This update reports on the current progress in implementation of The Roadmap to Close the Gap for Vision. It reflects sector wide activity from multiple organisations and includes:

- SAFE Surgery
- Antibiotics
- Facial cleanliness
- Environmental improvements

**Roadmap Recommendations to be Completed**

**Commonwealth Responsibilities**
- Could be implemented at any time.
- Bulk Billing
- Trainer units
- National benchmarks and oversight
- Taskforces funding
- Funding for outreach services

**Jurisdictional Responsibilities**
- Low cost spectacles
- Cataract surgery
- Monitoring and evaluation
- Coordination

**Regional Responsibilities**
- To be implemented progressively.

**Regional Responsibilities**
- To be completed.

**Roadmap Recommendations**

- 6.1
- 3.2
- 4.4
- 4.3
- 4.1
- 3.4
- 3.2
- 2.3
- 9.2
- 6.4/7.4

**Estimated Additional Funds Required**

- New Commonwealth Funding (2016)
- $4.6 million for eye health coordination over 4 years
- $1.8 million for eye and ear surgery support initiatives over 2 years
- $1.1 million for audit of eye health equipment, provision of equipment to screen for diabetic retinopathy, and associated training
- $0.3 million for other eye health equipment to NGOs
- $3.8 million for Medicare item for retinal screening over 4 years
- $2.5 million for OSHF to continue activities to improve Indigenous eye health outcomes over 3 years

**Prevalence of Active Trachoma**

<table>
<thead>
<tr>
<th>Prevalence in endemic areas fell from 22% in 2008 to 6.4% in 2015</th>
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**The Cost to Close the Gap for Vision**

- Implementation of the Roadmap’s recommendations could close the gap in Indigenous eye health.
- It would generate over $550 million in benefits for the Australian economy, at a cost of $230 million.

**National Eye Health Survey 2016**

- Commonwealth funding of $1.8 million for a National Eye Health Survey in Australia, with the need to report to WHO, and measure progress to close the Gap for Vision.

**Vision loss in Indigenous adults**

<table>
<thead>
<tr>
<th>Reported Prevalence of Trachoma in Children</th>
<th>Prevalence of Active Trachoma</th>
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**National Eye Health Survey 2016**

- Estimated Additional Funds Required
- New Commonwealth Funding (2016)
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**Roadmap Engagement**

**Jurisdictional progress**
- Roadmap implementation started in all jurisdictions
- Jurisdictional eye health groups started in NSW (including ACT), VIC, QLD, and WA.
- These groups are being formed in other jurisdictions.

**Regional progress**
- 18 regions (59% of the Indigenous population) across the country are currently being monitored for specific Roadmap activity.

**Western Australia**
- Kimberley
- Pilbara
- NGA lands (trachoma)

**Victoria**
- Greater Greater East and West
- torhe region
- North
- Central Victoria

**South Australia**
- APY lands (trachoma)

**Queensland**
- South East Queensland

**The Importance of Diabetes Eye Care**

- No Indigenous person with diabetes should be allowed to go more than 12 months without an eye examination.
- People with diabetes form three quarters of those needing eye care annually.
- Repeat retinopathy screening should be a "game changer".

**Indigenous Eye Health Indicators**

- To be reported by jurisdictions and organisations:
  - MBS 715 health check
  - Cataract surgery rate
  - Cataract surgery within 90 days of booking
  - Retinal examination for people with diabetes
  - Treatment rate for people with diabetes with retinopathy
  - Identification of Indigenous adults.

**The Roadmap**

- The Roadmap and this report were endorsed by these organisations:
  - MBS Item for diabetic retinopathy screening
  - Medicare Benefits Schedule
  - Indigenous Health and Eye Health
  - National Trachoma Surveillance and TFHF
  - The Fred Hollows Foundation
  - Australian Health Service
  - Brien Holden Vision Institute
  - Continuous Quality Improvement
  - Commonwealth Department of Health

**Resources**

- Outreach/ODH/100
- Case management
- Workforce coordination
- Coordination
- Cataract surgery priority
- National benchmarks and oversight
- Regional eye health planning and activities
- Regional responsibilities
- **Efficiency savings** will yield $2.50 for each additional $1.00 spent.

- Current funding only returns $0.90 for each $1.00 spent.

- Projected 5-9 years.

- November 2013 in Adelaide.

**Estimated Additional Funds Required**

- **New Commonwealth Funding (2016)**
  - $2.52 million ICH to continue activities to improve Indigenous eye health
  - $0.3 million for other eye health equipment
  - $5.1 million for audit of eye health equipment
  - $4.6 million for eye health coordination over 4 years

**Indigenous Eye Health Indicators**

- To be implemented.

- 10% of the Indigenous population.
- 15% of the Indigenous population.
- 20% of the Indigenous population.
- 25% of the Indigenous population.

- The first Annual Update was released by Minister Warren Snowdon in 2012.
- The second Annual Update was released in November 2014 by Minister Justin Mohamed.
- The third Annual Update was released in November 2015 by Dame Quentin Bryce and Matthew Cooke (Chair NACCHO).
### Recommendation

1. Local eye care planning and coordination
   - Regional coordination to include Primary Health Networks and other local collaborations
   - Regular meetings to discuss and coordinate on issues

2. Patient case coordination
   - Support for patient support staff
   - Mechanisms to support patient care

3. Eye health workforce
   - Established regional networks
   - Ongoing education and training

4. Monitoring and evaluation
   - Processes in place for monitoring and evaluation

### Activities

- Education programs implemented for primary health workers
- State and national data are analysed and reported
- Collaborative networks established in most regions
- Local communities use and champion eye care services
- Appropriate network arrangements made in most regions
- All indicators reported annually by AIHW

### Roadmap Recommendations

- Appropriate programs implemented in some regions
- Appropriate programs implemented in most regions
- Appropriate programs implemented in most regions

### Indicators

- Most regions reviewing performance against needs
- Most regions reviewing performance against needs
- Most = >80%  /  Green Arrow= Fully Implemented

### Challenges

- Existing data sources are used to review service needs and performance
- Indicators included in National Health Performance Framework in NSW
- Patient support staff roles defined in most regions
- Tools adopted and used regularly in most regions
- NT, SA, WA areas defined
- NSW areas defined
- QLD areas defined

### Monitoring and Review

- Recosted 2015 Budget
- CQI/audit tools developed and agreed
- Materials developed by AHS & NGOs

### Conclusion

- Indicators reported by some jurisdictions
- Most regions reviewing performance against needs
- Roadmap recommendations fully implemented
- Roadmap recommendations partially implemented
- Roadmap recommendations fully implemented
- Australia eliminates trachoma

### Policy and Equity

- Local and regional agreements established
- Sufficient support staff in some regions
- Tools adopted and used regularly in some regions
- Appropriate programs implemented in some regions
- Patients aware of their local eye services
- Education programs implemented for primary health workers
- Full sector support & advocacy for Roadmap implementation

### Funding

- Additional funding secured for health promotion 2015-2017
- Appropriate programs implemented in some regions
- Appropriate programs implemented in some regions
- All indicators reported annually by AIHW

### Governance

- Commonwealth and jurisdictional agreement on mechanism
- Local referral pathways mapped in most regions
- Appropriate network arrangements made in most regions
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### Human Resources

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