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

Sector Consultation Report

Background

The Australian Government's Department of Health & Ageing (DoHA), in conjunction with Vision2020 Australia, undertook an eye health and vision care sector consultation on the Implementation Plan for the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss (National Framework).

The consultation took place in Melbourne on 26 March 2013.

It followed the endorsement of the second progress report on the National Framework to Health Ministers in December 2012 and authorisation from the Minister for Health, the Hon Tanya Plibersek MP, for the Department to work with Vision2020 Australia to develop an implementation plan to underpin the Australian Government's eye health and vision care priority activities over the next three years (2014 – 16).

The development of the Implementation Plan dovetails with the World Health Organization's (WHO) draft Global Action Plan for the prevention of avoidable blindness and visual impairment for 2014 -2019 (Global Action Plan). The Australian Government was actively engaged in the development of this Global Action Plan which is expected to be endorsed by WHO members at the World Health Assembly in May 2013. There are clear correlations between the National Framework and the Global Action Plan.

The sector was provided, in advance of the consultation, with documents developed by Vision2020 Australia which identified the context and purpose of the Implementation Plan within the global and local context (Appendix A).

This initial consultation focused on identifying the priorities for the Implementation Plan to ensure that there is continued progress towards the elimination of avoidable blindness and reduced impact of vision loss.

Attendees

The consultation was attended by 35 representatives of the eye health and vision care sector, seven members of the Vision2020 Australia staff, three representatives from the Population Health Division of DoHA and one from the Office for Aboriginal and Torres Strait Islander Health (OATSIH). A full list of attendees is contained at Appendix B.

Process

The consultation commenced with short presentations from Janet Quigley, Assistant Secretary Healthy Living and Chronic Disease Programs Branch, DoHA and Jennifer Gersbeck, CEO Vision 2020 Australia.

The group discussions were preceded by presentations from the Chairs of Vision2020 Australia's policy committees:

The Prevention and Early Intervention Committee – Genevieve Quilty
The Low Vision and Rehabilitation Committee – Associate Professor Jonathan Jackson
The Aboriginal and Torres Strait Islander Committee – Lisa Briggs.

Improving the evidence base – data collection – was informed by a presentation on Indicators and Eye Health Data by Professor Hugh Taylor AC, University of Melbourne, followed with contributions by Professor Jill Keefe, Centre for Eye Research Australia.

Jane Fenton of Fenton Communications facilitated the consultation and provided input into the preparation of this report.

This report does not cover every point made at the consultation but focuses on those where there was broad agreement among those present from the sector.

This report does not represent an agreed departmental or government position, but simply seeks to captures the views expressed by the sector at the workshop.

Purpose and Intent

The sector was presented with the following proposed statement of Purpose and Intent:

Intent

i. Support the implementation of the National Framework.
ii. Align Australia's efforts with the draft Global Action Plan 2014-19 including proposed targets and indicators.
iii. Strengthen relationships between stakeholders.
iv. Address eye health and vision care issues of national significance.

Purpose

i. To identify priorities for addressing eye health and vision care issues of national significance under the National Framework.
ii. To improve access to comprehensive eye care and rehabilitation services.
iii. To meet our obligations under the draft Global Action Plan 2014 – 2019.

Objectives

i. The evidence base is improved
ii. Policies, plans and programs enhance universal eye health and vision care in Australia
iii. Multi-sectoral engagement and partnerships are effective.

The feedback from consultation participants was that the order of issues in Intent should be changed so that 'Address eye health and vision care issues of national significance' was the first statement of intent.

Views were also expressed that the Intent should clearly be action focused and that clear accountabilities were critical to the development of the Implementation Plan.

The following reflects the suggested changes:

Intent

i. Address eye health and vision care issues of national significance.
ii. Drive the implementation of the National Framework.
iii. Strengthen relationships between stakeholders.
iv. Provide clear accountabilities for all actions.
v. Align Australia's efforts with the draft Global Action Plan 2014-19 including proposed targets and indicators.

Overarching Themes

There were a number of themes that arose across the consultation.

Measuring progress. It was recognised that measuring progress is important and that as eye health and vision care indicators are included in the draft Global Action Plan, Australia will be obliged to report against them. The sector held a strong view that benchmarks and measurement are important and that current data collection methodology and frequency is sub-standard. It recommended that Australia should therefore be gathering more data and developing a more significant list of indicators than may be proposed internationally.

GP training/education. While the forum recognised the pressures faced by GPs, it highlighted them as a critical link in the referral chain and the need for them to be

educated about the importance of eye health checks, particularly for those over 40 years, with diabetes or with a family history of eye disease, and the need to refer those with low vision to rehabilitation and support providers.

Primary Health Care. Participants reinforced the need for the broader primary care sector to recognise the importance of eye health and vision care and to understand the appropriate referral pathways.

Public Health Care focus. The suggested initial focus for action was in the public health system. Best practice guidelines would improve referral pathways through the public health system and beyond into rehabilitation and support where necessary. The public system should also be the focus of any interventions designed to reduce waiting lists such as a 'surgical cataract blitz' or increased attraction of ophthalmologists to work in the public system.

Cross Government liaison. While the sector appreciated that this consultation was being led by DoHA, participants felt that one of the most critical roles for the Department was to liaise with all other relevant agencies to ensure that eye health and vision care was on their agenda and to link to those agendas in the Implementation Plan.

A focus on the patient journey. A common theme, which links to cross Government liaison and referral pathways, is the importance of looking at issues from the point of view of the patient/client. Any siloed approach, looking at single issues or single interventions, does not provide the best outcomes from the patient/client point of view. The intention is seamless movement from prevention through treatment to rehabilitation and support.

Better Information. There was a strong view that there is a need for more population health data as it relates to eye health and vision care and that this should not be self-reported data. While the sector appreciates the cost of gathering this data, it believes there may be a break-through less expensive way to do this through the internationally-recognised Rapid Assessment of Avoidable Blindness.

Awareness. Public awareness of the importance of eye testing was a repeated theme. As it underpins prevention and treatment of 80% of the causes of vision loss, it is regarded as an efficient and effective way of achieving significant impact.

A values driven approach. Many times during the consultation there was reference to underlying principles of equity, quality and focus on disadvantage as drivers of the Implementation Plan.

Short term actions. The sector is keen to see movement on activities that can drive results in the short term and worked to identify those 'quick wins' during the course of the consultation. However there are some critical areas where it recognises that the change required is more complex and systemic yet critical to achieving the desired outcomes.

Overarching Priorities

On the basis of discussions between DoHA and Vision2020 Australia and the findings of the 2011 stocktake of eye health and vision care activity in Australia four key areas were raised with the sector as priorities for the Implementation Plan.

They were:

- Aboriginal and Torres Strait Islander eye health
- Preventing eye disease associated with diabetes
- Support for people with low vision
- Improving the evidence base

There was broad support for these priority areas.

The one rider was that while diabetic retinopathy should clearly be a priority, it is the least significant cause of a group of five conditions that account for 80% of blindness and vision loss in Australia.

In addition to eye disease associated with diabetes they are:

- Age-related Macular Degeneration
- Cataracts
- Glaucoma
- Refractive Error.

Participants believed that these five conditions could be tackled together through a focus on activity around awareness and early detection.

Prevention and Early Intervention

Australia's ageing population presents significant problems for Australia - particularly given that eye disease increases three fold with every decade over the age of 40. Early detection is therefore a priority as 75% of vision loss is preventable or treatable.

The National Eye Health Initiative (NEHI) demonstration grant project workshops identified that coordinated awareness raising programs can have a positive impact on behaviour change which can ultimately reduce the incidence of impact of all eye conditions including diabetic retinopathy.

Awareness raising is a consistent theme in the National Framework and is still a significant gap with the critical focus of getting people to have their eyes tested.

Awareness Raising

Participants recognised that there is significant cost associated with media-buy and while its preference is a mass media social marketing campaign encouraging

Australians to get their eyes tested, there are opportunities to undertake less costly alternatives in the short term such as:

- Run a National Vision Initiative Campaign using the creative materials that have already been developed and tested but with a focus on digital and social media.
- Leverage off all other public health campaigns with DoHA looking for opportunities to integrate eye health checks into other campaigns run by the Department and the Australian National Preventive Health Agency (ANPHA), and those that target culturally and linguistically diverse communities (CALD).
- Encourage those diagnosed with an eye condition to get their family members to have a test.

Refractive Error

The experience of the Victorian low cost spectacle scheme has evidenced an effective way to address refractive error through the provision of low cost, attractive spectacles.

There was strong support from the sector for the development of a nationally consistent low cost spectacle scheme.

Best practice

Participants believe there are bottlenecks in the system where clients are waiting to see ophthalmologists, yet many only need to see an optometrist initially.

There is too little awareness about the appropriate level of management of eye care in hospitals and in the primary health care system and therefore the appropriate referral pathway. More awareness would alleviate pressure on hospital waiting lists.

Better referrals to rehabilitation providers would also have a significant impact on those with vision loss.

In the short term DoHA could work with the sector to:

- Develop best practice guidelines for referral and management of eye care in hospitals, the primary care system and service providers.
- Ensure best practice guidelines are provided to the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) for the implementation of the National Disability Insurance Scheme (NDIS), see below.

Cataract Waiting Lists

Participants raised the concept of a cataract surgical ‘blitz’ to significantly reduce the waiting lists. This was also raised as a concept to improve the eye health of Aboriginal and Torres Strait Islander communities.

Diabetes

The sector supports a focus on preventing, diagnosing and treating diabetic retinopathy given the rising rate of diabetes, including amongst Aboriginal and Torres Strait Islander people. It is estimated that more that one million Australians have diabetes although many are unaware of it. Age at onset and duration of diabetes are key factors influencing the prevalence of eye disease in people with diabetes.

Participants suggested the following activities around eye health for people with diabetes:

- Use the existing register of people with diabetes, the National Diabetes Services Scheme (NDSS), and develop a system by which every person joining the Scheme has an eye test and regular reminders.
- Remind GPs of the importance of eye tests for those who are diagnosed with diabetes.
- Liaise with ACCHOs to ensure Aboriginal and Torres Strait Islander patients who are known to have diabetes have their eyes tested.

There was also a discussion about influencing Medicare Locals to put eye health and vision care in their plans. While it was recognised that Medicare Locals are designed to be driven by local needs, there was significant concern expressed that known issues of national significance, like the eye health of those with diabetes, may not be finding their way on to Medicare Locals agendas.

Support for people with low vision

It was recognised that while support for those with low vision was not a clearly stated priority in the original National Framework, but rather a theme that occurred across the Framework, low vision is now a recognised priority at a global level and there is increasing recognition that Australia's ageing population will increase the prevalence of age-related eye disease.

It was also recognised that low vision issues fall within both the jurisdiction of DoHA and FaHCSIA and will be impacted by the NDIS. The NDIS will benefit those who have degenerative conditions diagnosed under the age of 65 and the eye health and vision care sector has been an active participant in the NDIS consultation process.

The sector is currently preparing a coordinated submission to FaHCSIA and Aged Care specifically to address the gaps in the current system.

The sector's priorities for the Implementation Plan are:

- Getting the right interface between NDIS and Aged Care.
- Equity of access for those who are diagnosed over the age of 65.
- Referral pathways.

The major concern expressed by participants is access to services for those who are diagnosed over the age of 65 who will fall outside of the NDIS. For these people, the only support available is that provided by the not-for-profit sector.

Some of the issues which could be addressed in the short term include:

- Increasing access to vision aids and equipment by consistent and equitable funding of aids and equipment.
- DoHA liaising across Health and Ageing to ensure that there are strong links between aged care reform and the Implementation Plan.
- DoHA continuing to liaise with FaHCSIA to manage the interface of the NDIS, aged care and the Implementation Plan.
- Better education of all referral sources including GPs, optometrists, community nurses, pharmacists and orthoptists so they understand what is available in vision support and rehabilitation and refer immediately on diagnosis.
- Review Centre for Eye Research Australia's (CERA) data to barriers to uptake of referral and work on ways to overcome those barriers.
- DoHA's consideration of a special category of disability or sensory issues (including low vision and blindness) for those over 65 years who are under aged care.

Aboriginal and Torres Strait Islander Eye Health

As with low vision, the eye health of Aboriginal and Torres Strait Islander people is not a specific focus within the National Framework but is consistently referred to throughout the document. The eye health of Aboriginal and Torres Strait Islander people is clearly a priority of both the Government and the eye health and vision care sector with blindness rates amongst Aboriginal and Torres Strait Islander people being six times those of mainstream Australians and vision loss being the third leading cause of the gap after heart disease and diabetes and ahead of trauma, stroke and alcoholism.

It was recognised by all participants that improving the health of Aboriginal and Torres Strait Islander people requires a long term approach and the involvement of agencies other than the Department of Health, notably Aboriginal Community Controlled Health Organisations (ACCHOs).

The sector has already endorsed the 2011 Roadmap to Close the Gap for Vision (the Roadmap), published by the University of Melbourne's Eye Health Unit, as a critical focus for improving Aboriginal and Torres Strait Islander eye health.

In addition to support for the Roadmap the key areas of focus identified by the sector are:

- Identify linkages between the National Framework and the Roadmap and incorporate them into the National Framework Implementation Plan.
- Ensure eye health is integrated into the Closing the Gap strategy.

Priorities identified by the Vision2020 Australia expert committee and endorsed by the sector are to:

- Strengthen and enhance the Medical Specialist Outreach Assistance Program (MSOAP) and the Visiting Optometrists Scheme (VOS) to enhance uptake and utilisation rates.
- Improve coordination of MSOAP, Urban Specialist Outreach Assistance Program (USOAP) and VOS services so optometrists and ophthalmologists visit a community at the same time.
- Establish mechanisms for the coordination of eye care across Medicare Locals, Local Hospital Networks, National Aboriginal Community Controlled Health Organisation (NACCHO) affiliates and ACCHOs.
- Focus on the elimination of trachoma.

Other issues for consideration raised by participants include:

Diabetes

- Ensure Aboriginal and Torres Strait Islander people are on the NDSS register.
- Make diabetes a focus for community education programs.

Refractive Error

- Introduce a nationally consistent low cost spectacles scheme.

Visiting services

- Extend the VOS scheme to all urban access.
- Review the VOS guidelines to create more flexibility so that there is time spent in the community on workforce training, education and relationship building.
- Create online /web based reporting for VOS so outcomes can be shared.
- Ensure optometry and ophthalmology students attend MSOAP, USOAP and VOS circuits.
- Develop a best practice guide and introduce cultural training for health professionals to prepare them for working in Indigenous communities.

Coordination

- Create more multidisciplinary teams to do outreach – eg: a diabetes team which includes someone with eye health expertise.

Unique identifier

- DoHA could liaise with those responsible for electronic health records and Medicare cards to explore the issue of a unique identifier for Aboriginal and Torres Strait Islander people to ensure access to available services.

Improving the Evidence Base

There was strong support from participants for an overarching focus on improving the evidence base.

Participants recognised the need to share information across the sector, potentially through an on-line clearing house.

There was a strong desire expressed for new prevalence and coverage data, and the internationally recognised Rapid Assessment of Avoidable Blindness (RABB) survey methodology was raised as a means for gathering this data cost effectively.

However, the topic of indicators generated the most interest from the group.

The participants explored the principles by which decisions should be made on appropriate indicators. These included:

- Indicators must be able to measure progress.
- Indicators must be able to be linked to an outcome.
- There should be agreed frequency of data gathering (e.g. every five years).
- Available specified data sources should be identified and used effectively.
- The WHO indicators are a starting point for reporting.

Participants believed that the data must be national and that there should be national oversight of its collection.

Participants were also interested in the conceptual framework for performance reporting that was endorsed by the Council of Australian Governments (COAG) in 2011, as it contains guiding principles for developing performance indicators.

Vision2020 Australia had produced and circulated (Appendix C) a list of suggested indicators for the Implementation Plan and participants remained committed to the collection of a broad range of data and indicators.

Partnerships

Participants were asked to consider the partnerships necessary to facilitate delivery on each of the priority action areas.
Time constraints meant that this was not a fully considered issue but it was clear that to deliver outcomes in each of the priority areas there need to be the following partnerships and relationships:

- Across Government: DoHA, (including OATSIH, Aged Care, Primary Care) and FaHCSIA.
- Across the Primary Health Care Sector: NACCHO, GPs, Medicare Locals, Local Hospital Networks
- Across service providers: Ophthalmologists, Optometrists, GPs, Rehabilitation and Low Vision Support
- With education facilities
- With others involved in preventative health programs
- With states and territories involved in data collection and service provision.

The participants saw a role for DoHA in the short term of facilitating across Australian Government relationships and working with state and territory governments.

Next Steps

DoHA indicated its intention to work directly with Vision2020 Australia on the development of the Implementation Plan during 2013 and that the sector is encouraged to direct their ideas to Vision2020 Australia through its policy committees.

The Workshop is the first of further discussions in shaping the implementation plan during 2013, with a view to having the implementation plan in place by the start of 2014.

It was noted that while DoHA has approval from the Minister to develop the Implementation Plan that this did not pertain to the indicators and that this would require further discussion with the Minister's Office.

It was recommended that the development of indicators be one of the key actions identified within the Implementation Plan.

Appendix A **National Framework Implementation Plan – Context**

Global Action Plan 2014-19

Vision 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 services.

Goal To reduce avoidable visual impairment as a global public health problem and secure access to rehabilitation services for the visually impaired.

Purpose To achieve this goal by improving access to comprehensive eye care services that are integrated into health systems.

Objective 1 Evidence generated and used to advocate increased political and financial commitment of Member States for eye health.

Objective 2 National eye health policies, plans and programmes for enhancing universal eye health developed and/or strengthened and implemented in line with WHO's framework for action for strengthening health systems to improve health outcomes.

Objective 3 Multisectoral engagement and effective partnerships for improved eye health strengthened.

Global indicators

1. Prevalence of blindness and vision impairment and their causes

2.1 Number of eye care personnel by cadre: Ophthalmologists
2.2 Number of eye care personnel by cadre: Optometrists
2.3 Number of eye care personnel by cadre: Allied ophthalmic personnel
3.1 Cataract Surgical Rate
3.2 Cataract Surgical Coverage

Global target Reduction in prevalence of avoidable visual impairment by 25% by 2019 from the baseline of 2010.

Source: WHO (2013) *Draft action plan for the prevention of avoidable blindness and visual impairment 2014-2019; Universal eye health: a global action plan 2014-2019.* World Health Organisation, Geneva. Endorsed by the WHO Executive Board at the 132nd Session, Geneva, 11 January 2013 (EB132/9)

National Eye Health Framework

Goal To promote eye health and reduce the incidence of avoidable blindness and vision loss in Australia

Key action areas

1. Reducing the risk of eye disease and injury
2. Increasing early detection
3. Improving access to eye health care services
4. Improving the systems and quality of care
5. Improving the underlying evidence base

Partnerships 'between all levels of government, health professions…' (part 3, page 35)

Monitoring and evaluation 'it is envisaged that during the implementation phase a comprehensive evaluation strategy based on performance indicators will be developed…' (part 4, page 38)

Source: Department of Health and Ageing (2005) *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss.* Commonwealth of Australia, Canberra.

National Framework Implementation Plan

Intent of the Implementation Plan

1. Support implementation of the National Framework.
2. Align Australia's efforts with the draft Global Action Plan 2014-19 including proposed targets and indicators.
3. Strengthen relationships between stakeholders.
4. Address eye health and vision care issues of national significance.

Purpose To identify priorities for addressing eye health and vision care issues of national significance under the National Framework, to improve access to comprehensive eye care and rehabilitation services, and meet our obligations under the WHA draft Global Action Plan 2014-19.

Objective 1: Evidence base is improved.

Objective 2: Australia's national policies, **plans** and programs enhance universal eye health and vision care.

Objective 3: Multisectoral engagement and **partnerships** are effective.

National targets For further discussion

National indicators For further discussion (see over)

Appendix B Implementation Plan Workshop Participants

Mitchell	Anjou	Indigenous Eye Health Unit, University of Melbourne
Stella	Artuso	Royal Victorian Eye and Ear Hospital
Jaki	Barton	The Fred Hollows Foundation
Marcus	Bleechmore	Vision Australia
Andrea	Boudville	Indigenous Eye Health Unit, University of Melbourne
Lisa	Briggs	National Aboriginal Community Controlled Health Organisation
Mark	Choo	Macular Degeneration Foundation
Ann	Clark	Royal Victorian Eye and Ear Hospital
Liz	Cohen	Can Do 4 Kids
Gemina	Corpus	The Fred Hollows Foundation
Desley	Culpin	Aboriginal Health Council of SA
Rob	Cummins	Macular Degeneration Foundation
Judy	Curran	CanDo4Kids - Townsend House
Dan	English	Royal Guide Dogs Association of Tasmania
Stuart	Galbraith	Centre for Eye Research Australia
Catherine	Green	RANZCO
May	Ho	Brien Holden Vision Institute
Stephen	Hurd	Guide Dogs Victoria
Jonathan	Jackson	Australian College of Optometry
Greg	Johnson	Diabetes Australia
Jill	Keeffe	Centre for Eye Research Australia
Tricia	Keys	Brien Holden Vision Institute
Jen	Makin	SunSmart, Cancer Council Victoria
Janice	McLay	Australian Diabetes Council
Daliah	Moss	Royal Australasian College of Surgeons
Genevieve	Napper	Australian College of Optometry
Maureen	O'Keefe	Australian College of Optometry
Noela	Prasad	Centre for Eye Research Australia
Genevieve	Quilty	Optometrists Association Australia
Gerhard	Schlenther	RANZCO
Mark	Sims	Operation Eye Sight
Hugh	Taylor	Indigenous Eye Health Unit, University of Melbourne
Kate	Thiele	Guide Dogs of SA & NT Inc
Graeme	White	Guide Dogs NSW/ACT
Desbele	Temelso	Indigenous Eye Health Unit, University of Melbourne
Kulan	Barnney	VACCHO
Stephanie	Gates	DoHA
Louis	Young	DoHA
Janet	Quigley	DoHA
Shareen	Lata	DoHA (OATSIH)
Jennifer	Gersbeck	Vision 2020 Australia
Sarah	Ryan	Vision 2020 Australia
Susan	Mizrahi	Vision 2020 Australia
Belinda	Cerritelli	Vision 2020 Australia
Dee	Tumino	Vision 2020 Australia
Jane	Fenton	Facilitator

Appendix 3 Indicators for discussion

(Draft Global Action Plan 2014-19 headline indicators are shaded in blue)

Coverage rates for cataract, diabetic retinopathy, glaucoma, uncorrected refractive error and macular degeneration for all of population and by Aboriginal and Torres Strait Islander sub-population

Indicator	Purpose	Source	Status
Prevalence and causes of vision impairment	To measure the magnitude of vision impairment including blindness and monitor progress in eliminating avoidable blindness and in controlling avoidable vision impairment Measures detection and treatment coverage rates for: • Cataract • Diabetic retinopathy • Glaucoma • Macular degeneration • Refractive error Measures utilisation rates of rehabilitation services for those who are vision impaired: • Low vision clinical services • Follow up OT rehabilitation • Orientation and mobility support	Population surveys	No population surveys currently
Cataract surgery rate	To measure cataract surgical service delivery	State health data Medicare data	
Cataract surgery coverage	To assess the degree to which the cataract surgical services are meeting the need	State health data Medicare data	
Cataract Number of patients on waiting list for surgery	To measure availability of services	State health data	Reported by AIHW
Cataract Number of patients on waiting list for surgery for more than 90 days	To measure availability of services	State health data	Reported by AIHW
Refractive error Number of people and percentage of population aged over 40 years who have had an eye examination (in last two years for non-Indigenous Australians)	To assess availability of and usage of eye care assessment services	Medicare data (comparison to whole population)	
Refractive error Number of low cost/subsidised spectacles provided	To assess provision of refractive error correction	State health data	
Diabetes Number and percentage of people with diabetes who have had a retinal examination within the past 12 months (in last two years for non-Indigenous Australians)	To asses access and usage of diabetic retinopathy treatment	State health data Medicare data	
Diabetes Number of patients who received diabetic retinopathy laser treatment	To assess level of access and ensure sufficient availability	State health data	

Workforce by cadre

Indicator	Purpose	Source	Status
Number of eye care personnel by cadre: ophthalmologists	To assess availability of the eye health workforce	RANZCO, AHPRA	Accessible
Number of eye care personnel by cadre: optometrists	To assess availability of the eye health workforce	OAA, AHPRA	Accessible
Number of eye care personnel by cadre: allied ophthalmic personnel	To assess availability of the eye health workforce		
Number of eye care personnel by cadre: rehabilitation personnel Categories of personnel and level of disaggregation to be discussed further – optometrists, orthoptists, O& M trainers, occupational therapists etc			

Trachoma – by Aboriginal and Torres Strait Islander sub-population

Indicator	Purpose	Source	Status
Trachoma Number of communities with endemic levels of trachoma in children aged 5-9 years	To monitor progress in eliminating blinding trachoma	State reported data	Reported by NTSRU
Trachoma Number of people treated with Azithromycin	To monitor extent of SAFE intervention	State reported data	Reported by NTSRU