

# 2021 National Eye Research Collaborative Post-Forum Report

## Background

Research is integral to ending avoidable blindness and improving opportunities for people who are blind or have low vision. In the United Kingdom, a collaborative, cross sector approach to agreeing to priorities for eye and vision related research and advocating for funding has proven successful in increasing both collaboration and support for this important area.

In response to requests from its members, Vision 2020 Australia agreed to explore the potential establishment of a national eye research collaborative in Australia to achieve similar goals. Hosting the national online forum was the first step in facilitating a cross sector discussion around how such an approach might be progressed and possible research priorities for cross sector advocacy.

To help inform discussion on the day, attendees were asked to participate in a pre-forum survey to rate what they see as the most important principles for guiding a research collaborative and what should be prioritised in ophthalmic research. These responses were consolidated and formed the basis of a pre-forum background paper and initial list of research priorities.

The forum was held on 28 April via zoom, with 57 attendees. The forum agenda<sup>1</sup> was designed to provide -

1. An overview of the background and benefits of a cross-sector eye research collaborative
2. An opportunity to discuss foundations for collaboration across the sector and gauge potential interest in such collaboration
3. An opportunity to explore potential cross sector research priorities

These notes provide an overview of key items discussed at the forum, including a summary of initial work around priority setting.

## Setting the scene

A range of speakers provided context for the day's discussion:

- Professors Peter McCluskey and Bill Morgan talked about past work and the value of taking the research collaborative forward, noting the importance of striking a balance between discovery and translational research.
- Professor Keith Martin spoke of the UK experience via the James Lind Alliance, which brought together a diverse mix of individuals and organisations to identify and agree cross sector priorities for the eye sector and the strategic benefits this had provided across the sector.
- Professor Lisa Keay presented on principles to guide collaboration, drawing the meeting's attention to a recent MJA article which highlighted the relatively low funding allocated to ophthalmic research to date through the Medical Research Future Fund.

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<sup>1</sup> The forum meeting pack (including the agenda and background data) is provided at Appendix A.

- As a past researcher, and a person with lived experience of blindness John Simpson from Blind Citizens Australia provided a critical perspective on the importance of inclusion and in research design, setting out four principles to shape such involvement.
- Professor Hugh Taylor provided the forum with a brief overview of the international context and in particular, the research priorities identified as part of the Lancet Global Eye Health Commission.

## Principles for collaboration

At the forum, participants discussed the proposed principles for collaboration and suggested the initial list of identified principles be expanded to include a range of other areas. The consolidated list of principles is summarised below.

### Working principles to guide collaboration

**Community led:** Aboriginal and Torres Strait Islander leadership and engagement is central to all Aboriginal and Torres Strait Islander related eye research.

**Evidence of impact:** work includes a focus on evidencing the value and return on research investment.

**Inclusive:** the collaborative aims to bring together all individuals and organisations involved in eye health and vision research across multiple disciplines, both within the eye sector and beyond

**Informed by consumers and carers:** the perspectives and expertise of consumers and carers is valued, including the perspectives of Aboriginal and Torres Strait Islander Peoples, and their participation will be integral to all facets of the collaborative's work.

**Patient engagement:** ensuring people with lived experience are included in research activities.

**Respectful and open to new ideas:** participants will be open to, and respectful of, all partners input, fostering a culture of partnership and collective endeavour.

**Strategic:** decisions will be shaped by strategic insights regarding government priorities, the operating environment and other critical factors to maximise potential for success.

**Transparent:** processes for setting priorities and assessing potential proposals will be open and clear to all participants, with clear processes for managing interests and differences of opinion.

### Initial discussions regarding potential cross-sector priorities

Forum participants were allocated into mixed groups to discuss the initial draft priorities identified through the survey and identify other critical priorities for inclusion. A range of areas for further consideration arose through these discussions, including:

- The need to ensure an appropriate balance across areas of research, (characterised as a "bench to bed" approach).
- The importance of building research workforce capacity and in particular, supporting early career researchers.
- The need to ensure that areas such as pathophysiology and vision science are considered, and an open question about whether priorities should focus around these themes or disease specific areas.



A total of 64 suggestions were made regarding changes to potential priorities (Attachment One), which were then consolidated into a list of 26 areas (Attachment Two), from which each forum participant was asked to identify what they saw as the top 10 priorities where there was both a strong case for cross sector action and a compelling case for additional government investment.

Attachment Three provides the results of that voting process, which was completed by 30 forum participants.

### **Next steps**

The forum was an opportunity to lay foundations for broader, ongoing collaboration.

Vision 2020 Australia intends to use the discussion and priorities identified to take the collaboration forward, which will include –

- Further consultation to gauge interest in/support for participating in an eye research collaborative.
- Building a compelling advocacy platform/narrative for eye research in Australia.
- Potential launch at a Parliamentary Friends Group or other event, potentially with an interactive ophthalmic research and innovation focus.

Following on from the forum, Vision 2020 Australia will:

- Compile and update materials to incorporate input from the forum
- Follow up with others who were interested but unable to attend the forum
- Gauge interest of non-Vision 2020 Australia members in continuing the collaborative effort
- Support collaboration between partners to refine and agree priorities; develop and finalise associated and advocacy platform; and shape associated products.
- Explore scope for a face to face meeting of researchers in mid/late 2021
- Engage with partners to design and deliver a strong launch, late 2021 or early 2022.

## Attachment One: Suggestions and comments made at forum re priorities

Suggestions and comments
1. Addressing barriers to service access for Aboriginal and Torres Strait Islander Peoples*
2. Client and community engagement in research development and trials
3. Community led eyecare for Aboriginal and Torres Strait Islander Peoples*
4. Development and testing of therapies that improve quality of life in ageing individuals with eye disease
5. Development of therapies to restore vision in previously untreatable eye disease
6. Enhance quality, uptake and productivity of eye care
7. Ocular surface conditions
8. Pathway approaches for managing glaucoma
9. School eye health programmes into education systems
10. Screening and early detection strategies for eye conditions
11. Service development - disadvantaged/hard to reach groups
12. Strategies to integrate eye care and health into broader health care, particularly NCDs, across primary, secondary and tertiary care
13. Support for more clinical trials
14. Targeting of therapies to those most at risk of blindness using genomics and other predictors of individual risk (personalised medicine)
15. Genetic causes, universal genetic testing.
16. Research into approaches that will strengthen information systems
17. Basic science is not forgotten with focus on translational research (bench to bedside)
18. More clinical trials.
19. Priority to support ECR - job security
20. Translational research → Consumer guided research, what does the consumer or carers want from research? Is it new treatments? Is it improving access or is it something else?
21. Networks for agile clinical trials
22. Identification and implementation of evidence based strategies for preventative care (for example: diet, lifestyle, myopia prevention etc). Identify areas where better evidence is required in this domain.
23. Agreement that research priorities must be balanced from basic research through transition and health services research recognising limits funding opportunities
24. Research into how to better provide effective services/care to rural/remote communities, including telehealth, in addition to portable tests etc (this fits within points 11 and 12 probably but seemed worth specifically identifying)
25. Priorities to support early career researchers/job security.
26. We felt the 14 priorities could be considered as two pillars; what we can do now with increased funding - we know what needs doing but doing it better, and secondly research priorities to deliver the future. Should we consider prioritising strategies that bridge the two pillars? Consider better alignment with strategic development goals. Investment in the pipeline of research scientists and career development
27. Not clinical care, but equity of access.
28. More good quality clinical trials
29. 2-3 could be covered in the principles for the collaborative
30. Do we breakdown the diseases? Eg Glaucoma
31. Pathophysiology of the core diseases

32. Support early stage trials
33. Consumer guided research, what does the consumer or carers want from research? Is it new treatments? Is it improving access or is it something else?
34. Agreement that research priorities must be balanced from basic research through transition and health services research recognising limits funding opportunities
35. Pathway approaches for managing bleeding eye diseases and intravitreal injection therapies
36. Practice-based research network development as a framework for involving community based practitioners
37. Service development. Spectrum rare to common conditions. Pace of development-implementation of new technologies. Build multidisciplinary team. Patient centred.
38. Should we consider prioritising strategies that bridge the two pillars?
39. Consider better alignment with strategic development goals
40. Investment in the pipeline of research scientists and career development
41. Research into approaches that will strengthen information systems - this priority seems to have disappeared from this Google doc list versus original doc.
42. Advocate for and support health economics research in eyecare and vision loss - again important to evidence the cost benefits of new initiatives and to support clinical trials.
43. For all new national-level services e.g. screening, no data = no audit capacity, no evidence of benefit, no updated prevalence data to demonstrate the problem, etc etc
44. Health economists are highly skilled and carry a high cost to include in funding applications, also limited in number, particularly those with key interest/experience in eye health. Vision 2020AU could have an important role to support/facilitate this across research groups as limited resource
45. Health economic research
46. Pathway approaches for managing eye diseases (rather than glaucoma
47. Reaffirm importance of discovery research and smart use of resources
48. collaboration/platform for a number of conditions to be investigated, multi-site research/trials
49. Connecting appropriate services to minority groups
50. Telehealth and especially connecting to minority groups
51. In assessment of research priorities a principle should be to consider intergenerational research and ensuring long-term research skills and information transfer to enable sustainable vision research
52. Futures thinking - what are going to be the issues in 20 years time? How does that inform in terms of workforce, research needs and funding needs. What is the right balance between basic science research needs and consumer driven or health systems research to meet those needs?
53. Allocate some research priorities into other research opportunities eg Asia. Mapping funding advocacy and research opportunities. Mapping strengths eg ocular surface. Partnership and Linkage opportunities. Integrated outcomes eg registries include quality of outcome, patient success
54. Priorities should not be rigid and set on prevalent/blinding conditions. Broad areas like ageing is appropriate priority but should also include acute conditions
55. Pre-clinical, clinical and implementation continuum is important - need to ensure we address all parts of this pathway.
56. Biotech expertise is a bit under-represented

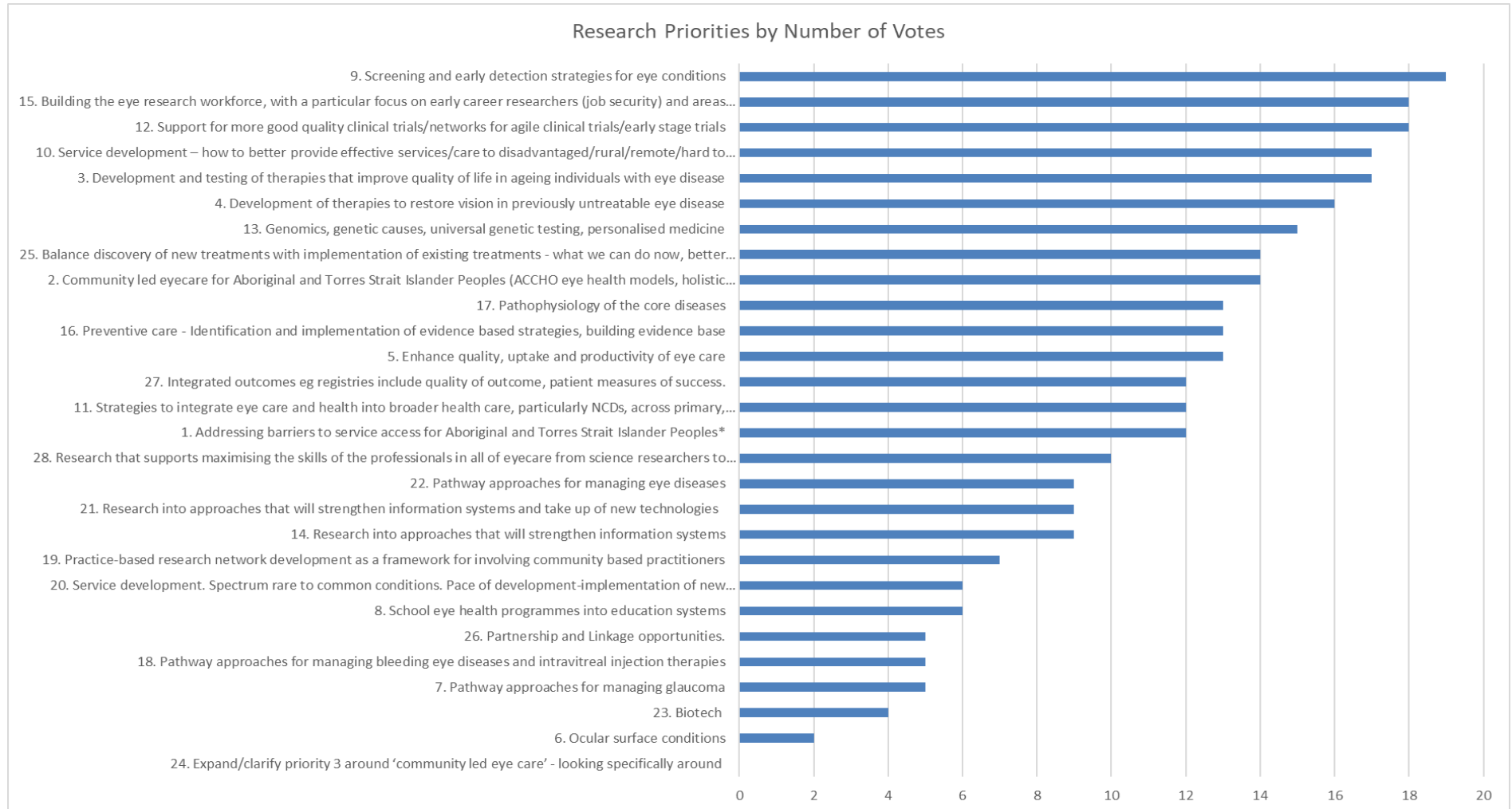
57. Expand/clarify priority 3 around 'community led eye care' - looking specifically around ACCHO eye health models, holistic models of health care, how you provide community specific eye care models, health promotion awareness
58. Balance discovery of new treatments with implementation of existing treatments - what we can do now, better (and equitable access to new treatments) - - smarter ways about resource allocation
59. Partnership and Linkage opportunities.
60. Integrated outcomes eg registries include quality of outcome, patient measures of success.
61. Global agenda, capitalise on Australian advantages
62. Noted JLA priority work in UK - specifics and general work
63. Preferred systems research over specific conditions
64. Research that supports maximising the skills of the professionals in all of eyecare from science researchers to ophthalmologists and everyone in between to deliver value to consumers. For example computational biologists and the interpretation of vast health data.

## Attachment Two - Consolidated priorities and focus areas identified at forum

1. Addressing barriers to service access for Aboriginal and Torres Strait Islander Peoples
2. Community led eyecare for Aboriginal and Torres Strait Islander Peoples (ACCHO eye health models, holistic models of health care, how you provide community specific eye care models, health promotion awareness).
3. Development and testing of therapies that improve quality of life in ageing individuals with eye disease.
4. Development of therapies to restore vision in previously untreatable eye disease.
5. Enhance quality, uptake and productivity of eye care.
6. Ocular surface conditions.
7. Pathway approaches for managing glaucoma.
8. School eye health programmes into education systems.
9. Screening and early detection strategies for eye conditions.
10. Service development – how to better provide effective services/care to disadvantaged/rural/remote/hard to reach groups, including telehealth, portable testing.
11. Strategies to integrate eye care and health into broader health care, particularly NCDs, across primary, secondary and tertiary care.
12. Support for more good quality clinical trials/networks for agile clinical trials/early stage trials.
13. Genomics, genetic causes, universal genetic testing, personalised medicine.
14. Research into approaches that will strengthen information systems and embrace new technologies.
15. Building the eye research workforce, with a particular focus on early career researchers (job security) and areas where there are known gaps (e.g. Aboriginal and Torres Strait Islander led eye research).
16. Preventive care - Identification and implementation of evidence-based strategies, building the evidence base.
17. Pathophysiology of the core diseases.
18. Pathway approaches for managing bleeding eye diseases and intravitreal injection therapies.
19. Practice-based research network development as a framework for involving community-based practitioners.
20. Service development. Spectrum rare to common conditions. Pace of development-implementation of new technologies. Build multidisciplinary team. Patient centred.
21. Pathway approaches for managing eye diseases.
22. Developing biotech expertise.
23. Balance discovery of new treatments with implementation of existing treatments - what can we do better with existing resources and how to ensure equitable access to new treatments.
24. Partnership and Linkage opportunities.
25. Integrated outcomes e.g. registries include quality of outcome, patient measures of success.
26. Research that supports maximising the skills of the professionals in all of eyecare from science researchers to ophthalmologists and everyone in between to deliver value to consumers. For example, computational biologists and the interpretation of vast health data.



## Attachment Three: Research priorities by number of votes





## Appendix A - Forum meeting pack

# Meeting pack

## National eye research collaborative forum

### Initial meeting

28 April 2021

This paper has been developed to provide attendees with background information to the forum.

It has been informed by data collected through the pre-forum survey, and at various points identifies some **questions that forum attendees are encouraged to consider as preparation for the forum discussions.**

It is important to note that research priorities identified in the recent Lancet Global Health Commission report on Global Eye Health have been used as the initial basis for identifying priorities.

While these have a service development focus, it is envisaged that the eventual list of priorities that will be developed through this forum and subsequent engagement will include **a balance of both discovery and translational priorities.**

The forum will be hosted by Vision 2020 Australia, and will be facilitated by Ms Ivana Gillard.



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## Agenda

AGENDA ITEM	Indicative timing
1. <b>Welcome, purpose of forum, housekeeping, introduction of facilitator</b>	1:30 – 1:35
2. <b>A national eye research collaborative – the journey thus far</b> Professors Peter McCluskey and Bill Morgan	1:35 – 1:45
3. <b>The international experience – the impacts of collaboration in the UK</b> Professor Keith Martin	1:45 – 1:55
4. <b>A case for change – the lived experience perspective</b> Mr John Simpson	1:55 – 2:05
5. <b>Principles to guide collaboration</b> Professor Lisa Keay	2:05 – 2:15
6. <b>Questions and comments</b>	2:15 – 2:40
<b>BREAK</b>	<b>2:40 – 2:45</b>
<b>DEVELOPING CROSS-SECTOR PRIORITIES – SMALL GROUP WORK</b>	
7. <b>Overview of purpose of session</b> Ivana Gillard	2:45 – 2:50
8. <b>Setting the scene: The Lancet Global Eye Health Commission Research priorities</b> Professor Hugh Taylor	2:50 – 3:00
9. <b>Small group discussion 1</b>	3:00 – 3:20
10. <b>Small group discussion 2</b>	3:20 – 3:35
<b>BREAK</b>	<b>3:35 – 3:50</b>
11. <b>Voting on priorities</b>	3:50 – 4:00
12. <b>Reviewing initial results – facilitated group discussion</b> Ivana Gillard	4:00 – 4:25
13.	4:25 – 4:30
<b>CLOSE</b>	<b>4:30</b>

## Introduction and context

Over the years, various parts of the eye health and vision sector have highlighted the challenges of securing sufficient funding to support research activities.

In other sectors, a collaborative approach to identifying and advocating for research priorities has been successful and similar experiences have been reported internationally.

Vision 2020 Australia has agreed to co-ordinate a process to support such an approach in Australia, if feasible.

As a first step, it has coordinated a national online forum to facilitate a cross sector discussion around how such an approach might be progressed and what priorities might be for cross sector advocacy.

This is an initial opportunity for a diverse range of individuals with an interest in the area to start connecting around the shared goal of increasing investment in eye research. The discussion and priorities identified through the forum will help shape how such a collaboration might be taken forward in what will, if supported, be a process spanning some months to develop a cross sector approach.

### Purpose of forum

To discuss and agree an initial list of potential eye health and vision research priorities that could be developed as the basis for advocacy to secure increased funding for eye and vision research, enhance outcomes for the Australian community and enhance Australia's reputation as an international leader and innovator.

### Background

In the United Kingdom, a collaborative, cross sector approach to agreeing to priorities for research and advocating for funding has proven successful in securing resources to enhance eye health and vision research.

In response to requests from its members, Vision 2020 Australia has agreed to explore the potential establishment of a national eye research collaborative in Australia to achieve similar goals. This would be a diverse, inclusive, multidisciplinary collaborative that would:

- Identify cross sector priorities for eye health and vision research.
- Support development of a compelling, succinct and evidence-based case for enhanced and sustained investment in eye health and vision research and associated cross sector advocacy at a national level
- Proactively identify current and emerging risks and opportunities for Australian eye health and vision research.
- Provide input to research consultation processes such as the review of MRFF strategic priorities to strengthen the position and visibility of ophthalmic research.

To help shape thinking and provide a starting point for discussion at the forum, all forum registrants were asked to complete a short, pre-forum survey. In late April, a total of 25 survey responses had been received and the information therein is summarised in this background paper.

The forum will provide an opportunity for all participants to discuss and suggest additions and/or potentially amendments to the initial lists of principles and priorities discussed on subsequent pages.

## Guiding principles

A set of guiding principles for such a collaborative would be helpful in promoting a common understanding of, and approach to, its work.

As part of this, participants were asked to rank a set of principles from most to least important. Suggested priorities to guide national collaboration on eye research are listed below in the order survey respondents ranked them (from highest to lowest ranked).

- **Informed by consumers and carers:** the perspectives and expertise of consumers and carers is valued, including the perspectives of Aboriginal and Torres Strait Islander Peoples, and their participation will be integral to all facets of the collaborative’s work
- **Inclusive:** the collaborative aims to bring together all organisations involved in eye health and vision research across multiple disciplines, both within the eye sector and beyond
- **Respectful and open to new ideas:** participants will be open to, and respectful of, all partners input, fostering a culture of partnership and collective endeavour
- **Transparent:** processes for setting priorities and assessing potential proposals will be open and clear to all participants, with clear processes for managing interests and differences of opinion
- **Strategic:** decisions will be shaped by strategic insights regarding government priorities, the operating environment and other critical factors to maximise potential for success

The below principles were also identified by respondents as important -

Principle	Description
Equity	Equitable: an equal voice for non-medical and non-white male voices.
Addressing barriers to eye health	We also suggest it is an important principle that research will help address community need or known barriers to eye health
Aboriginal and Torres Strait Islander leadership and engagement	<p>Suggest a separate principle pertaining to research for Aboriginal and/or Torres Strait Islander Peoples, such as, ‘Aboriginal and Torres Strait Islander leadership and engagement.</p> <p>Any research relating to Aboriginal and Torres Strait Islander eye health must be co-designed; informed and determined by engagement with Aboriginal and/or Torres Strait Islander Peoples and communities.</p> <p>The principle transparent also needs to include a commitment to feedback to Aboriginal and Torres Strait Islander stakeholders.</p> <p>The principle ‘Strategic’ should include a reference to being iterative, it is not enough to consult as a one off, the consultation process must revisit the individuals and organisations consulted to ensure that the information captured is accurate and aligns to the aspirations of the stakeholders involved.</p>

**Pre-work for forum:** There will be an opportunity at the forum for attendees to ask questions and identify any other principles they think should be added to this list. **Are there are other principles you feel it is essential to include?**

## Developing Eye Health & Vision Research Priorities

The purpose of the national research forum is to commence discussion regarding potential eye health and vision research priorities in Australia where a cross-sector approach might be adopted.

### Beginning a process to identify cross sector priorities

To commence the process, we asked individuals who registered for the forum to tell us what they see as top priorities for investment in eye-related research in Australia.

As the Lancet Global Health Commission had recently identified 16 research priorities for the eye sector into the future, these (along with some specific Aboriginal and Torres Strait Islander priorities identified via other processes) were used as the starting point for that process with scope for respondents to add additional priorities as desired.

Of all the priorities identified, three have not been included in subsequent listings as they are not research topics per se:

- the priority with the widest support from survey respondents was “strengthen leadership and public health expertise across all levels of eye care and ensure that national leadership can influence policy and resource allocation. Additionally, strengthen regional and national professional bodies for eye health practitioners”. This is what the current collaborative process is trying to work towards.
- the priority “ensure financing exists for eye health in national budgets” was supported by 70% of survey respondents. This is already being progressed through the work of Vision 2020 Australia and is not a research topic as such.
- the priority around encouraging governments to adopt integrated, people centred eye care which, while supported, is not a research topic.

### Ranked priorities from the initial survey

The table below includes a summary of the remaining priorities, how highly they were ranked by the collective respondents, and also some commentary made by survey respondents.

Research priority	Description	Level of support
Research to develop <b>screening and early detection strategies for eye conditions</b>	Develop and implement evidenced-based, effective, sustainable, and context-relevant screening and early detection strategies for eye conditions	82%
Research to support <b>community led models for Aboriginal and Torres Strait Islander Peoples</b>	Develop and implement Aboriginal Community Controlled Health Organisation led models of eye care so that opportunities for community leadership are maximised.	76%
Research to support <b>development of services for disadvantaged/hard to reach groups</b>	Develop and implement services that prioritise, and by design, reach marginalised or vulnerable groups (women, poor communities, Indigenous people, ethnic minorities, people with disabilities, people in residential care, prisoners, and refugee camps) and	70%

Research priority	Description	Level of support
	<p>people living in rural communities with quality affordable eye services.</p> <p>*Note: it was suggested by one respondent that this be narrowed to specifically focus on Aboriginal and Torres Strait Islander Peoples, and that specific consideration also be given to rural and remote settings. Use of the language of co-design in relation to this was also emphasised.</p>	
<p>Research to support <b>increased uptake of eye care services &amp; treatment</b></p>	<p>Develop and implement responsive programmes to increase the access to and use of eye health services and treatment—eg, reduce barriers to accessing services and increase demand through greater awareness of need and confidence in health-care provision.</p> <p>*Note: specific suggestions were made regarding potential areas of focus in this area, for example</p> <ul style="list-style-type: none"> <li>• increasing access to public ophthalmology services outside metropolitan and regional centres, particularly for Aboriginal and Torres Strait Islander Peoples</li> <li>• piloting innovative models of care to address known access problems, such as access to IVIs</li> </ul>	70%
<p>Research to support training for <b>Aboriginal Community Controlled Health Organisation staff</b></p>	<p>Develop and support eye health training for Aboriginal Community Controlled Health Organisation staff and a national network leading to sustainable local eye health expertise</p>	67%
<p>Research to support strategies that <b>address cost barriers</b></p>	<p>Develop and implement strategies that reduce out-of-pocket costs for those requiring eye care who are unable to afford full-cost services – e.g. subsidy, tiered pricing, or insurance.</p>	57%
<p>Research to develop strategies for integrating <b>eye health services between the primary, secondary, and tertiary level to improve referral pathways</b></p>	<p>Develop and implement evidence-based strategies for the effective integration of eye health services between the primary, secondary, and tertiary level to improve referral pathways, ensuring recognition of those who need secondary care and a timely, reliable, accessible, and affordable care mechanism.</p>	57%
<p>Research to develop a <b>one-stop service for people with diabetes</b></p>	<p>Develop and implement one-stop services for people with diabetes by integrating diabetic retinopathy screening services with general diabetes care and develop robust systems to ensure ongoing follow-up and referral for assessment and treatment.</p>	52%



Research priority	Description	Level of support
Research to develop pathway <b>approaches for managing glaucoma</b>	Develop and implement effective, accessible, and inexpensive pathway approaches for screening, diagnosing, monitoring, and managing glaucoma	52%
Research into strategies to <b>integrate eye care with other medical services and at the primary care level</b>	Develop and implement evidence-based strategies for the effective integration of eye care at the primary care level and with other medical services (e.g. child health, diabetes or other NCD services), ensuring that services are widely accessible, affordable, of high quality, and meet the primary eye care needs of the population	48%
Research to develop and integrate <b>school eye health programmes in education systems</b>	Develop and implement sustainable school eye health programmes, including screening and management for refractive error or amblyopia, which are well integrated within education services.	48%
Research into approaches that will strengthen <b>information systems</b>	Strengthen the information system for eye health within health facilities, integrating them into national systems	44%

In addition to the Lancet Global Health Commission priorities, survey respondents identified a range of other priorities with the importance of support for discovery and translational research to develop the next generation of treatments for blinding eye disease emphasised. Additional priorities identified were:

- Development of therapies to restore vision in previously untreatable conditions
- Development and testing of therapies that improve quality of life in ageing individuals with eye disease
- Targeting of therapies to those most at risk of blindness using genomics and other predictors of individual risk (personalised medicine)
- Ocular surface, as this was considered to be an area of global strength.
- Funding to support clinical trials, noting that these were essential to achieving a range of the priorities identified by the Lancet Global Commission. It was noted that Australia had advantages compared to other jurisdictions in this space, with the example of animal models cited.
- Support development of service user groups and resources, to facilitate the engagement of community members and consumers regarding research ideas and the logistics of completing research involving those groups

Through the forum and follow on actions, the goal is to develop a broader list that incorporates a balance of both discovery and translational research priorities.

Eventually this work will need to lead to a relatively small number of priorities that could form part of an eye research agenda and advocacy strategy. A collaborative process will be run to support an inclusive and strategic refining priorities to agree that list then build the case for investment, with the aim of launching this in late 2021.

## A starting list for discussion

A consolidated list of the priorities outlined in the previous section is provided below in alphabetical order. This will form a starting point for discussion at the forum.

Addressing barriers to service access for Aboriginal and Torres Strait Islander Peoples*
Client and community engagement in research development and trials
Community led eyecare for Aboriginal and Torres Strait Islander Peoples*
Development and testing of therapies that improve quality of life in ageing individuals with eye disease
Development of therapies to restore vision in previously untreatable eye disease
Enhance quality, uptake and productivity of eye care
Ocular surface conditions
Pathway approaches for managing glaucoma
School eye health programmes into education systems
Screening and early detection strategies for eye conditions
Service development - disadvantaged/hard to reach groups
Strategies to integrate eye care and health into broader health care, particularly NCDs, across primary, secondary and tertiary care
Support for more clinical trials
Targeting of therapies to those most at risk of blindness using genomics and other predictors of individual risk (personalised medicine)

\*Participants are asked to note that, through the Indigenous Health Research Fund, there is already a funding source for Indigenous-led Aboriginal and Torres Strait Islander eye health and vision research.

**Pre-work for forum:** A significant portion of the forum will provide the opportunity for small, mixed group discussion regarding priorities. Please review the list above, and think about **what additional priorities for research funding are critical to add to the list?**