vision Loss in Australia in 2009: A Report prepared for Vision 2020 Australia*, Melbourne

Summary of priorities for investment

| Priority area | Alignment to government commitments & priorities | |
|---|--|---|
| End avoidable blindness in Aboriginal and Torres Strait Islander communities | | |
| Fund additional outreach, case management and support services alongside initiatives to embed eye care in community led services. | \$70.17 million over 5 years | <i>Long Term National Health Plan</i> – end avoidable blindness in Aboriginal and Torres Strait Islander Communities <i>Long Term National Health Plan</i> – Expand the Rural Health Outreach Fund |
| Improving access to assistive technologies for people who are blind or vision impaired | | |
| <p>Facilitate timely access to assistive technology for people who are blind or vision impaired and cannot access these supports through other programs.</p> <p>Support cross disability/aged care sector research to identify how the opportunities and benefits assistive technology can deliver can be maximised for people living with blindness or low vision, their communities, and the broader economy and workforce.</p> | | The NDIS plan (also reflects themes emerging from Royal Commission into Aged Care). |
| A second National Eye Health Survey | | |
| Fund a second National Eye Health Survey to deepen understanding of Australia’s vision and eye health. | \$3.99 million over 2 years | <i>Closing the Gap Partnership Agreement</i> International reporting obligations through the WHO and other parties |
| Eye health programs in the Indo-Pacific, with a particular focus on PNG | | |
| Fund targeted program of workforce, infrastructure and outreach services to reduce high levels of blindness in PNG. | \$41.27million over 5 years | The Pacific Step Up Planned PNG Australia Transition to Health program |
| Extend support for KeepSight | | |
| Match private sector funding for coming three years to sustain efforts to reduce diabetes related vision loss. | \$4.50 million over 3 years | National Diabetes Strategy |

Budget priorities for 2020-21

End avoidable blindness in Aboriginal and Torres Strait Islander communities

Strong Eyes, Strong Communities – a five year plan for Aboriginal and Torres Strait Islander Eye Health and Vision 2019-2024 is the roadmap that describes the actions needed to deliver on the Morrison Government’s commitments in Australia’s Long Term National Health Plan to end avoidable blindness in Aboriginal and Torres Strait Islander communities by 2025, and increase Rural Health Outreach Funding.

Developed through cross sector collaboration and with input from Aboriginal and Torres Strait Islander organisations, leaders and health workers, seven priorities for investment in 2020-21 have been identified (Table 1). Together, these will deliver over 183,000 extra outreach, support and other services over the 2020-2025 period as well as other activities to build sustainable, locally led eye care into the future.

Table 1 *Strong Eyes, Strong Communities* investment priorities for coming 5 years

| Element | \$ (m) | Deliverables |
|--|---------------|---|
| Co-design, implement and evaluate ACCHO led models of eye care. | 4.57 | Pilot established and operating across three ACCHOs, early stage evaluation completed. |
| Fund eye health training for ACCHO staff to build local capacity and bolster prevention efforts. | 5.35 | Fund eye health training for ACCHO staff across Australia, supported by ongoing peer networks. |
| Fund priority equipment to facilitate more local service provision. | 5.41 | Slit lamps and ocular coherence tomography units in priority locations. |
| Improve local case management and support for people to access and continue treatment and care. | 26.21 | 100,000 local support services provided over 5 years. |
| Expand the Visiting Optometrists Scheme (VOS). | 18.10 | 71,250 additional optometry outreach services supported over 5 years. |
| Expand the Rural Health Outreach Fund (RHOF). | 5.47 | 12,335 additional rural outreach services supported over 5 years. |
| Fund part time regional implementation managers in 25 regions for 2 years. | 5.06 | 25 part time managers employed for two years, enhancing local eye care pathways in 25 target regions. |
| Total Australian Government funding sought | 70.17* | |

*The total budget ask for Strong Eyes, Strong Communities over 5 years is \$85.5m. That includes both state and territory funding for expansion of subsidised glasses schemes and the National Eye Health Survey which is a separate element of this submission. The ask of \$70.17m in this submission represents the total once these items are removed.

What will the investment deliver?

More ACCHO led eye care models and staff training

Part of the funding sought will support ACCHOs to embed eye health into primary care. Specific initiatives will:

- Fund eye health training for staff in each ACCHO across Australia, to enhance their knowledge of common conditions and both risk factors and treatment pathways for these.
- Pilot three locally designed and led ACCHO led models of eye health care to continue to improve practice and provide an evidence base for what works.

This will support earlier identification of people at risk of vision loss and provide more local, ongoing support for people who are being monitored or treated for those conditions. Importantly, it will also support the embedding of eye health into broader models of primary care, supporting integration at a local level.

Equipment to support more local, accessible eye care

The Final Report of the National Eye Health Care Equipment Inventory Project (NEHCEIP) demonstrated that the most needed items of equipment are slit lamps (at least 25% of services have no access) and Ocular Coherence Tomography (OCT) machines (at least 25% of services have no access). The funding will support distribution of slit lamps and OCT units in priority regions and services, reducing the need for people to leave their local communities to access the eye care they require, which has been identified as a significant, current barrier to access. The investment in ACCHO workforce training will complement this, as increasing the eye-specific skills of ACCHO staff will support greater use of this equipment in eye care.

Local case management and support

Many organisations and individual health workers consulted during development of *Strong Eyes, Strong Communities* identified the absence of local support workers as a barrier to maximising system efficiency and keeping Aboriginal and Torres Strait Islander people engaged in eye care from diagnosis through to treatment. Such roles would drive stronger connections to local services, helping embed eye care in broader primary health, as well as increasing the effectiveness of outreach program funding (VOS and RHOF).

More outreach services (VOS, RHOF)

Data analysis indicates that there is a need to significantly scale-up existing outreach services (the Visiting Optometrists Scheme and the Rural Health Outreach Fund) to meet population need. Around 21,000 extra VOS-supported eye examinations are needed per year, and with this will be a need for some more modest growth in RHOF funding. Scaling up these outreach services is integral to achieving the goal of ending avoidable blindness in Aboriginal and Torres Strait Islander communities, and this scale-up needs to commence in the short term to achieve the medium to longer term benefits of such investment.

Locally responsive eye care

Local systems and community needs vary across Australia, and regional co-ordinators play a key role in helping to maximise existing service capacity, identifying service gaps and ensuring local needs are met. Funding to support 25 part-time regional implementation managers is needed to help ensure that across Australia, all Aboriginal and Torres Strait islander communities can benefit from this more locally driven and responsive approach.

Improve access to assistive technology for people who are blind or have low vision

Vision 2020 Australia members working with people who are blind or vision impaired have identified funding of assistive technologies as a critical priority for increasing social and economic participation.

Timely access to appropriate aids and assistive technology can lead to considerable health and socio-economic benefits, by keeping Australians in employment and/or independent within their own homes. Low vision aids have the potential to enable people to remain independent and self-manage activities of daily living and/or maintain a high level of independence and function.

The effectiveness of assistive technologies continues to grow, but key barriers prevent the vast majority of people with vision impairment from accessing these transformative innovations and it is currently estimated that only 15% of people with low vision have access to low vision aids.³

Under current policy and program settings, there is limited access to government subsidised assistive technology. Eligible participants on the National Disability Insurance Scheme (NDIS) can access fully funded aids and equipment if the aid is assessed as being “reasonable and necessary” and there is limited access to funded support for the over 65s through the aged care system. Additionally, funding caps within the CHSP program limit assistive technology spending to \$500 per person per annum.

Where government-funded support is not available the cost of assistive technologies can be a significant barrier to accessing these important aids. In addition, other barriers (such as low levels of cultural safety) can prevent priority groups such as Aboriginal and Torres Strait Islander people accessing the equipment they need.

There is a need to develop a deeper, shared understanding across government of how AT in the blindness and low vision area can maximise these benefits, across all age cohorts. Further work is needed study to examine these across both the disability and aged care sector and identify how the opportunities and benefits assistive technology can provide can be maximised to drive significant economic and social returns to Australians living with blindness or low vision, their families and communities, and the broader economy.

Priority for 2020-21 budget investment

Enhance early access to, and provision of, assistive technology through both the National Disability Insurance Scheme and the aged care system for people who are blind or have low vision.

Support cross disability/aged care sector research to identify how the opportunities and benefits assistive technology can deliver can be maximised for people living with blindness or low vision, their communities and the broader economy and workforce.

³ The George Institute (2017), “Low Vision, Quality of Life and Independence: A Review of the Evidence on Aids and Technologies”, Macular Disease Foundation Australia, Australia

Fund a second National Eye Health Survey

The initial National Eye Health Survey conducted in 2015 was the first comprehensive national survey of the prevalence and causes of vision impairment and blindness for Australians that provided a benchmark against which to measure national progress in eye health and vision care.

A number of well documented public health and environmental factors, with associated economic implications, underline the need for a second National Eye Health Survey, including:

- The disparity in major eye disease rates between Aboriginal and Torres Strait Islander people and other Australians, such as diabetic retinopathy and cataract.
- The differences in the prevalence of vision loss between Aboriginal and Torres Strait Islander people and other Australians.
- The marked increase in our ageing population, where it is estimated that almost 85% of all vision impairment will be amongst those aged 50 years or more.
- The rapid rise in the prevalence of diabetes, and consequently diabetic eye disease.

The solution

It is recommended that the Australian Government fund a second National Eye Health Survey (NEHS2) to accurately track progress in reducing the burden of blindness and vision impairment.

NEHS2 will provide a range of data that can be compared to that collected in 2015, enabling accurate mapping of progress in reducing the burden of vision loss and an effective mechanism to target health care resources effectively.

The data collected through this survey will strengthen Australia's eye health and vision care evidence base, enabling the Australian Government to outline its contribution to achieving the aims set out in the Global Action Plan, and further quantify progress towards ending avoidable blindness in Aboriginal and Torres Strait Islander communities.

In addition to supporting the evaluation of the impact of existing eye healthcare services, NEHS2 will also guide future resource allocation, policy development and economic analysis for effective service delivery in Australia.

The completion of this work will enable the collation of high-quality national data at two time points which will, for the first time, permit sophisticated projection analysis of the trends in vision impairment and major eye disease in Australia. It will be a demonstration of active partnership between government, non-government and private sector organisations, working together to deliver mutually beneficial research essential to achieving evidence-based eye health outcomes for all Australians.

Priority for 2020-21 budget investment

Funding of \$3.99 million over 2 years, commencing in 2020, to support the design, delivery and analysis of high-quality national data, within strategically critical timeframes.

Getting to 2020 – tackling blindness in PNG

In the Indo-Pacific region, there are more than 15 million people who are blind and another 82 million people that have a moderate to severe visual impairment. Over the next 20 years, that number is set to rise considerably and Vision 2020 Australia members have identified countries including Papua New Guinea, Timor-Leste, the Solomon Islands and Indonesia as some of the priorities for action.

The situation is particularly stark in Papua New Guinea, which has an eye care crisis. It has some of the highest rates of blindness in the world - while PNG has less than one third the population of Australia, the size of its population living with blindness is 2-3 times that of Australia's. The World Health Organisation has identified the high levels of cataract related blindness in Papua New Guinea as a priority for action within our region.

Cataract is the major cause of that vision loss. Around the world, many people with cataracts receive low cost, sight saving surgery but to date, there has been little access to this surgery in PNG and surgical quality of those performed has also varied. While women experience grater rates of cataract blindness than men in PNG, much fewer woman than men receive surgery.

Currently there are only seven ophthalmologists performing surgery for a population of 7.5 million, with variable access to the necessary equipment and disposables. There are also relatively few staff trained in other eye care roles, and almost 90% of the population live in rural and remote areas.

The solution

Where the Australian Government has supported eye health and vision care, significant gains have been made towards eliminating avoidable vision loss and blindness. Funding eye health and vision care programs has immediate, tangible results. Globally, there is a return of around \$5 for every \$1 invested in eye health and vision care.

Along with the humanitarian imperative, lifting people out of poverty fosters peace and sustainable local economies, protects Australia from regional conflicts and lowers the threat of other regional issues such as health pandemics. Critically, such investment offers not just immediate social and economic benefits but also substantial strategic benefits for Australia, by providing a clear show of support for neighbouring countries within our region.

Priority for 2020-21 Budget investment

As an immediate priority, funding of \$41.27 million is sought to deliver a targeted, five year package of eye initiatives in PNG, to tackle the current crisis and work towards sustainable local eye care for that country into the future. Investment in three main areas is required:

1. Build and upskill the local eye care **workforce**: expand the number of skilled ophthalmologists available to provide cataract surgery and other important treatment⁴, and support establishment of a new optometry workforce (\$3.51m).

⁴ Including treatment of diabetic eye disease and other common eye conditions

2. Build the **infrastructure** needed to both train that workforce and deliver eye care, through funding establishment of a Centre for Excellence in Ophthalmology, potentially in partnership with New Zealand (\$15.75m).
3. Deliver **outreach services** to restore sight to thousands of people living with cataract blindness across PNG, including those in rural and remote areas (\$22m).

This work will include a focus on addressing the current disparities in accessing treatment, and ensuring stronger connections to support for those people who are identified as having permanent vision loss, in line with the broader focus on disability inclusion and ensuring no-one is left behind.

Importantly, this initiative will leverage the considerable expertise, resources and networks of its many members to deliver concrete results through an active, cross sector partnership.

Organisations such as Fred Hollows Foundation, the Royal Australian and New Zealand College of Ophthalmologists and Brien Holden Vision Institute have developed proposals that underpin this plan, in partnership with local PNG stakeholders, including discussion with the PNG Prevention of Blindness Committee.

A range of other Vision 2020 Australia member organisations including OneSight, the Australian College of Optometry, the Royal Australasian College of Surgeons, Sight For All and others involved in training and international programs have also signalled interest in participation.

Through their past and current involvement, the collective efforts of many Vision 2020 Australia members have laid the foundations for progressing the priorities identified in this proposal. This strong sector knowledge and experience, coupled with good data about the current challenges, sets the eye sector apart from a range of other areas. We know the where the gaps are and now have some of the key underpinnings for success (such as a suitable ophthalmology course) and are ready to take the next steps.

What will that funding deliver?

Build the workforce (\$3.51m)

An integrated package of training (\$1.02m) will upskill local ophthalmologists and train new ones, to address the fundamental local undersupply of qualified and skilled medical specialists. This will include supported advanced training of some in sub-specialities; skills enhancement to support local training and supervision of future trainees; and other strategies to both expand the workforce and enhance their surgical and other skills.

Overall, some 24 doctors and trainees will be supported through elements of the package, with an ophthalmology skills training centre established to provide ongoing access to training infrastructure.

In addition, there will be a focus on establishing a new optometry workforce in PNG to help expand access to high quality day to day eye care as part of a stronger, sustainable future eye care system (\$2.49m). This funding will develop local faculty and a new course in partnership with local stakeholders, as well as developing local optometry services through existing vision centres.

Invest in infrastructure – build a Centre of Excellence (\$15.75m)

To develop long-term solutions to the shortage of health workforce, there needs to be investment in a facility that provides fit for purpose training infrastructure.

A Centre of Excellence for Ophthalmology in PNG is proposed, to train doctors and nurses from across the country in comprehensive eye care and support outreach activities to the remote regions of PNG. There may be opportunities for the Australian Government to partner with the New Zealand Government to support its delivery.

Expand outreach services (\$22m)

The cataract backlog in PNG is substantial: there are over 400,000 people currently affected. Scaling up outreach services will deliver much needed surgeries across the country, including remote and hard to access services. While the primary focus will be on cataract surgeries, this work will also provide an opportunity to build workforce skills and test models for future provision of eye care services and supporting systems.

Budget

| | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 5yr total |
|----------------------------------|-------------|--------------|-------------|-------------|-------------|--------------|
| Getting to 2020 - workforce | 0.44 | 0.62 | 0.60 | 0.98 | 0.87 | 3.51 |
| Getting to 2020 - infrastructure | 1.15 | 7.70 | 3.50 | 1.60 | 1.80 | 15.75 |
| Getting to 2020 - outreach | 2.40 | 5.26 | 4.65 | 4.80 | 4.90 | 22.01 |
| Totals | 4.02 | 13.61 | 8.80 | 7.41 | 7.58 | 41.27 |

Extend support for KeepSight

Diabetes is the leading cause of vision loss in working age Australians, with diabetes causing diabetic retinopathy (DR) as well as the increased risk of developing cataracts and glaucoma.

The costs of diabetic eye disease are substantial. For example, the total indirect annual cost of vision loss associated with diabetic macular oedema (DME), one of the most common manifestations of DR, is estimated to be \$2.07 billion. This is more than \$28,000 per person with DME.

Currently around 50% of people with diabetes – 630,000 people – are not accessing an eye health check. The KeepSight initiative aims to ensure that all people with diabetes access the clinically recommended diabetes eye checks.

The KeepSight initiative brings together eye care and diabetes health professionals to encourage people living with diabetes to register for the program, which will provide reminders and other information which encourages them to get regular eye examinations.

The KeepSight portal and platform had its public launch in early 2019, and since that time:

- Over 3,200 optometrists and around 650 ophthalmologists have registered with the program.
- Over 38,000 people with diabetes have registered with the program, with approximately 1800 new registrations occurring every week.
- There have been over 62,000 visits to the KeepSight website.

Priority for 2020-21 Budget investment

Further Australian Government funding of \$1.5 million per year over three years is needed.

This, along with matched private sector commitment of over \$1 million per year, will support the continued roll out, refinement and embedding of this program into practices, systems and the broader community nationwide.

Summary budget

| | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 | total |
|--|---------|---------|---------|---------|---------|-------|
| End avoidable blindness in Aboriginal and Torres Strait Islander communities | 9.13 | 15.12 | 14.55 | 15.48 | 15.89 | 70.17 |
| Improve access to assistive technologies for people who are blind or vision impaired | | | | | | |
| A second National Eye Health Survey | 3.19* | 0.80 | | | | 3.99 |
| Getting to 2020 – tackling blindness in PNG | 3.99 | 13.58 | 8.75 | 7.38 | 7.57 | 41.27 |
| Extend support for KeepSight ** | 1.50 | 1.50 | 1.50 | | | 4.50 |

*Includes establishment funding in 2019-20 to support timely delivery

**Three years funding being sought at this time, to match confirmed private sector contributions