2012 Roadmap Launch (1)	2012 (2)	2013 (3)	2014 (4)	2015 (5)	2016 (6)	2017 (7)	2018 (8)	2019 (9)	2020 (10)

Eye Examinations

Eye examinations by year provided to Indigenous Australians
(AIHW 2021)

Target: 145,569

Year	VOS supported eye examinations	Total eye examinations
2013-2014	20,151	61,562
2014-2015	18,890	64,799
2015-2016	19,979	63,737
2016-2017	24,511	no data
2017-2018	29,161	66,439
2018-2019	25,849	74,851
2019-2020	22,089	82,211

☐ Total eye examinations ☐ VOS supported eye examinations

Cataract

Cataract surgery by two year period to Indigenous Australians
(AIHW 2021)

Target: 14,243

Period	Value
2011-2013	3,397
2013-2015	4,043
2015-2017	5,083
2017-2019	6,072

Cataract surgery public hospital waiting times: median days
(AIHW 2021)

Target: equity

Period	Indigenous	Non-Indigenous
2012-2013	140	88
2013-2014	112	81
2014-2015	142	84
2015-2016	152	93
2016-2017	141	89
2017-2018	132	84
2018-2019	124	82

☐ Indigenous ☐ Non-Indigenous

Diabetic Eye Care

CHECK TODAY. SEE TOMORROW

Indigenous patients who had a diabetes test who also had an eye exam: percentage
(AIHW 2021)

Target: 100%

Region	2017-2018	2019-2020
AUS	42	42
ACT	38	38
NSW	47	45
NT	30	29
QLD	46	46
SA	45	42
TAS	50	46
VIC	49	48
WA	36	33

Trachoma

Reported Prevalence of Trachoma in Children
(ATSR 2020)

Target: 0%

☐ 1-9 years observed
☐ 5-9 years observed
☐ 5-9 years estimated

Progress Indicators	2008	2020
Number of hotspots (>20%)	54	16
Number of communities with (or at risk of) trachoma	205	65

Progress reported reflects sector-wide activity from multiple organisations and governments

COVID-19 continues to impact access to services and the broader health system

Many recommendations take time to implement, need to be geographically distributed and must be sustained

IEH acknowledges the good work and efforts of all stakeholders in implementing these recommendations

IEH thanks the supporting funding bodies

Australian Government Department of Health · BB & A Miller Foundation · paul ramsay FOUNDATION · THE Cybec FOUNDATION · Metal Manufactures Limited

The Leaky Pipe

We described the patient journey as a leaky pipe in 2012.

All of the leaks need to be fixed or it will continue to leak.

This report shows good progress and many of the leaks have been fixed in many regions across Australia.

Roadmap Regional Progress

Roadmap regional implementation continues in all jurisdictions.

Eye health collaborative groups have been initiated in all jurisdictions.

Activity is underway in 64 self-defined regions covering the entire land mass of Australia and all of the Indigenous population.

Regional Progress
☐ Ongoing Activities
☐ Commencing Activities
☐ No Known Activity

Recommendations Completed

Roadmap Recommendation Progress

☐ Action completed ☐ Action ongoing ☐ No action to date ☐ Committed

90% of recommendations completed/committed and 96% of activities completed/committed.

A Decade of Progress

The 2021 Annual Update is the tenth annual report of the progress on implementation of the Roadmap to Close the Gap for Vision.

The Roadmap to Close the Gap for Vision:
Indigenous Eye Health published the Roadmap to Close the Gap for Vision in 2012 through a codesigned, national consultation process that provided 42 recommendations through 138 activities and a regional approach to improving Aboriginal and Torres Strait Islander eye health. The Roadmap could be delivered in five years with appropriate support and funding.

Strong Eyes, Strong Communities:
Vision 2020 Australia in 2018 developed a sector endorsed five year plan for Aboriginal and Torres Strait Islander eye health and vision 2019-2024.

Australia's Long Term National Health Plan:
The Australian Government in 2019 committed to 'End avoidable blindness in Indigenous communities by 2025'.

Evaluating the Roadmap:
In 2021 IEH completed an evaluation of the Roadmap that provides evidence supporting the need to sustain and strengthen the regional stakeholder groups and coalitions reforming and improving Aboriginal and Torres Strait Islander eye health.

The evaluation strongly supports Indigenous leadership and ownership, workforce and capacity development and the importance of cultural safety and maintaining the evidence base.

Indigenous Leadership of Indigenous Eye Health

Aboriginal Community Controlled Health Services, Aboriginal and/or Torres Strait Islander people and other Indigenous-controlled organisations are key to improving eye care.

This map represents IEH current understanding of where activities are being led and where there is clear participation in Indigenous eye care at a regional level.

Indigenous Leadership
☐ Leading
☐ Participating

Australia's Long Term National Health Plan has committed to 'End avoidable blindness in Indigenous communities by 2025'

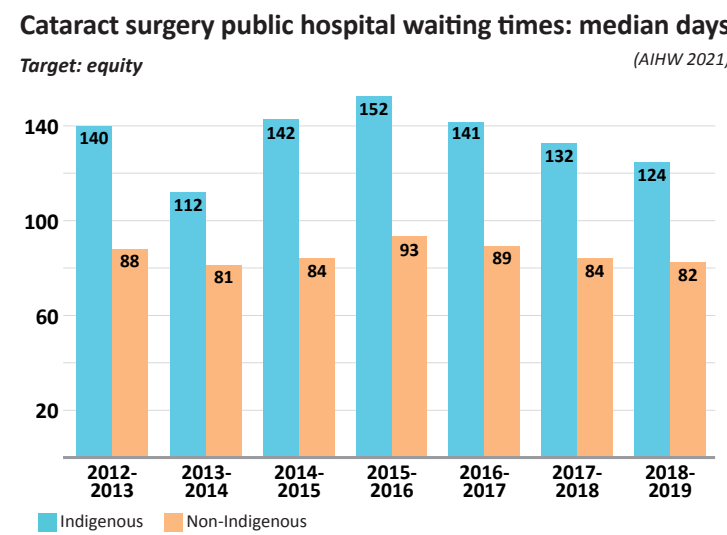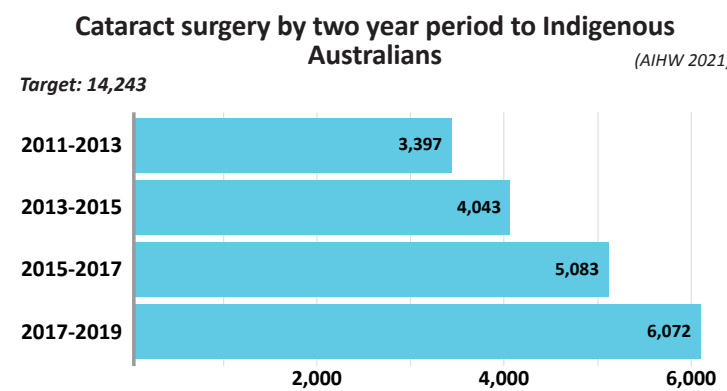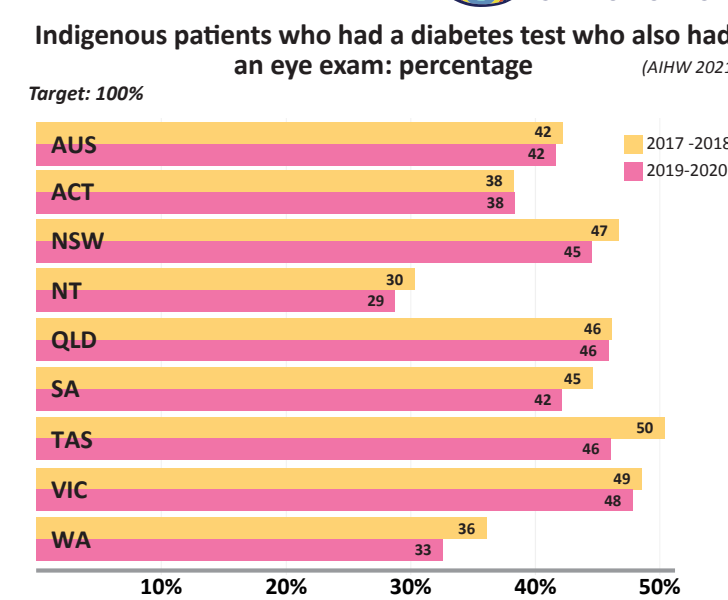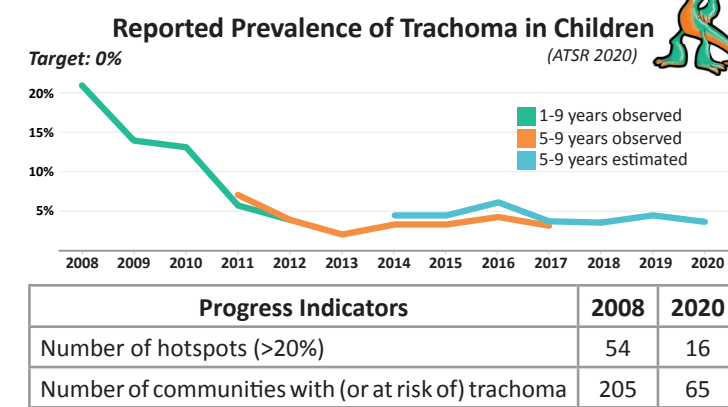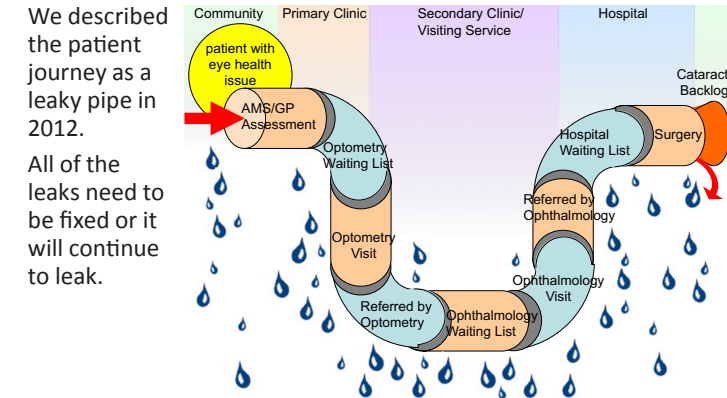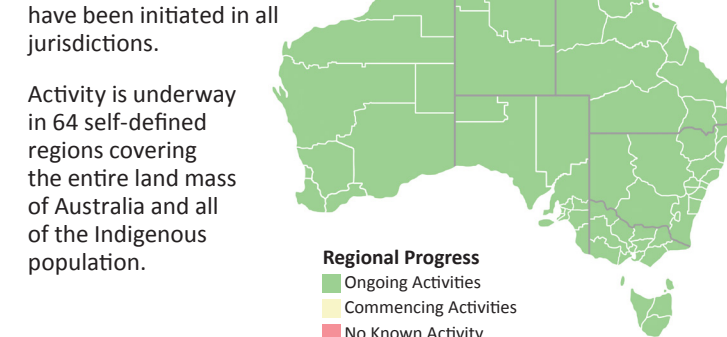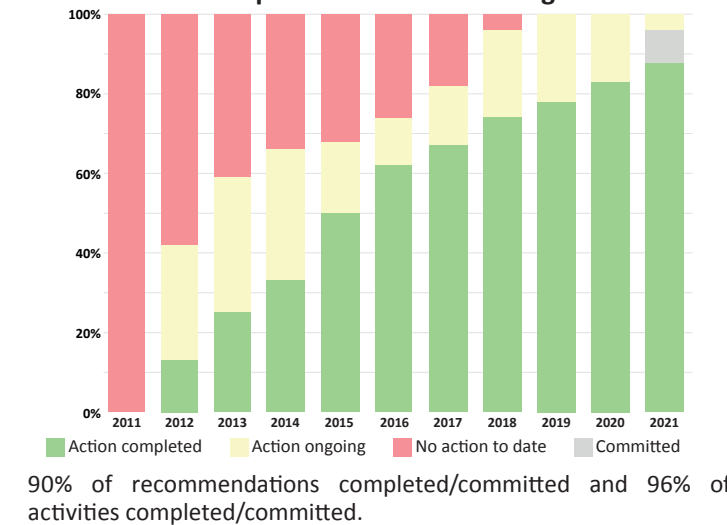Indigenous leadership and ownership, and regional and sector collaboration are key to achieving this goal

Contact:
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1. Minister Warren Snowdon and Justin Mohamed (Chair NACCHO), February 2012, Adelaide.
2. Mick Gooda (Aboriginal and Torres Strait Islander Social Justice Commissioner), November 2012, Melbourne.
3. Lisa Briggs (CEO NACCHO), November 2013, Hobart.
4. Dame Quentin Bryce and Matthew Cooke (Chair NACCHO), November 2014, Brisbane.
5. Minister Fiona Nash with Kaye Clarke (Chair BADAC), November 2015, Canberra.
6. Pat Turner (CEO NACCHO) with A/Prof Mark Daniell (President RANZCO), November 2016, Melbourne.
7. Hon. Fred Chaney and A/Prof Mark Daniell (President RANZCO), October 2017, Perth.
8. Shane Mohor (CEO AHCSA) and Dr Heather Mack (President RANZCO), November 2018, Adelaide.
9. Dr Kris Rallah-Baker and A/Prof Heather Mack (President RANZCO), November 2019, Sydney.
10. Professor Ian Anderson OA (Deputy Vice Chancellor ANU), November 2020, Online Webinar.

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	RECOMMENDATION	OUTCOME	ACTIVITIES				
Primary Eye Care as part of Comprehensive Primary Health Care	1.1 Enhancing eye health capacity in primary health services	Education programs implemented for primary health workers	Online education resources (RAHC modules) developed	Eye health training courses delivered	Material for diabetes eye care developed	Eye health guidelines developed for primary care	*
	1.2 Health assessment items include eye health	Eye health assessment included in Medicare items	Eye checks mandatory in MBS 715 & PIP				*
	1.3 Diabetic retinopathy detection	Medicare item for photography	MSAC application for retinal photography Medicare item	Online diabetic retinopathy grading course developed	Retinal photo funding (NMRC) approved	Medicare item listed	*
	1.4 Eye health inclusion in clinical software	Computer software includes eye health	Software Roundtable June 2013	Clinical software data fields & prompts developed	Eye health included in some clinical software	Eye health included in most clinical software	
Indigenous Access to Eye Health Services	2.1 Aboriginal Health Services & eye health	Specialist eye care available in AMS	RHOF/VOS encouraging eye care within AMS	Specialist eye care available through some AMS	Specialist eye care available through most AMS		*
	2.2 Cultural safety in mainstream services	Clinics & hospitals consider cultural safety	Cultural safety & cultural competence training available	Cultural training incorporated into VOS/RHOF programs			*
	2.3 Low cost spectacles	Nationally consistent Indigenous spectacle scheme	Review of current subsidised spectacle services & uptake	Criteria agreed by sector	Effective subsidised spectacle programs functioning in some jurisdictions	Effective subsidised spectacle programs functioning in most jurisdictions	
	2.4 Hospital surgery prioritisation	Indigineity prioritised for cataract surgery	Stakeholder & government support	Cataract policy paper developed & sector endorsed	Cataract surgery indicators agreed & reported	Some jurisdictions take action to address inequities	*Most jurisdictions take action to address inequities*
Coordination and Case Management	3.1 Local eye care systems coordination	Regional coordination to include Primary Health Networks & other stakeholders	Indigenous eye health case study for DoH Medicare Local Collaborative Framework	Working group responsibilities established in some regions	Project officers assigned in some regions	*Working group responsibilities established in most regions*	Project officers assigned in most regions
	3.2 Clear pathways of care	Referral pathways & service directories established	Service directory developed in some regions	Local referral pathways mapped in some regions	Service directory developed in most regions	Local referral pathways mapped in most regions	
	3.3 Workforce identification & roles	Roles required to support patient journey	Patient support staff roles defined in some regions	Patient support staff roles defined in most regions			*
	3.4 Eye care support workforce	Sufficient personnel engaged in eye care needs	Support staff needs identified in some regions	Sufficient support staff in some regions	*Support staff needs identified in most regions*	Sufficient support staff in most regions	
	3.5 Patient case coordination	Case management for those with diabetes or needing surgery	Appointment of chronic disease coordinators	Case management roles allocated in some regions	Case management roles allocated in most regions		
	3.6 Partnerships & agreements	Local & regional agreements established	Collaborative networks established in some regions	Appropriate network arrangements made in some regions	Collaborative networks established in most regions	*Appropriate network arrangements made in most regions*	
Eye Health Workforce	4.1 Provide eye health workforce to meet population needs	Population-based needs determine eye health workforce	Fundholders funded to assess and meet service needs	Sufficient ophthalmology & optometry in some regions	Workforce needs analyses in most regions	Sufficient ophthalmology & optometry in most regions	
	4.2 Improve contracting & management of visiting services	VOS and RHOF work effectively & properly coordinated	MSOAP & VOS review released	Linkages between RHOF/MOICDP & RHOF/VOS with PHN & LHN	New fundholder arrangements for planning & coordination		*
	4.3 Appropriate resources for eye care in rural & remote areas	Services are adequate to meet eyecare needs	Needs analyses funded in all jurisdictions	Sufficient workforce & resources in some regions	Needs analyses in most regions	Sufficient workforce & resources in most regions	
	4.4 Increase utilisation of services in urban areas	VOS supports AMS eye care in both regional & urban areas	Urban specialist outreach includes some allied health	Urban VOS proposed	VOS services in some urban AMS	VOS services in most urban AMS where required	*
	4.5 Billing for visiting RHOF supported services	RHOF services are bulkbilled	Bulkbilling policy paper developed & disseminated	Stakeholders considering appropriate strategy	Strategy implemented		*
	4.6 Rural education & training of eye health workforce	Funding for optometry & ophthalmology training	Visits & posts funded for optometry trainees	Visits & posts funded for ophthalmology trainees			*
Elimination of Trachoma	5.1 Definition of areas at risk	Areas with trachoma are defined across Australia	NT, SA, WA areas defined	NSW areas defined	QLD areas defined		
	5.2 Effective interventions	SAFE strategy is implemented	Funding provided for 2013-2017	New national guidelines for trachoma management	Additional funds secured for health promotion 2015-2017	Funding provided for 2017-2020	*
	5.3 Surveillance & evaluation	Ensure continuance of NTSRU	Advocacy & ongoing funding for NTSRU				
	5.4 Certification of elimination	Australia eliminates trachoma	TF rates <5% in some screened regions	TF rates <5% in most screened regions	Community wide antibiotic treatment stopped in most regions	Surveys confirm trachoma eliminated	WHO confirmation
Monitoring and Evaluation	6.1 Managing local eye service performance	Performance is assessed against needs-based targets	Regional tools & service targets developed	Some regions reviewing performance against needs	Most regions reviewing performance against needs		*
	6.2 State & national performances	State & national data are analysed & reported	Indicators agreed & adopted	Indicators reported by some jurisdictions	Indicators reported by most jurisdictions		
	6.3 Collating existing eye data sources	Existing data sources are used to review service needs & performance	Indicators included in National Health Performance Framework	Eye indicators reported	National data reporting funded	All indicators reported annually by AIHW	
	6.4 National benchmarks	National benchmarks are established & used	Eye health included in Health Performance Framework 2012	National oversight body reviews progress			*
	6.5 Quality assurance	High quality service is achieved	CQI/audit tools developed & agreed	Tools adopted & used regularly in some regions	Tools adopted & used regularly in most regions		
	6.6 Primary health service self-audit in eye health	Services can easily determine needs & performance	Incorporated into regional assessment & CQI				
	6.7 Program evaluation	Implementation of Roadmap is evaluated	Annual progress report 2016 published	NEHS underway	NEHS data collection complete	NEHS results reported to WHO	
Governance	7.1 Community engagement	Local communities use & champion eye care services	Local services encouraging eye care in some regions	Local services encouraging eye care in most regions			*
	7.2 Local Hospital Networks/Primary Health Networks	Indigenous eye health is coordinated at the regional level	Regional collaborative networks established in some regions	*Regional collaborative network established in most regions*	Indigenous eye health a priority for PHNs		
	7.3 State/territory management	Effective state/territory Indigenous eye health committees	Eye subcommittees of planning forums established in some jurisdictions	Eye planning subcommittee funded in all jurisdictions			*
	7.4 National oversight	National Indigenous eye health oversight function developed	Process for national oversight identified	Commonwealth and jurisdictional agreement on mechanism for oversight	National oversight mechanism functioning		
	7.5 Program interdependence	Roadmap is effectively implemented across Australia	Full sector support & advocacy for Roadmap implementation	DoH funding to IEH for Roadmap facilitation	Roadmap recommendations prioritised in NFIP	Roadmap recommendations partially implemented	Roadmap recommendations fully implemented
Health Promotion and Awareness	8.1 Eye health promotion	Community & staff recognise the need for eye care	Materials developed by AMS & NGOs	Media/communication strategy	Appropriate programs implemented in some regions	*Appropriate programs implemented in most regions*	*
	8.2 Social marketing eye care services	Community know about local eye services	Develop core materials about local eye health services	Eye service utilisation periodically monitored locally	Appropriate programs implemented in some regions	*Appropriate programs implemented in most regions*	*
Health Financing	9.1 Current spending on Indigenous eye health	Current services are maintained	Current specific funding maintained				
	9.2 Current spending on trachoma	Funding continues until trachoma is eliminated	Recommitment of 2014-2017 funding	Additional funding secured for health promotion 2015-2017	Funding provided for 2017-2020		*
	9.3 Full additional annual capped funding required	Adequate capped funding provided	Pre-election funding bid 2013	Capped funds provided for planning and coordination requirements	Recosted 2015 Budget	Additional required funds committed	Full funding of need
	9.4 Cost to close the gap for vision funded for 5 years	Additional funding continues until the gap for vision is closed	Initial funds committed	Ongoing monitoring of progress	Repeat NEHS	Gap for vision is closed	

Provision of Equity in Eye Care and the Elimination of Trachoma

Legend:
- Action completed (green)
- Australian Government committed to 'end avoidable blindness' (blue)
- Action ongoing (yellow)
- No action to date (red)
- **BOLD** Action in 2021
- → Recommendation completed in 2021
- Some = >30%
- Most = >80%
- Green arrow = Fully implemented
- Grey arrow = Australian Government commitment
- 121 of 138 (88%) Activities completed
- 133 of 138 (96%) Activities completed/committed
- 27 of 42 (64%) Recommendations completed
- 38 of 42 (90%) Recommendations completed/committed
- * Requires ongoing implementation