Closing the Gap in Indigenous Eye Health
A role for Jurisdictions

Indigenous Eye Health Unit, Melbourne School of Population and Global Health
The University of Melbourne

The Roadmap to Close the Gap for Vision

Compared with non-Indigenous Australians, Indigenous adults have 6 times the rates of blindness and 3 times as much low vision. Vision loss represents 11% of the Indigenous health gap, and hinders ability to participate in activities that influence health outcomes, such as self-care of diabetes. Vision loss also adversely affects education, employment, independent living and social participation.

The four major eye conditions affecting Indigenous people are refractive error, cataract, diabetic retinopathy and trachoma. Australia is the only developed country to still have trachoma.

The Roadmap to Close the Gap for Vision is evidence based and sets out how the gap in vision can be closed within 4 years with coordinated national and state action. It has been developed with extensive stakeholder input and has wide support from the Aboriginal health sector, government, non-government and eye care sectors.

Rates for vision loss do not show significant jurisdictional or regional variation - the need for improved Indigenous eye care is nationwide and requires both Commonwealth and state/ territory action.

The need for Commonwealth, jurisdictional and regional coordination

A coordinated governance structure is required to promote improvements in Indigenous eye health. A well-defined governance structure and coordination between the Commonwealth, jurisdictions and regions should avoid duplication and use existing mechanisms wherever possible.

The role of jurisdictions

Jurisdictions can play a key role in improving Indigenous eye health outcomes by committing to guide and monitor activities. They need to:

- Establish jurisdictional stakeholder committees responsible for Indigenous eye health possibly as a subcommittee of the Aboriginal Health Forum. This group would have technical and stakeholder expertise and monitor activities. For example, Victoria has established the Koolin Balit Eye Health Advisory Group that has been very successful.
- Assist with the establishment of regional networks. This may include the allocation of funds, such as done successfully in Victoria, to help regions plan services for Indigenous eye health, and close gaps in regional eye care coverage.
- Ensure quality data are collected and reviewed at both jurisdictional and national levels.
- Advocate to the Commonwealth to have AHMAC take responsibility for national leadership and oversight of eye care.
- Review and consider equity of Indigenous access to subsidized spectacle schemes and cataract surgery.

Next steps for the Commonwealth

- Establish a national oversight framework through AHMAC to drive improvements in access to eye care
- Develop national data monitoring processes to track improvements in Indigenous eye health
- Develop and implement national guidelines and policies
- The Commonwealth has started revised costing of Roadmap activities

Achievements thus far

Significant progress in improving Indigenous eye health has been made thus far, and it is a realistic and achievable goal to Close the Gap for Vision.

- For example, in 2005 Australia was the only developed country to still have endemic trachoma – an entirely preventable infectious eye disease. Trachoma caused 9% of preventable blindness in Indigenous Australians. The National Trachoma Surveillance and Reporting Unit was established by the then Health Minister Tony Abbott to monitor data. The prevalence of active trachoma in endemic areas has decreased from 14% in 2009 to 4% in 2012-13, with the 2009 commitment and program to eliminate trachoma continuing to support the elimination of trachoma
- The subsidised spectacle scheme in Victoria has been successful in providing low cost spectacles at $10 a pair to Indigenous people, ensuring affordability and equitable outcomes.

Most of the resources required to Close the Gap for Vision are already available under current programs such as for chronic disease management and coordinated care. **The plans are evidence-based, sector-endorsed, cost-effective, ready to go and highly achievable.**

Prepared by: Professor Hugh R. Taylor AC, Melbourne Laureate Professor, Indigenous Eye Health Unit, The University of Melbourne. Email: h.taylor@unimelb.edu.au, Tel: 03 8344 9320 Website: www.iehu.unimelb.edu.au July 2014