



Australian Government

Department of Health

IMPLEMENTATION PLAN

under the

**National Framework for Action
to Promote Eye Health
and Prevent
Avoidable Blindness and Vision Loss**

September 2014

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Introduction

This is the first Australian Government Implementation Plan under the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss* (the National Framework).

The National Framework was developed as Australia's response to the World Health Assembly (resolution WHA56.26) call for member nations to develop a national Vision 2020 plan.

The National Framework is a blueprint for coordinated action by governments, health professionals, non-government organisations and industry to work in partnership to focus activity on the prevention and avoidance of vision loss and disease.

This Implementation Plan (the Plan) has been developed by the Department of Health (the Department) to support the National Framework. It is intended to complement the core responsibilities of the Health portfolio (such as Medicare, Pharmaceutical Benefits Scheme, the Private Health Insurance Rebate, and funding to support access to health care in public hospitals nationally) which ensure that all Australians have access to high quality health care and medicines. The purpose of the Plan is to build on existing eye health care services and programmes, support coordination of effort, provide guidance on the mechanisms to address key priorities, identify indicators and other measures of progress, and guide investment and future activity and action across the Department.

This Plan will cover the period 2014-2016.

Development of the Plan has focussed on targeted action on eye health and avoidable vision loss within the Health portfolio, however the Department acknowledges the key role of the states, territories and the broader non-government sector in addressing eye health. Consultation with Vision 2020 Australia, which represents over 60 eye health organisations (involved in local and global eye care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support), has been central to the preparation of this Plan.

The Plan will be provided to the Community Care and Population Health Principal Committee (CCPHPC), which reports to the Australian Health Ministers' Advisory Council, to inform any discussions with states and territories on initiatives relating to the National Framework and Australia's international eye health obligations under the Global Action Plan, which was endorsed by the World Health Assembly in 2013.

Background

In May 2003 the 56th World Health Assembly passed resolution WHA56.26 on the elimination of avoidable blindness. The resolution urged all member states to develop a national Vision 2020 plan in collaboration with non-government organisations and the private sector to prevent avoidable blindness¹.

In response, the National Framework was developed by the Australian Government Department of Health and Ageing and the Victorian Department of Human Services in conjunction with all states and territories and in consultation with the non-government sector.

¹ World Health Assembly 2003, Elimination of avoidable blindness, 56th World Health Assembly, Geneva, 28 May 2003, Resolution WHA56.26: http://www.who.int/blindness/publications/WHA_EB/en/

The National Framework was endorsed by the Australian Health Ministers' Conference in November 2005². In accordance with the World Health Assembly resolution, its focus is on the elimination of avoidable blindness and vision loss in Australia.

Avoidable blindness and vision loss refer to visual impairment due to conditions that are potentially preventable through the modification of known risk factors, or for which effective treatments exist to restore sight or prevent further vision loss.

The Framework does not focus on any one specific eye condition, but rather seeks to cover the underlying issues that are common to the prevention and treatment of eye disease and vision loss in general. It outlines five key action areas that have the potential to lead to the prevention of avoidable blindness and low vision, including:

- Reducing the risk of eye disease and injury;
- Increasing early detection;
- Improving access to eye health care services;
- Improving the systems and quality of care; and
- Improving the underlying evidence base.

The National Framework requires that all jurisdictions report every three years to Health Ministers on progress against these key action areas.

On 24 May 2013, the 66th World Health Assembly meeting in Geneva endorsed *Universal Eye Health: A Global Action Plan 2014-19* (the Global Action Plan) (Resolution EB132.R1)³.

The 130th session of the WHO Executive Board agreed to the development of a new action plan to guide activities over the period 2014 - 2019. The new Global Action Plan was developed in consultation with Member States and International Partners and presented to the WHO Executive Board and World Health Assembly in 2013.

The Global Action Plan 2014–2019 is intended to serve as a roadmap to consolidate joint efforts aimed at working towards universal eye health in the world.

The vision of the Global Action Plan is a world in which nobody is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential, and where there is universal access to comprehensive eye care services.

The Global Action Plan includes three objectives with identified activities for Member States, the WHO Secretariat and international partners.

The three objectives are:

- (i) Address the need for generating evidence on the magnitude and causes of visual impairment and eye care services and use the evidence to advocate greater political and financial commitment by Member States to eye health;

² Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-eyehealth-pubs.htm>

³ World Health Organization 2013, *Universal Eye Health: A Global Action Plan 2014-19*: <http://www.who.int/blindness/en/>

- (ii) Encourage the development and implementation of integrated national eye health policies, plans and programmes to enhance universal eye health with activities in line with WHO's framework for action for strengthening health systems to improve health outcomes; and
- (iii) Address multisectoral engagement and effective partnerships to strengthen eye health.

The Global Action Plan includes three proposed indicators to monitor:

- (i) The prevalence and causes of visual impairment, through the establishment of a global target of 25 per cent reduction in the prevalence of avoidable visual impairment by 2019 (from the baseline of 2010);
- (ii) The number of eye care personnel, broken down by cadre; and
- (iii) Cataract surgery **rate** (number of cataract surgeries performed per year, per million population) and **coverage** (number of individuals with bilateral cataract causing visual impairment, who have received cataract surgery on one or both eyes), provided the coverage indicator is voluntary.

Sector Consultation

The Department in conjunction with Vision 2020 Australia conducted a consultation workshop in March 2013 to commence the development of the Implementation Plan. The workshop achieved broad support for the four key priority areas for action:

- Improving the evidence base;
- Support for people with low vision;
- Aboriginal and Torres Strait Islander eye health and vision care; and
- Awareness raising.

In October 2013, Vision 2020 responded to the workshop outcomes in the *Eye Health and Vision Care Sector Response*⁴, which included a broad range of views from the sector. Key areas of vision loss identified by the sector for focus, which account for the majority of avoidable blindness and vision impairment, included:

- Age-related macular degeneration;
- Cataract;
- Diabetic Retinopathy;
- Glaucoma;
- Refractive error; and
- Trachoma.

In particular, the sector emphasised the importance of a national eye health survey to provide nationally representative data on the prevalence of the above conditions. In June 2014, the Australian Government provided \$1.126 million towards the development of the survey.

The development of the Plan has taken into account the issues identified by the sector and has recognised the main causes of avoidable blindness and vision impairment.

⁴ Vision 2020 October 2013, *Eye Health and Vision Care Sector Response* (Response to May 2013 *Sector Consultation Report*): <http://www.vision2020australia.org.au/uploads/resource/101/Response-to-DoHA-Sector-Consultation-Final.pdf>

Objectives

This Plan is designed to guide, promote and draw together Australian Government activity within the Health portfolio to implement the National Framework and to acknowledge Australia's obligations under the Global Action Plan.

By international standards, Australia has excellent eye care services, with highly qualified eye care specialists providing the full range of interventions. Responsibility for eye health programmes and services in Australia is currently spread across governments, the private sector, health care professions and non-government organisations.

The National Framework relies on the extensive range of activities undertaken by the Australian Government, state and territory governments, professional associations and other non-government organisations, highlights key areas for action and gives a basis for this Plan.

The National Framework notes that certain population groups are at particular risk of vision loss, including Aboriginal and Torres Strait Islander people, older people, people with diabetes, those with a family history of eye disease and marginalised and disadvantaged people.

This Plan outlines a number of Health initiatives that help address avoidable blindness and improve access to vision care, and notes opportunities for future attention.

Scope of the Implementation Plan

Activities to prevent avoidable blindness and vision loss and promote eye health are supported by a number of Government portfolio agencies and levels of government, in conjunction with the health professions and eye health sectors. This Plan, through highlighting the range of vision care services and accessible programmes for eye health, assists in identifying where linkages exist with related initiatives and provides a platform for broader connections across eye health initiatives.

This Plan takes into account population groups most 'at-risk' and focusses activity across key priority areas. It aims to reflect WHO global and regional action plans by encouraging a stronger evidence base, improving integration of eye health issues into broader health policies and systems and promoting collaborative partnerships.

The Plan does not directly address vision-related disability services or eye health activities funded by state and territory Governments. However, by working to improve coordination and integration of eye health issues more broadly across Australian Government agencies, for example with the Department of Social Services, patient care and support throughout the system can be enhanced.

The Plan acknowledges the University of Melbourne's *Roadmap to Close the Gap for Vision*⁵ as well as broader policies relating to chronic disease prevention and management, for all population groups.

⁵ IEHU, University of Melbourne, 2012. Available online at: <http://www.healthinfonet.ecu.edu.au/key-resources/bibliography/?lid=23245>

Key Priority Areas

Focussing effort to identify opportunities and maximise investment is central to the Plan. Three key priority areas are included which are consistent with the objectives and action areas of the Global Action Plan and the National Framework:

- Aboriginal and Torres Strait Islander eye health;
- Preventing eye disease associated with chronic conditions (particularly diabetes); and
- Improving the evidence base.

The most common causes of blindness and vision loss in Australia are conditions related to ageing, including macular degeneration, cataract, glaucoma, and diabetic retinopathy. Other common causes include uncorrected or under corrected refractive error, eye trauma, trachoma (which is present in some remote areas of Australia) and genetic conditions such as retinitis pigmentosa. This is consistent with causes of vision loss in other countries.

These priority areas are not an exhaustive list but they represent important areas to be addressed by the Department to prevent avoidable blindness and vision loss and to target action to assist individuals most in need of support.

Aboriginal and Torres Strait Islander eye health

The priority of improving Indigenous eye health is consistent with the Australian Government's commitment to minimise inequity in health outcomes for Aboriginal and Torres Strait Islander people. The prevalence of eye disease in Aboriginal and Torres Strait Islander communities is up to 10 times that of the broader community, and the leading causes of blindness and vision impairment are cataract, diabetic retinopathy, refractive error and trachoma. The Australian Government is taking substantial measures to improve eye health among Aboriginal and Torres Strait Islander people.

In responding to this priority area, the Department will continue to be informed by the University of Melbourne's *Roadmap to Close the Gap for Vision*. Efforts to further integrate Aboriginal and Torres Strait Islander eye health and associated chronic disease risk factors more broadly into programmes managed by the Department, will be explored as opportunities arise.

The Department will continue to implement existing investments that promote Indigenous eye health, including the:

- Rural Health Outreach Fund (RHOF) which improves access to health services for both Indigenous and non-Indigenous people living in regional, rural and remote Australia through outreach services provided by a range of health professionals, including ophthalmologists. (Eye health is one of four priorities for the RHOF);
- Medical Outreach Indigenous Chronic Disease Programme (MOICDP), which supports the delivery of multidisciplinary outreach services specifically for Aboriginal and Torres Strait Islander people with chronic disease;
- Visiting Optometrists Scheme (VOS), which improves access to optometry services in regional, rural and remote Australia and includes a specific focus on Indigenous eye health;
- The Closing the Gap - Improving Eye and Ear Health for Indigenous Australians measure, which supports a range of initiatives such as:
 - A Multilateral Trachoma Project Agreement with relevant state governments for trachoma and trichiasis screening and treatment programmes, as well as funding for regular surveillance and reporting of trachoma prevalence;

- Cataract surgery intensives to assist Aboriginal and Torres Strait Islander people to access timely and affordable care;
- The provision of eye health equipment to facilitate timely detection and treatment in rural and remote communities; and
- EyeInfonet which provides clinicians and programme managers with easy access to high quality peer reviewed information on eye health specific to Aboriginal and Torres Strait Islander people.
- Care Coordination and Supplementary Services Programme, which improves access to well-coordinated multidisciplinary care and which employs care coordinators to work with individual patients and provides funds to assist with the cost of clinical care; and
- Improving Indigenous Access to Mainstream Primary Care Programme which provides:
 - Indigenous Health Project Officers, who work to improve the capacity of mainstream primary care providers, including eye health professionals, to deliver culturally sensitive services; and
 - Aboriginal and Torres Strait Islander Outreach Workers, who engage with Aboriginal and Torres Strait Islander people to raise awareness of health needs, including the importance of eye health, and help people to access care.

Investment to date is contributing significantly to improving eye health outcomes for Indigenous Australians. For example, trachoma prevalence in 5-9 year olds in screened communities has decreased from 14% in 2009 to 4% in 2012 and Australia is on track to meet its goal of elimination of blinding trachoma by 2020.

Long term approaches to address Indigenous eye health needs to involve other Australian Government Agencies including, for example, Department of Social Services and Department of Prime Minister and Cabinet. In the short term the Plan will focus on opportunities to develop linkages between existing programmes to improve coordination, and explore support for enhanced referral pathways within Australian Government funded networks.

Preventing eye disease associated with chronic conditions (particularly diabetes)

The risk of eye disease rises where common chronic disease risk factors such as high blood pressure, high cholesterol, smoking and kidney disease are present⁶. In particular vision loss and eye diseases such as retinopathy, cataracts and glaucoma are a common complication in people with chronic conditions, particularly diabetes.

Diabetes, in its various forms, places a significant burden on individuals and their families as well as the health system. According to the Australian Institute of Health and Welfare (AIHW), diabetic retinopathy is the leading cause of blindness in people aged 30-69 years. Over 95,000 (10.9%) of people with diabetes reported having a sight problem caused by diabetes in the 2011-12 National Health Survey. The 2008 National Indigenous Eye Health Survey reported that 37% of Indigenous adults have diabetes of which 13% have already lost vision. The survey also found that while 98% of blindness from diabetes is preventable with early detection and treatment, only 20% of Aboriginal and Torres Strait Islander respondents had an eye exam in the 12 months prior to reporting⁷.

⁶ AIHW 2007, National Indicators for monitoring diabetes: report of the Diabetes Indicators Review Subcommittee of the National Diabetes Data Working Group: <http://www.aihw.gov.au/publication-detail?id=6442468011>

⁷ Melbourne Indigenous Eye Health Unit, National Indigenous Eye Health Survey 2009: <http://iehu.unimelb.edu.au/publications/?a=339842>

Everyone with diabetes is at risk of developing diabetic retinopathy. People with diabetes who are most at risk include those who have had diabetes for many years, those whose diabetes is poorly controlled, those with kidney damage and those with high blood pressure or high blood cholesterol⁸.

The Australian Government has committed to developing a new National Diabetes Strategy to inform how existing resources can be better coordinated and targeted across all levels of government, and to prioritise the national response through an emphasis on prevention, early diagnosis and intervention, management and treatment, including the role of primary care.

A National Diabetes Strategy provides an opportunity to build on eye health prevention activities and improve the management of eye complications caused by diabetes. The Strategy will focus on those most at risk including Aboriginal and Torres Strait Islander people.

Additionally, the potential review of the national chronic disease strategy could provide a consistent and system-level approach to the prevention and management of chronic disease. This approach enables similar issues across chronic diseases to be addressed more effectively, which in turn can have an impact on eye disease in Australia.

Eye health should not be considered in isolation from other chronic disease-based strategies, which provide improved capacity to raise awareness of the role that common risk factors play in the development of eye disease, and the benefits of regular eye examinations in early detection.

Improving the evidence base

The Global Action Plan seeks to achieve a global reduction of 25% by 2019 in the prevalence of avoidable visual impairment, from a 2010 baseline. The Global Action Plan is structured around three objectives, the first being *‘generating evidence on the magnitude and causes of visual impairment and eye care services and using it to monitor progress, identify priorities and advocate for greater political and financial commitment by Member States to eye health’*⁹.

Data to meet reporting requirements will involve the collection and compilation of existing data sources available to the Australian Government. This includes (but is not limited to) self-reported data collected through the Australian Bureau of Statistics (ABS) National Health Survey, primary health and acute care information (Casemix, Medicare data and National Hospital Morbidity data), and data collected by health providers’ professional organisations and the Australian Health Practitioner Regulation Agency (AHPRA). Other data sources include, for example, the National Trachoma Surveillance and Reporting Unit which has collected national trachoma data since 2006.

International data comparisons present many challenges due to the differences in data collection practices and data quality, and in administration and funding arrangements for health service delivery among countries¹⁰. This can be said for national data as well. Care therefore needs to be taken in interpreting and comparing different data sources.

⁸ NHMRC 2008, Guidelines for the management of diabetic retinopathy:

<https://www.nhmrc.gov.au/guidelines/publications/di15>

⁹ WHO, Universal eye health – A global action plan 2014-2019: <http://www.who.int/blindness/en/>

¹⁰ AIHW, OECD health-care quality indicators for Australia 2011-12: www.aihw.gov.au/publication-detail/?id=60129547042

It is recognised that representative measured data on eye health conditions from a comprehensive eye health survey would inform reporting against the indicators included in the WHO Global Action Plan and be useful in policy and programme design and implementation.

The Australian Government has therefore provided \$1.126 million (GST exclusive) in June 2014 towards the development of a national eye health survey.

Opportunities for researchers to conduct population-based surveys providing clinical data for the prevalence and/or treatment of refractive disorders, cataract, glaucoma, macular degeneration and diabetic retinopathy, for example, also exist through ongoing research grants provided by the National Health and Medical Research Council (NHMRC). Further opportunities may exist through the proposed Medical Research Future Fund that aims to facilitate Australia maintaining a world class medical research sector and provide significant new funding to medical research.

Indicators and other progress measures

The Global Action Plan includes a selection of indicators to demonstrate the prevalence of avoidable visual impairment, workforce capacity and cataract surgery rate and coverage. These global indicators will provide a useful measure of progress across the very diverse 194 member states of the World Health Assembly.

In order to report on progress against the WHO global targets, appropriate data sources will need to be identified. The following table provides a preliminary analysis of how this reporting might be undertaken, using existing data sources.

| Purpose | Method of collection and possible existing data sources | Unit of measure and frequency |
|---|---|--|
| 1 Prevalence and causes of visual impairment | | |
| Measure the magnitude of visual impairment (including blindness and its causes, preferably disaggregated by age and gender). | Methodologically sound and representative surveys of prevalence provide the most reliable method. Australian Source: ABS National Health Survey – self reported data. | Prevalence of visual impairment determined from population surveys at national levels every 5 years. |
| 2.1 Number of eye care personnel by cadre: ophthalmologists | | |
| Assess availability of the eye health workforce responsible for delivering medical and surgical eye care interventions. | Registers of national professional and regulatory bodies. Australian source: RANZCO, AHPRA, Medicare data. | Number of ophthalmologists per one million population collected annually. |
| 2.2 Number of eye care personnel by cadre: optometrists | | |
| Assess availability of the eye health workforce presenting often as the first point of contact for patients with eye diseases. | Registers of national professional and regulatory bodies. Australian source: Optometry Australia, AHPRA, Medicare data. | Number of optometrists per one million population collected annually. |
| 2.3 Number of eye care personnel by cadre: allied ophthalmic personnel | | |
| Assess the availability of eye health workforce supplementing diagnostic, treatment and disease monitoring roles across a range of professions. | Registers of service providers. Australian source: difficult to obtain – allied personnel not systematically registered. | Number of allied ophthalmic personnel per one million population collected annually. |
| 3.1 Cataract surgical rate | | |
| Rate used to set national targets for service delivery and/or proxy indicator for eye care service delivery. | Government health records. Australian source: Casemix, Medicare data and National Hospital Morbidity Database. | Number of cataract operations performed per one million population collected at national level annually. |
| 3.2 Cataract surgical coverage | | |
| Assess the degree to which cataract surgical services are meeting the need, proportion of people eligible for cataract surgery in one or both eyes. | Methodologically sound and representative surveys preferred method. Australian source: Casemix, Medicare data and National Hospital Morbidity Database. | Proportion, frequency determined by available data on prevalence of blindness and visual impairment. |

Data on eye health conditions that are measured, representative and accurate for particular population groups is rare, however reporting on the above measures will provide a useful picture of the status of eye health in Australia.

Integration and coordination of Australian Government eye health activities

The Department has a key role in improving integration and coordination within the Health portfolio in relation to eye health. The Australian Government has a range of existing programmes and initiatives which support the prevention of avoidable blindness and loss of vision, including:

- **Closing the Gap: *Improving Eye and Ear Health Services for Indigenous Australians***, covers a range of activities including funding for the screening and treatment of trachoma, cataract surgery intensives, provision of eye health equipment, EyeInfonet and expert advice and support provided by the Indigenous Eye Health Unit (IEHU).
- **Improving access to optometry and ophthalmology services in regional, rural and remote locations**, through the Visiting Optometrists Scheme (VOS); the Rural Health Outreach Fund (RHOF) and the Medical Outreach Indigenous Chronic Disease Programme (MOICDP).
- **Programs to reduce the gap in health outcomes for Aboriginal and Torres Strait Islander people**, such as the Care Coordination and Supplementary Services Programme and the Improving Indigenous Access to Mainstream Primary Care Programme.
- **Medicare Benefits.** Access to a range of rebates for ophthalmology services are provided under Medicare. Benefits are also available for eye examinations that are provided by participating optometrists. Eye checks are also accessible for Aboriginal and Torres Strait Islander people who have a health assessment under the Medicare Benefits Schedule (MBS) item 715.
- **Pharmaceutical Benefits.** The Australian Government subsidises medicines through the Pharmaceutical Benefits Scheme (PBS), including medicines to treat eye conditions such as glaucoma and ocular vascular disorders. Through the PBS co-payment measure, the Government is providing further assistance with the cost of PBS medicines for Aboriginal and Torres Strait Islander patients living with, or at risk of, chronic disease.
- **Research.** Through the National Health and Medical Research Council (NHMRC) the Australian Government continues to make significant investment into research to address blindness and vision loss. Ongoing investment continues through the NHMRC for diabetic retinopathy and optometry research grants, for example, and funded research is noted as part of the vision science and ophthalmology dataset.
- **National Diabetes Strategy.** The Australian Government is developing a new National Diabetes Strategy to inform how existing resources can be better coordinated and targeted across all levels of government, and to prioritise the national response through an emphasis on prevention, early diagnosis and intervention, management and treatment, including the role of primary care. Vision loss and retinopathy, cataracts and glaucoma are common complications of people with diabetes.
- **Funding for peak bodies in the vision care sector.** Funding under the Chronic Disease Prevention and Service Improvement Fund (CDPSIF) to Vision 2020 Australia for a national advocacy role and to facilitate consultation between the Australian Government and the eye health sector. Funding to Macular Disease Foundation Australia under the Health System Capacity Development Fund (HSCDF) to support education and awareness, as macular degeneration is the leading cause of blindness and vision loss in Australia.
- **Acute care.** Under the National Health Reform Agreement (NHRA), funding is provided to all state and territory governments for public hospital services through Activity Based Funding (ABF) arrangements for delivering eye health services to acute admitted patients and non-admitted patients in outpatient clinics of public hospitals. The Commonwealth also provides ABF payments for non-admitted patients in ophthalmology and optometry clinics in public hospitals.

The investment for these initiatives and programmes totals more than \$7.24 billion for the years 2008-09 to 2012-13. The Australian Government is committed to continuing to invest in activities that will help address avoidable blindness and improve access to vision care.

Improving coordination of existing eye health programmes will strengthen efforts and highlight opportunities to improve access, service delivery and ultimately enhance patient outcomes.

Potential future investment

Identification of key areas of interest in the eye health sector and opportunities for potential future investment in the longer term include:

- Strengthening the evidence base through building on Australian Government support for a national eye health survey; and
- Efforts to improve integrated care across disability, aged care and health at the national level.

Strengthening the evidence

In June 2014, the Australian Government demonstrated its commitment to strengthening the evidence by providing \$1.126 million (GST exclusive) towards the development of a national eye health survey.

Any future investments to strengthen the evidence should seek to build on this commitment.

Australia currently has limited national population-based data on the prevalence and causes of vision impairment that capture both the Indigenous and non-Indigenous Australian populations.

There are several factors that support investment in a national eye health survey, including:

- The effects of urbanisation and other social and environmental trends in our growing population;
- The marked increase in our ageing population, where it is estimated that almost 85% of all vision impairment will be among those aged 50 years or more; and
- An increase in lifestyle-related risk factors such as overweight and obesity.

Data collected will assist to accurately monitor progress, target additional key priority areas and further support reporting against WHO performance measures.

Care integration

Opportunities for coordinated and integrated approaches encompassing early detection, treatment and management of eye disease can be enhanced through utilising infrastructure such as Primary Health Networks, Indigenous health care providers and existing service delivery programmes.

All relevant programmes should ensure that mechanisms for local coordination of eye care are in place to assist with primary identification and referral. Referral pathways should be clearly identified to avoid overlap of service delivery. Australian government funded Primary Health Networks will provide an opportunity to focus on improved integration of eye health care.

The Department will continue to promote integration within relevant policies and programmes and with other Australian Government agencies, such as the Department of Social Services.

Timeframes

The Implementation plan will underpin eye health and vision care priority activities within the Department over the 2014-2016 financial years.

Reporting

The National Framework requires Australian governments to report to Health Ministers every three years on implementation progress. The second progress report was endorsed by Health Ministers in December 2012, and was based on a stocktake of eye health activities across Australian jurisdictions and the non-government sector. The next report to Health Ministers will be due in 2015.

The current reporting timeframes for Health Ministers are:

| Period | Report Developed | Endorsement by Health Ministers |
|----------------------------|-------------------------|--|
| 1 July 2011 – 30 June 2014 | 2014/2015 | 2015 |
| 1 July 2014 – 30 June 2017 | 2017/2018 | 2018 |

The first report regarding progress in implementing the Global Action Plan is due to the Executive Board at the 70th World Health Assembly in 2017. Following on from this, reporting on progress towards the global reduction in prevalence of avoidable visual impairment of 25% by 2019 from the baseline in 2010 will be required at the 73rd World Health Assembly in 2020.

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