Minum Barreng
Indigenous Eye Health

National Leadership for Indigenous Eye Health

The University of Melbourne | School of Population and Global Health

The Roadmap to Close the Gap for Vision

Compared with non-Indigenous Australians, Indigenous adults have 6 times the rate of blindness and 3 times as much low vision.

Vision loss causes 11% of the Indigenous health gap and poor vision hinders education, employment, independence and the management of simple daily activities like self-care of chronic diseases including diabetes.

94% of this vision loss is preventable or treatable. Most vision loss can literally be corrected overnight with cataract surgery or the provision of spectacles. However, over one third of Indigenous Australian adults have never had an eye examination.

The Roadmap to Close the Gap for Vision is evidence-based. It has been developed with extensive stakeholder input and is widely supported by the Aboriginal health sector, government, non-government and eye care sectors.

To Close the Gap for Vision is a discrete and highly achievable goal with high visibility and builds on success with trachoma.

In their 2015 Close the Gap speeches both the Prime Minister and the Leader of the Opposition committed to the elimination of trachoma and vision loss.

We need this national leadership put into action. Most of the resources needed to achieve this goal are already available.

The time has come for Australia to take concerted action to Close the Gap for Vision.

The magnitude of the problem

Indigenous Australians have a greater burden of eye disease but receive less eye care than non-Indigenous Australians. Indigenous people suffer 12 times more cataract blindness but cataract surgery rates are seven times lower, and waiting times for cataract surgery are considerably longer (140 days on average vs 90 days).

Only 20% of Indigenous adults with diabetes receive the required eye exam and 39% of adults can not see normal print for want of a pair of reading glasses.

The rates of vision loss do not show significant jurisdictional or regional variation – the need for improved Indigenous eye care is nationwide.

Ongoing monitoring of the burden of disease is essential

Regular monitoring of the eye health status of Indigenous Australians is important to gauge the impact of actions to improve efficiency and effectiveness of the eye health system, to guide health service planning and to monitor progress.

The Commonwealth has funded the National Eye Health Survey that will give update prevalence data in 2016.

National oversight is required for these activities

The Commonwealth in 2014 committed to the first Implementation Plan under the National Framework for Prevention of Avoidable Blindness that prioritises Aboriginal and Torres Strait Islander eye health and the monitoring of progress.

Oversight needs to be established by the Commonwealth to develop national guidelines, targets and policy; oversee implementation of national strategies; undertake national data monitoring; and report progress to the Commonwealth and State/Territory governments through AHMAC.

The trachoma success story demonstrates that great change can be achieved

In 2005 Australia was the only developed country to still have endemic trachoma, an entirely preventable infectious eye disease and the cause of 9% of preventable blindness in Indigenous Australians. The then Health Minister Tony Abbott established the National Trachoma Surveillance and Reporting Unit.

The Reporting Unit collected national data and established the real picture of trachoma that lead to the national commitment to eliminate trachoma. Through screening, treatment and health promotion, Australia has made considerable progress towards eliminating this disease: between 2009 and 2012, national prevalence of trachoma decreased from 14% to 4%.

Although more work needs to be done to completely eliminate trachoma, and so meet Australia's commitment to the World Health Organisation, real progress has been made following the statement of national commitment.

Improving Indigenous eye health is achievable and cost-effective

The capped funding required to Close the Gap for Vision is extraordinarily modest being less than $9 million per year (for example $45 million over 5 years) building on funds already committed under current programs for visiting services, chronic disease and coordinated care.

National leadership will make a difference

The elimination of unnecessary vision loss and improved utilisation of eye health services is a highly achievable aim and will provide quick wins. This is the low hanging fruit in Indigenous health. The plans are evidence-based, cost-effective and have been prepared and endorsed across all sectors. They are ready to go.

We know what the problem is and we know how to fix it – what is required is national leadership to highlight the issue, and to monitor and oversee the progress.

For $9 million per year we can restore peoples vision and lives and close 11% of the health gap, and do this quickly.

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