



Strategic Directions 2022-2027

Vision
20/20
Australia

vision2020australia.org.au



Our Purpose and Vision ("Why we exist")

Our vision is the elimination of preventable blindness & vision loss and the full participation of people who are blind & vision impaired in the community.

90% of blindness or vision impairment is preventable or treatable.

Just five conditions are responsible for over of **80%** vision impairment in Australia: uncorrected refractive error, cataract, age-related macular degeneration, diabetic retinopathy and glaucoma.

Close to **500,000** Australians live with vision impairment or blindness – the majority of these are aged over 65 years.

Aboriginal and Torres Strait Islander People

continue to have the highest burden of eye disease in Australia.

The **growing diabetes epidemic** is expected to dramatically impact Australian eye health with diabetic retinopathy already the leading cause of preventable blindness in working-age Australians.

The annual economic cost of vision loss in Australia is estimated to be over **\$27b** and the personal and social cost is even greater.

The Indo-Pacific is located on Australia's doorstep and has some of the highest rates of blindness and vision loss in the world.



We believe in universal access and social inclusion so the focus of our work is on those for whom the greatest needs and gaps exist, and those whose participation is lowest because of blindness or impaired vision:

1. Aboriginal and Torres Strait Islander Peoples, who are:

- **Three times** more likely to be blind or have low vision
- **Four times** more likely to have diabetic eye disease
- **Twelve times** more likely to have blinding cataract.

2. Those with preventable or treatable age-related eye diseases, who are:

- An estimated **243,139 Australians** currently living with visually significant cataract
- An estimated **300,000 Australians** currently living with glaucoma (over 50% are unaware they even have it)
- An estimated **1.4 million Australians** over the age of 50 years with some evidence of age-related macular degeneration (AMD).

3. Those with difficulty accessing treatment:

- The disease burden rate in remote and very remote areas is **1.4 times** higher than in metropolitan settings and preventable hospitalisations are **2.5 times** higher in remote areas compared to major cities

- These inequities are greater in neighbouring countries like Papua New Guinea
- Approximately **29%** of cataract surgeries for non-Indigenous Australians and **80%** of cataract surgeries for Aboriginal and Torres Strait Islander people are performed in the public hospital system. Any delays in public care disproportionately impact Aboriginal and Torres Strait Islander people (on average the wait is **50%** longer than non-Indigenous Australians).

4. Those with universal access gaps:

- **Sixty nine per cent** of people of working age who are blind or have low vision are not in paid employment and are four and a half times more likely to be unemployed than the national average
- A 2021 survey of 1000 employers found that **80%** were “not confident” in hiring a person who is blind or has low vision
- Students who were blind or have low vision at **24 out of Australia’s 27 public universities** faced significant accessibility barriers to achieving a tertiary qualification.

Our Identity

("Who we are")

We are the sole, national eye health peak industry body.

Our 50 members work across the spectrum of research, prevention, diagnosis, treatment, rehabilitation, representation of or service provision for people who are blind or have low vision, and also in all major areas of participation including employment and education.

Our value proposition to members is that we provide the only mechanism in Australia which enables:

- Collaboration across the entire sector
- A compelling and consistent single voice to government and other stakeholders including the private sector

- Impartial information and insight to inform members' service delivery and strategy.

In this way, together with our members, we:

- a. Aim to integrate eye health with broader health and social systems, narrowing access gaps
- b. Build participative structures in critical foundational determinants of health and wellbeing including education and employment; and
- c. Improve aged and disability service systems to better meet the needs of people who are blind or have low vision and ensure full participation and independence
- d. Aim to ensure eye health and vision care are included as an international development priority.



Our Roles

("What we do")

We advocate

We articulate and reflect our sector's views and, with the aim of improving equity and participation:

- We influence, through proactive policy development and problem solving
- We leverage government, and public and private sectors
- We walk with, and are led by the priorities of, Aboriginal and Torres Strait Islander Peoples organisations and communities
- We are guided by people with lived experience.

In our advocacy, we acknowledge Australia as an international leader in eye health, and therefore:

- We collaborate with our members and work in partnership with international aid entities to ensure vision and eye health matters are advanced in the international arena
- We leverage the Australian government's international support for vision issues
- We provide a forum for collaboration and information exchange for the benefit of our members and all Australians.



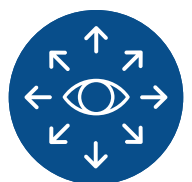
We build awareness

We communicate with the aim of increasing eye health and vision care knowledge in all related sectors, as well as the general public:

- We make issues relating to eye health visible to varied audiences
- We generate and aggregate evidence on eye health and vision care
- We highlight areas for improvement in services and participation for people who are blind or have low vision.

In our awareness building, we do so in ways that:

- Capture multiple perspectives, including Aboriginal and Torres Strait Islander Peoples voices and those with lived experience of blindness and low vision
- Engage with, and build on, the successful communications and activities of our members.



Strategic Directions

("Where we focus effort")

We direct effort towards 10 five-year objectives within three broad directions. In addition, we have specified three objectives which we view as strategic enablers, relating to our members, our people and our systems. Each objective is supported by 3 - 6 headline activities which we build into our annual operational plans.

Direction #1 - Experience

We understand, and are guided by, lived experience.

Objectives	No.	Headline Activity 2022-2023
1. We understand stories and situations of those with low vision or blindness and their families	1	Continue to engage with all members who directly represent interests of people with blindness & low vision and amplify their voice in policy development and organisational operations
	2	Establish advisory mechanisms to guide advocacy and policy development for those with lived experience of low vision and blindness
	3	Ensure representatives with lived experience are on the board, in policy committees and leading on our advocacy initiatives.
2. We find, and use, supportive data and evidence (e.g. data driven / empirical lobbying)	1	Identify and utilise relevant data and research in policy and positions
	2	Advocate for MRFF vision and eye care mission
	3	Continue to engage with researchers through the Research Work Group
	4	Identify gaps in data and seek to close them
	5	Contribute to (and collaborate with) work of other organisations where strategic synergies exist
	6	Collate and/or develop evidence to support the work and impacts of the eye sector and our members.



Objectives	No.	Headline Activity 2022-2023
3. We (are a true) ally with Aboriginal and Torres Strait Islander organisations and communities	1	Continue to strengthen the Aboriginal and Torres Strait Islander Committees Steering Group structures
	2	Establish advisory mechanisms to guide advocacy and policy development for Aboriginal and Torres Strait Islander Peoples and Communities
	3	Ensure representatives with lived experience are on the board, in policy committees and leading on our advocacy initiatives
	4	Strengthen engagement with the Aboriginal and Torres Strait Islander Community Controlled Sector
	5	Officially support the Uluru Statement from the Heart and hold ourselves accountable as allies
	6	Implement and evaluate a Vision 2020 Reconciliation Action Plan.
4. We identify those who are most affected by blindness and vision loss	1	Develop policy positions on participation (including education, employment, infrastructure)
	2	Utilise up to date research (e.g. NEHS2 findings) to identify cohort(s)
	3	Continue strong engagement with the NDIA and Aged Care in Government and the sector so our issues and positions become mainstream positions
	4	Develop pathways/resources to help Australians with vision loss
	5	Convene dedicated working group(s) to advance targeted work (including cross-committee action where appropriate).

Direction #2 - Voice

We create a coherent and compelling voice on vision.

Objectives	No.	Headline Activity 2022-2023
5. With our members, we co-create policy positions and narratives	1	Continue the work of Vision 2020's four policy committees
	2	Continue current engagement activities with members
	3	Participate in development of standards e.g. housing, children's vision, etc
	4	Create and prosecute a whole-sector narrative
	5	Engage and collaborate with governments and appropriate agencies (e.g. NDIA) to advance our mission to eliminate avoidable blindness and support full participation of people with vision loss and blindness.
6. We partner with leaders and others who can bring about change	1	Leverage NDS to include blindness & vision loss in policy positions
	2	Engage and collaborate with governments, statutory agencies (e.g. AIHW, ABS) and peak bodies outside the eye care sector where appropriate (e.g. RACGP) so they are across our agenda and can use their influence to assist in achieving our aims
	3	Create relationships and inform other influential bodies in health, disability and aged care so our issues and position become part of mainstream advocacy and policy discussions
	4	Invite influential speakers to deliver Barry Jones Vision Oration.
7. We target advocacy to those with influence and capability to change systems	1	Reconvene the Parliamentary Friends Group and run two high impact events on an annual basis
	2	Develop and implement a media and communications plan that will engage and build followers
	3	Create an Ambassadors Program with high profile community members to assist in carrying our messages publicly
	4	Establish and maintain regular meetings and/or other engagements with ministers, senior bureaucrats and decision makers.

Direction #3 - Access and Participation

We heighten access to care and participation in society.

Objectives	No.	Headline Activity 2022-2023
8. We promote innovative funding and access models of patient-centred care	1	Advocate for the development of reference packages for children who are blind or vision impaired in the NDIS
	2	Advocate for access to specialist supports for people aged 65 years and older
	3	Advocate for access to assistive technology for people ineligible through the NDIS
	4	Advocate for access/greater priority for sight saving treatments (cataracts & IVIs) particularly for rural / regional / remote areas.
9. We assist general health & wellbeing providers (including primary health, aged care, disability) and universal services (education, employment, housing) to orient towards issues relating to low vision or blindness	1	Improve efficacy of assessment of needs for people who are blind or have low vision (DES, NDIS, Aged Care)
	2	Advocate to Federal and State and Territory governments for the adoption and implementation of the National Framework for Vision Screening for 3.5-5 year olds
	3	Improve generalist and primary health care knowledge of vision care through the Education and Development Program with the PHNs and inclusion of information in source documentation for professionals (such as the RACGP Red Book)
	4	Create online learning for primary health providers to better identify people at risk of vision loss in collaboration with the PHN Networks
	5	Advocate for the integration of eye care services with other allied health/primary care services.
10. We contribute to Australia's international presence	1	Advocate for PNG health systems strengthening
	2	Advocate for an increase in the disability component of foreign aid programs
	3	Partner with IAPB and ACFID
	4	Advocate for inclusion of eye health and vision care in DFAT Health Security Strategy
	5	Increase AUS investments in eye health / vision care across Indo-Pacific region.

Strategic Enablers

We improve the reach, relevance and effectiveness of our organisation.

Objectives	No.	Headline Activity 2022-2023
11. Heighten relevance of Vision 2020 to our members	1	Investigate other member services + supports (inc portal)
	2	Grow membership to at least 60 organisations
	3	Build public awareness of members' work
	4	Offer topical, value-adding networking/collaboration mechanisms and/or events for members
	5	Review / rejuvenate membership structure.
12. Our people are highly engaged, innovative and capable	1	Undertake a HR review to ensure the organisation operates effectively and is compliant with employment requirements
	2	Identify and deliver development opportunities for staff, including understanding of accessibility factors + tools
	3	Proactively recruit staff who have lived experience, including Aboriginal and Torres Strait Islander Peoples
	4	Ensure staff, board and committees are culturally aware and that the organisation operates in a culturally safe way
	5	Continue support to the Board to ensure effective organisational governance
	6	Seek guidance, direction and leadership from Aboriginal and Torres Strait Islander Peoples and organisations in the implementation of the Reconciliation Action Plan and the Uluru Statement from the Heart commitments.
13. Our systems support our operational requirements effectively	1	Create Cyber Roadmap and IT plan for organisation
	2	Source a new membership platform that is accessible and integrates to current systems (payroll, finance and CRM)
	3	Develop alternative forms of revenue to support organisational sustainability.

Our Results

("What success looks like")

We measure our success in four ways.

1. We contribute to improvements in overall eye health and participation:

- Outcome gaps (Aboriginal and Torres Strait Islander Peoples) in eye health reduced
- Participation (employment, education, economic) increased.

2. We contribute to the effectiveness of health and support systems:

- Identifiable gaps in access to eye care services and supports reduced both in Australia and the Indo-Pacific region
- Access to, and improved support within, aged care and disability services.

3. We are effective as a member-based industry peak body:

- Member engagement / satisfaction / activation
- Creation of sector policy positions
- Leaders in advocacy
- Public and stakeholder (including decision makers) visibility.

4. We operate effectively as an organisation:

- Financial sustainability: increased independent revenue (membership and services)
- Staff engagement.



Our Members

Principal



Corporate



Silver



Bronze



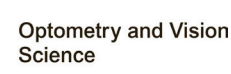
Major Supporting



Supporting



Corresponding Member



Associate



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