Vision Summit with the Government Transcript

Abridged version

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Jennifer Gersbeck: So, good afternoon, and welcome to the Vision Summit with the Australian Government. Before we begin, I would like to acknowledge the Gadigal people of the Eora Nation as the traditional owners of the lands where we meet today, and pay my respects to their elders, past, present and emerging. I'd also officially like to welcome and introduce our panel members -firstly, the Honourable Shayne Neumann, who is Parliamentary Secretary for Health and Ageing and Parliamentary Secretary to the Attorney-General, the Honourable Amanda Rishworth, Parliamentary Secretary for Disabilities and Carers, Parliamentary Secretary for Sustainability and Urban Water and, of course, co-chair of our Parliamentary Friends Group for Eye Health and Vision Care. And at the end, Senator the Honourable Matt Thistlethwaite, Parliamentary Secretary for Pacific Island Affairs, Parliamentary Secretary for Multicultural Affairs and Parliamentary Secretary for Infrastructure and Transport.

And from this moment on, they will be known as Shayne, Amanda and Matt. But I just wanted to give their official titles.

Thank you all for making the time today and thank you, in particular, panel members, for coming and joining us here in Sydney. I do know that you're all very busy and I appreciate it, and so does everyone here. There're a lot of familiar faces in the audience and it's great to see you all here in Sydney. And I do hope many of you caught up over afternoon tea. I saw a lot of talking going on, but we do have some refreshments at the end of the day, so if you didn't get a chance to catch up, you should be able to do so when the Summit finishes.

I'd also like to take this opportunity to thank Brien Holden and the Brien Holden Vision Institute for providing us with this meeting space today, and to the staff at the Institute for all the help that they've given us in signing people on and getting the catering and just assembling the room. So, that's been an enormous help. So, thanks very much. Thanks, Brien. I was trying to find you in the audience. I couldn't see where you were sitting.

I know we've heard the figures before. But as Brian Doolan reminded me when I heard him speak at a function a few months back, these figures have changed over time, and over the time that both of us have been in our respective roles, which has been quite a while now. Back in 2005, we talked about 45 million people in the world who were blind. A few years later, it was 39 million. And now, following the release of new data from the WHO, it is estimated that around 34 million people in the world are blind and 199 million have vision impairment.

Clearly, progress is being made.

The highly cost-effective programs worldwide are working, resulting in the figures steadily coming down. Of course, the important point to note is that of the 233 million people who are blind or vision-impaired worldwide, 80 per cent don't have to be. That's over 186 million people, and that's not to mention the additional 517 million people globally who are vision-impaired from uncorrected refractive error due to presbyopia. In Australia, the numbers might be smaller, but the economic cost and impact of blindness and vision impairment is high - estimated to be $16.5 billion back in 2009. We also need to remember that there is significant disparity between the eye health of Indigenous and non-Indigenous Australians, with blindness rates six times higher for Aboriginal and Torres Strait Islander people.

Now, these three policy documents, which I'm sure you've all seen, and I'm sure you've seen too, these have all been prepared in consultation with the sector, and they outline key recommendations that will go a long way towards eliminating avoidable blindness and vision impairment and reducing the impact of vision loss.

Nationally, Vision 2020 Australia and our member organisations, many of whom are represented here today, are looking for a commitment to the development and funding of a National Framework Implementation Plan. We have four main recommendations in our policy proposal to progress eye health and vision care in Australia, which align with key priorities under the proposed National Framework Implementation Plan. The first is a national eye-health survey, second, a focus on Aboriginal and Torres Strait Islander people, third, strengthened links to Low Vision and Rehabilitation and, fourth, increased awareness of eye health and vision care.

Globally, the prevalence of vision impairment is five times higher in developing countries than in developed countries, rendering vision impairment a cause and consequence of poverty, as there are direct links with education, employment, access to general health and nutrition, housing, and water and sanitation. For example, even minor eye conditions can affect people's ability to work and limit children's access to education. However, because programs are working, as I mentioned earlier, poverty is being reduced. Our global policy proposal makes a series of recommendations aimed at eliminating avoidable blindness and increasing the participation of people with permanent blindness or vision loss in Asia and the Pacific.

So, as Brian Doolan takes a seat... Trying to quietly sneak up the front. Barry, hi! (LAUGHS)

Barry Jones: Well...I plead in mitigation that I've been with Gough, and he was going on and on a bit, as he tends to…

Audience: He was going on and on? (LAUGHTER)

Barry Jones : Well...well...You know what I mean.

Jennifer Gersbeck: OK, well, Barry, you've just missed my opening remarks, but that's OK. You've heard me talk before.

Barry Jones: Tell me later.

Jennifer Gersbeck: I'll tell you later. So, I'm going to stop speaking now, and I know we'd all like to hear from our panel members. So, I would like to invite each of our panel members to come up to the lectern here and make a few introductory remarks. And after that, we'll then turn to questions and answers. And I know many of you have submitted questions, so we'll

move on to that. So, perhaps we'll start with you, Shayne, if you could come up and say a few words...

Shayne Neumann: Thanks for the invitation to be here. I was worried about Barry. He caught the same plane as me. I was wondering whether he jumped off, actually, at some stage on the way up from Melbourne. But I'm pleased to be here, and I do want to pay my respects to the traditional owners of the land upon which we meet, and their elders, past and present, acknowledge Barry and also Jennifer, and my colleagues, Amanda and Matt.

I'm pleased to be here today and to represent Tanya Plibersek and also Warren Snowdon in relation to these issues. Now, we do recognise the vision that you have with Vision 2020 Australia's significance in relation to... as part of the Vision 2020, the Right to Sight and the global initiative of the World Health Organization. And we do need to take some pretty dramatic steps to reduce avoidable blindness. And I want to thank you for the invitation to be here.

Just by way of background, I was a lawyer in private practice, a senior partner of a Brisbane CBD law firm, practised across a variety of different areas. But most of the work that I did outside of legal practice was in the area of aged care or what we now call the health and hospital boards in Queensland. So, my background, in terms of community activity, was that. And I've spent most of the last six years as chair of the Labor Party's Caucus Committee on Social Policy in relation to health and ageing as well. My family's been involved in aged care for three generations in south-east Queensland, and I spent 14 years on the board of Queensland Baptist Care, as their lawyer. So, I had a bit to do with aged care.

Eye health is particularly important, and in my household, my mother battles with glaucoma. So I get checked regularly, as I need to. And, so, as part of me visiting the optometrist, I always make sure that I ask Jeremy if he can attend to that as well. So, I'm part of the baby boomers - but I'm right at the end of the baby boomers and I just qualify as a baby boomer - that are going to be facing a lot of challenges in the future. And I am completely aware of the fact that people who are 65 years and over, nearly all of them, about 94 per cent are going to be affected by some sight difficulties.

We do know that about 52 per cent of all Australia's population across all groups, already experience some sort of problems with their eyesight. So, this is a really difficult area. Now, in terms of my portfolio, I've got responsibility, as Parliamentary Secretary for Health and Ageing, in relation to food policy. So I'm battling with this Australian Food and Grocery Council. If you've read the *Australian Financial Review* recently, you would have seen that. We had a win, but they just can't accept that they've been defeated. But don't quote me in relation to that.

Gene technology, things like our national blood supply, also organ and tissue donation, chemical safety, industrial chemicals and nano-technologies as well. But in terms of what we're doing in relation to this issue, in terms of vision loss and improving eye care and preventing avoidable blindness and vision impairment, I am pleased to say that this Federal Labor Government has increased funding for research in this area. We've seen the overall investment in this area, through the National Health and Medical Research Council, increase from $12.7 million in 2007 up to $16.9 million in the last year. So, we understand that good research is important.

But I would urge people, if they're interested in this area, to actually make applications for

that funding, because we've seen about 4,000 applications made by organisations, by researchers, and about 1,000 in the last year from people who had fellowships or research scholarships, but only about 10 in relation to eye issues. So, if the money's not actually going into research in this area, it's because applications are not being made. The year before, it was only nine. So, these are the challenges, and I come with that recommendation. If you know people in these areas, please get them going. But we have provided significant funding, as I was talking outside, in relation to trachoma control, additional cataract surgery, particularly in areas of Indigenous health, as I'll mention in a minute.

But we are looking at new strategies. One of the issues I know that's been raised with me - and it wasn't raised here but it's been raised previously - is issues in relation to a nationally consistent spectacle scheme. Of course, we do know that this is State-funded at the moment. But like a lot of areas, these are areas that I think should be on the agenda in the future. I do note, in May this year, the 66th World Health Assembly in relation to the global action, which Jennifer mentioned before, in relation to universal eye care, and I do note the objectives that are there, that we all need to undertake, and particularly Australia does.

Now, Jennifer alluded to the National Framework before and, of course, we have the plan. And there was a workshop a little while ago in Melbourne, in relation to this. And, so, we have to make sure, with our State and Territory colleagues and comrades and sometimes enemies – if I can put it like that – that we work together to achieve those goals and have a consistent approach to avoidable blindness and vision loss. So, the implementation plan will underpin, I think, the direction we undertake, not just in the government sector, but the not-for-profit sector and the non-government sector in the next three years.

So, the Department of Health and Ageing is working with Vision 2020 Australia - I know that, personally - in relation to these issues. But there are priorities, and I just need to tell you this briefly. There are priorities in terms of Indigenous eye health, preventing eye disease in relation to diabetes, support for people with low vision and improving the evidence base. In this budget, Tanya Plibersek and I announced more than $16 million to trachoma control activities in relation to this terrible disease that affects so many people, particularly in Indigenous communities. We've committed $66 million over the next four years particularly in this area, in relation to Indigenous Australians.

So, that means Visiting Optometry Services, and I notice that Visiting Optometry Services have dealt with and assisted more than 20,000 Indigenous Australians in the last year, and at about 300 locations. I think that about 65 optometrists were working in relation to this, across the length and breadth of Australia, and I thank them for the work they do. It's made a big difference.

I have a very large Indigenous community in my electorate and previously I was the chair of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs. So, I spent a lot of time in some of these areas and I know the impact that these optometrists have had. I just want to conclude by saying that we want to partner with Vision 2020, and we have provided $1.4 million to aid the important work over the next three years. And I want to thank you for the invitation to be here today. I'm happy to answer questions, and I note most of them seem to be towards me.

Jennifer Gersbeck: They are. Thank you. Thanks, Shayne. (APPLAUSE) Before we get on to the questions, though, I might ask the other two panel members to say a few words. So, Amanda,

would you like to say something?

Amanda Rishworth: Well, thanks, Jennifer, and it's wonderful to be here. My name is Amanda Rishworth. I'm the Parliamentary Secretary for Disabilities and Carers, but also had the role - or HAVE the role - as the co-chair of the Parliamentary Friends of Eye Health and Eye Care. And it is wonderful to be here.

And I'd like to acknowledge my parliamentary colleagues, Matt and Shayne. Also Jennifer, who, as soon as I was promoted, was in my office again, updating me on the issues that Vision 2020 was doing. I'd also like to recognise the Honourable Barry Jones for his role in Vision 2020 and also always keeping me up to date and informed about the activities. Look, I would also acknowledge the traditional owners of the land on which we meet and pay my respects to the elders, past and present. I think it is important in this area to first state that the Australian Government is committed to addressing a broad range of issues affecting people with disability, including those with low vision, through measures such as the National Disability Strategy and DisabilityCare Australia.

And this...while we've been doing a lot of talking about DisabilityCare Australia, and I'm sure there'll be a lot of questions, the National Disability Strategy is an incredibly important part of what the Government's been working towards. Launched in March 2011, this strategy, which was developed in consultation with the States, Territories, local government and people with a lived experience of disability, is a 10-year national policy framework to improve the lives of people with a disability, promote participation and create a more inclusive society. And it does guide public policy across government and aims to bring about change in all mainstream specialist services and programs, as well as community infrastructure, to ensure that they're accessible and responsive to the needs of people with disability. And I was really, really pleased to be at one of the elements of the Disability Strategy yesterday.

I chaired the Cinema Working Group, in which had been a lot of good work done by both the vision... low-vision community as well as the deaf community, which we now have 213 cinemas that do now offer audio description as well as closed captions, making cinema experience a more real option for people with both low vision and deafness and hearing impairment. So, we have seen some real, I think, things happening under the strategy. But it is an incredibly important strategy to ensure that those with a disability do have the same opportunities as other Australians, and whether they be a quality education, good health, economic security, a job, where possible, access to buildings, transport, strong social networks and supports. And the strategy is also an incredibly important mechanism to ensure that the principles underpinning the United Nations Convention on the

Rights of Persons with Disabilities are incorporated in all policy areas, services and programs affecting people with a disability, their families and carers. And in the future, the strategy commits to a range of areas for future action designed to achieve this outcome. These actions focus on improving the interface between disability services and key health service in local communities, strengthening the continuity and coordination of care, addressing issues specific to people with a disability as part of the key national health strategies, such as dental, nutrition, mental health, sexual and reproductive health programs, ensuring that informed and supportive decision-makers are part of the preventative diagnostic and treatment programs where appropriate, and always ensuring the rights of the individual are respected and protected.

Now, DisabilityCare, it's started now, it's happening. It's happening across the country, in four locations. This is an incredibly important part of providing adequate service provision and support - but more importantly, helping individuals achieve their goals and aspirations. And I always say, one of the best things about DisabilityCare Australia is not the extra money. That's great. It's not just the individual control and control that individuals have over the money. But the first question people are asked is, "What are your goals and aspirations?" And for so many people, that is a question that they've never been asked before. People with a disability, their families, have never been asked, "What are your goals and aspirations?" And then, "How do we give you the support to get there?"

So, it is an incredibly important scheme that will transform the area of disability support. But in terms of access to the scheme, which is often a question a lot of people want to know about, we are not having a list of disabilities. DisabilityCare will adopt a needs-based and person-centred approach to disability support, rather than an approach that's only based on medical diagnosis. And while I understand this has been frustrating for some people, we believe that focusing on functionality really does make the support package that is tailored very individualistic, and puts the person with a disability, their family and carer right at the centre.

And, so, for this reason, access to the scheme for people with a vision impairment is not based on reaching a threshold of vision loss, but whether a person's permanent disability has a significant impact on their capacity to undertake ordinary, everyday activities. For example, if a person has a permanent disability and they need help with their daily activities, such as getting around or communicating, for example, it's likely that they will get support from DisabilityCare Australia.

So, Australians... If people are concerned or want to know whether or not they will get support from DisabilityCare Australia, they can get an indication now, on the website. There is a questionnaire on the DisabilityCare Australia website called My Access Checker, and that is a good way to get online and actually identify whether or not you are able to access that. There is also a 1-800 number, which people... If they don't want to get on the website, but want to speak to someone directly, there is a 1-800 number that people can also speak to someone on the phone and get an indication now.

While the whole program hasn't rolled out across Australia, we are able to start working with people to look at their access issues. Now, another question that's often asked is what type of support will be available under DisabilityCare Australia? Well, DisabilityCare Australia will provide people with a significant and permanent disability with reasonable and necessary supports to maximise their wellbeing and independence and empower them to lead a dignified life in a way that works for them. DisabilityCare Australia participants can access a range of supports relevant to their disability needs and, importantly, their life goals.

The supports available under the scheme will vary from person to person, but may include therapies, home and vehicle modifications, assistive devices and equipment, assistance with household tasks, personal care and transport and assistance for families and carers. For participants with significant and permanent vision impairment, this might include assistance animals, communication supports, braille readers, or other personal assistive technologies, as well as informational training - how to use the device or to navigate and move around safely. Importantly, as well, DisabilityCare Australia will provide early intervention support where there's good evidence that it will improve the long-term outcome for a person, reduce lifetime

costs and delay or mitigate the deterioration of a person's functional capacity.

This means that a person with a vision-related degenerative condition could get support to act early in order to learn to manage and minimise the impact of their impairment, so that they can remain independent for as long as possible. So, DisabilityCare is a significant part of the Government's response to ensuring that people do live a dignified life, are able to reach their goals, aspirations, participate, whether that's economically or socially. But we can't lose sight of the National Disability Strategy.

The National Disability Strategy is also most importantly about an inclusive community for everyone, it's about ensuring that people with a disability can be included in our society, and it's something that we need to work towards over the next...next nine years. So, I look forward to working with all of you in the room, in the future - both when it comes to DisabilityCare, but also the National Disability Strategy, and look forward to your questions. So, thank you very much for having me today. (APPLAUSE)

Jennifer Gersbeck: Matt?

Matt Thistlethwaite: Thank you. Can I acknowledge the traditional owners of the land and pay my respect to their elders, to all of our distinguished guests, my parliamentary colleagues.

Thanks for the opportunity to join you for this very important dialogue regarding avoidable blindness and vision impairment. I have responsibility for the Pacific, and quite simply, the levels of vision impairment and blindness in the Pacific are way too high.

The Pacific represents 59 per cent of all vision impairment and blindness globally. That's too high a statistic. And it's compounded by the fact that in terms of public health outcomes related to diabetes and obesity, there's challenges there throughout the Pacific. Many of you that work in the Pacific would understand the challenges related to public finances, low education completion rates and dealing with governments within the Pacific. So, there's a number of challenges that Australia, through AusAID, is working with NGOs and organisations, many of those represented in the room here today, to reduce the level of avoidable blindness and vision impairment throughout the Pacific.

Obviously, there's variation by country, but the major problems are cataracts, refractive error, glaucoma, macular degeneration and vitamin-A deficiency. They're the significant causes of avoidable blindness and vision impairment. Women and girls are unfortunately disproportionately higher represented in those statistics than men, throughout the Pacific, and that underscores the nature of the challenge and some of the funding that's been allocated through programs such as Pacific Women Shaping Pacific Development, a $320 million program, aimed at improving health outcomes, improving educational attainment and societal participation by women in the Pacific.

Australia is committed to achieving the Millennium Development Goals, and with less than 1,000 days to go to that, it's a good opportunity to have a look at what our support is achieving in terms of meeting some of those goals. About 13 per cent of our overseas development assistance, or $643 million, is committed to meeting Millennium Development Goals 4, 5 and 6 - reducing child mortality, improving maternal health and combatting HIV/AIDS, TB and other diseases. And in the 2013/14 budget, there's an additional almost $400 million - $390 million - to support achievement of these Millennium Development Goals throughout the Asia-Pacific region.

In terms of vision, an additional $40 million over four years to support an extra 100,000 vision screening and 10,000 sight-restoring surgeries, provide a million people with access to nutrient supplements and supplementary feeding programs, providing improved access to education to 1.2 million children, and providing 900,000 women per year with improved maternal and child-health services. That funding, I think, is a recognition that we need to be doing more, that we need to continue that momentum on achieving sustainable outcomes with respect to particularly 4, 5 and 6 Millennium Development Goals. The Government does remain strongly committed to helping countries tackle avoidable blindness and improve the quality of life for people with low vision and blindness throughout the Pacific.

Since 2008, we've committed $125 million to this cause and, as I said earlier, an extra $40 million in this year's budget. In terms of Vision 2020's proposal, the Government welcomes the on-going dialogue and open dialogue that we've had with the sector, and the support that you've provided for avoidable blindness, and consistency with the policy that the Government has. We played a key role in supporting the development and adoption of the new 2014 to 2019 Global Action Plan, in May this year, its approach to goal-setting within the plan that will guide the country and the regional response. We're already implementing some of the Global Action Plan across the region, through our aid program.

We support the need for improved evidence base throughout the region, which is why we funded the trachoma survey in the Pacific. We support the importance of developing eye-health plans that are costed and integrated into national health plans so that countries can maximise the health outcomes of their people through approaches and resource allocations that are realistic and sustainable. And we've provided funding to the Western Pacific Regional Offices of the World Health Organization and the International Agency for the Prevention of Blindness to support the development of a regional implementation plan, and to help countries across the region develop costed national eye-health plans under their national health plans. And our approach to our health recognises the importance of prevention, multi-sectoral approaches and critical partnerships to maximise the impact of our aid.

Our development assistance for health aims to improve the health system to deliver more and better quality health services for the poor and vulnerable, and work across sectors such as education, water sanitation and rural development to address the causes of poor health. And there's a number of initiatives that Australia is funding throughout the Pacific to assist that. One of them is the Pacific Sports Partnership program, where we're encouraging healthier lifestyles within the Pacific, particularly amongst women. Recently, I was in the Solomon Islands and had the opportunity to witness, first-hand, that program being implemented in primary schools in Honiara - seeing young kids out, playing rugby, on a regular basis, organised sport - something that hasn't happened in the past - as a means to promoting healthier lifestyles and attempting to reduce the incidence of obesity, diabetes and other preventable disease throughout the Pacific.

Our work, of course, requires effective partnerships with organisations such as yours, and we appreciate the role that you play throughout the Pacific, the feedback that you provide to Government and AusAID in respect of the programs that we're running and their effectiveness, and looking forward to working with you again in respect of the additional funding that's been allocated in the budget, and how we effectively implement better outcomes when it comes to vision and blindness, but also, generally, through your work, in Vision 2020. Thank you. (APPLAUSE)

Jennifer Gersbeck: I guess, to kick things off, I want to ask the first question. Now, I did meet with Shayne just before the summit started, so I've already put this question to him. So, I'll do an abridged version. I don't think I need to read it all. But, basically, current eye-health data dates back to the mid-1990s. A national eye-health survey provides a current baseline and track progress towards the reduction of avoidable blindness and vision impairment by 25 per cnet, by 2019, and effectively report the data required in the WHO Action Plan.

Given the importance of undertaking a national eye-health survey, will you commit to funding this survey?

Shayne Neumann: I can't commit to doing that today. We have actually committed substantial amounts of money to the Australian Health Survey - about $32 million towards that. The cost of that will be about $53 million, going forward. We have undertaken this funding through to the Australian Bureau of Statistics, and there is a lot of information that's been coming back in relation to that sort of data, particularly from Indigenous communities.

I know the work has... the first lot of data has come in, in relation to eye issues in Indigenous communities. And I think that from... the first results of the AHS were released in October last year, and they included information about the range of eye-health-related conditions and, also, most of the field work, I understand, has been done, if not all the field work, in relation to Indigenous communities as well.

I said to Jennifer before that the Department of Health and Ageing thinks that Vision 2020 has underestimated the actual cost for...for this type of project. I think you're costing it at just over $3 million. The Department of Health and Ageing thinks that in relation to the data collection, the need for specialised...I could call it almost pollsters or collectors of information, the need to go out in these areas and the need for modelling to be undertaken, that it'll cost substantially more than that. We think the self-information is useful at the moment. So, I have to disappoint you and say that I can't, today, commit to that. But know that we have put a substantial amount of money on the table. The work is being done in relation to the Australian Health Survey. It covers not just eye, but other issues as well.

Jennifer Gersbeck: Thanks, Shayne. Rest assured, I'll continue to ask the question. But, I think we'll move on to these other questions now. So, I will call on each of the people that have submitted these, and if we've got time at the end for some other questions, we'll certainly open the... OK, so, there's a microphone there that Belinda's... So, we start with, Leighton. I'm not sure if it's Leighton or Rosemary that's going to ask the question, the first question.

Rosemary Boyd: I'm reading them out on behalf of Leighton, who can't read them.

Regional Australia would like to know why there is a limit for PBS on treatments like Lucentis for age-related macular degeneration.

Shayne Neumann: Well, if, indeed, there's a need for other types of work that needs to be done, that needs to be put to us in relation to that. Certainly, macular degeneration disease is a really difficult issue, and we have actually provided $480,000 recently to...in terms of education... in relation to that. It's not like we don't provide funding for ophthalmic services and assistance in this regard. We have provided, for example, in the last 12 months... I think it's 651,000 instances of ophthalmic services has been undertaken, with $225 million of Federal Government funding in these areas.

But if there's additional need for work, our door is always open. Keep agitating, irritating and

annoying people. My door's open. If you wish to come and have a chat to me at any stage in relation to this, I'm happy to talk about it further, and certainly the peak bodies need to do it. And certainly we're open to discussing these issues. But, really, we are putting a huge amount of money and effort and time, and we do understand this is a very serious and important issue.

Jennifer Gersbeck: Then moving on to Diabetes Australia. Greg, you've got a couple of questions there.

Greg Johnson: The first question, Shayne, is in regard to self-management and self-monitoring. So, there's a lot of concern that PBAC reviews are going to reduce access for people with type-2 diabetes. There's currently over 960,000 Australians with type-2 diabetes who are registered to the National Diabetes Services Scheme. About 600,000-plus of them are in the category that's sort of been suggested by the PBAC to have reduced access. For every one of those people, they need to self-monitor their diabetes to help ensure that they don't develop retinopathy and eye complications. And, in fact, just - what was it? - 2011, we ran a joint campaign, Diabetes Australia and Vision 2020, pointing at this problem, where we estimated that 175,000 of these people every year are not accessing eye checks and things.

So...so the first question is specifically about that self-management and self-monitoring support through the National Diabetes Services Scheme, and can you ensure that that access won't be reduced or taken away?

Shayne Neumann: Well, Greg, you and I have discussed these types of issues before, in my office, I can assure you. But as you know, the PBAC - you made mention of the PBAC - is independent of Government. I mean, it considers every listing independently, in terms of any drug that's submitted to the Government, and you know that, very well, there's a review, in looking at these types of issues. And we'll consider those...that review. There's a reference group in relation to the issues that talking about. And we're certainly quite happy to...to talk with these...with your organisation in relation... But we're not gonna pre-empt...the Government can't pre-empt any consideration of any review findings. The PBAC is independent of Government and we listen to what they have to say. And certainly, in relation...as I've discussed with you on many occasions in the past, if there are drugs that sponsors wish to put on the PBS, to assist people with diabetes, or there's any other types of things of that nature, governments consider that.

We listen, and closely, because the PBAC looks at the cost, the cost-effectiveness, the safety issues, and looks at what other drugs and treatment are available for people with diabetes, in any consideration like this. We listen to the experts. My grade-12 biology doesn't qualify me to actually make decisions in relation to this, and I don't think it qualifies any of the Cabinet, nor Tanya Plibersek, in relation to this issue. If you've got concerns, happy to talk about that. You know very well that retinal photography is covered by... you mentioned it before. ..by diagnostic coverage in terms of the MBS, these items. But I'm certainly happy to listen to what you have to say in relation to those issues. But I'm not going to pre-empt any outcomes of any reviews or undertakings or examinations, investigations by the PBAC.

Greg Johnson: The second question is, broadly, as you know, we've launched a call for a new national diabetes strategy recently. But one of the key things in that is this focus on preventing the preventable complications, and the first one, very first one, we've listed is eye complications. So, we know that... and many experts will say, you know, these eye complications of diabetes are some of the most preventable things. So, the real issue we see is

that there currently is no national target to do so, through Medicare Locals, the primary care system, or, indeed, our hospital system or the health system more generally.

So, can you, and will you, commit to establishing clear national targets so that we can drive the system to prevent the preventable complications of diabetes?

Shayne Neumann: Well, when it comes to diabetes, we've spent a considerable amount of money in relation to research. We've also undertaken a lot of funding, including extending the funding in relation to insulin pumps recently, where Tanya Plibersek announced that. We've undertaken a lot of commitment to you, in terms of preventative health.

We put in $932 million in the next few years in relation to preventative health strategies - getting people active and healthy and doing things like funding councils. To give an illustration, in my own electorate, can I say, the Happy Active People of Ipswich initiative, funded...one of 23 councils around Australia funded through that sort of initiative, to make sure that people can live happy, active lifestyles and prevent type-2 diabetes, coming upon them - in fact, reversing type-2 diabetes symptoms and signs. But we aren't going to undertake a new national diabetes strategy. We have in place, since 2005, the National Chronic Disease Strategy that deals with a holistic strategy - not just diabetes. I know that you want us to undertake that. At this point in time, we've got no plans to introduce that. We are looking at multiple chronic diseases under that 2005 strategy. And one of the reasons - and you alluded to Medicare Locals - we created 61 Medicare Locals around the country, the cost of it $1.8 billion. They are doing a lot of good work.

I know, from discussions with Medicare Locals in my region, and certainly in south-east Queensland, that those Medicare Locals are working with local organisations and doctors in relation to getting people active and healthy, and looking at areas where there are pockets of...particularly in low socio-economic areas, such as around, say, Ipswich and Logan in south-east Queensland, and elsewhere, where there are large numbers of people with diabetes, particularly in some Indigenous or multicultural communities. So, they are working hard and well and active. That's one of the reasons we established them - so they could give us feedback in relation to these issues, so we can target programs and funding in those areas. So, I'd urge Diabetes Australia to work with Medicare Locals. The Coalition's position is...has been, until very recently, to get rid of the Medicare Locals. We think that's a retrograde and very erroneous step to undertake.

Recently, they said they'd review it without actually telling us what that meant. Certainly, the Medicare Locals are doing a terrific job in identifying, through surveys and activities, what needs to be done. And 70 per cent of those 3,000 people who are in the Medicare Locals are actually front-line health service deliverers and, certainly, diabetes has been a focus, I know, in some of those Medicare Locals, in some of those low socio-economic areas.

Greg Johnson: Can I just come back to the question?

Jennifer Gersbeck: Very briefly, yes.

Greg Johnson: Sorry. Just specifically, I mean, there's not one Medicare Local that we're aware of in Australia that has a specific target to prevent eye complications, despite the fact that we know the vast....you know, they know all the people with diabetes. So, it's really just quite a simple thing to...for a national health priority, to actually have targets in the system. That's the issue we're pointing to.

Shayne Neumann: Well, in fairness to the Medicare Locals, they've only been established in the last year or two, for some of them, and some of them have just got up and running very recently, so... I mean, I believe they will undertake some coordinated and integrated programs. I think that they will be... they are the avenue for lots of those types of programs being delivered. I've seen preventative health type activities in my own area, with my own eyes that they've undertaken. So, I'd recommend you deal with them as well. Go and have a chat to the Alliance, the Australian Alliance of Medicare Locals, to have a talk about how your organisation can integrate with that. They'll be our eyes and ears on the ground, and they'll feed that back to us as well.

Jennifer Gersbeck: OK, the next question was back to Leighton, and Rosemary on behalf of Leighton.

Rosemary Boyd: I'll actually put both the questions together. And I know that you mentioned, Shayne, that not very many people apply for funding for research. But we would like to know why is it that a first world country like Australia, that has an amazing track record in science and innovation, is not funding research into curing inherited blindness? And, in particular, Australians call out for and support the Australian Inherited Retinal Disease Register and DNA Bank, which is an innovative initiative that could be the platform for curing inherited blindness and numerous other diseases, both in Australia and overseas.

So, why is this initiative not funded, despite the fact that many applications, both directly from the researchers and from the Retina Australia team, have made approaches, and it's still not being funded?

Shayne Neumann: Well, as you know, the National Health and Medical Research Council, the NHMRC, is...funds...we fund, through them, medical research with over $850 million a year. To be very specific, in 2012, there were 3,900 project grants submitted of which, I said before, nine were for optometry, in the areas of vision impairment. And, indeed, $6 million was input for that sort of research in the past. We have, in the last year, 4,000 projects submitted and, indeed, only 10 of them related to optometry. So, if the optometry researchers don't apply for grants, they won't be funded. There's an old Biblical principle - "Ask and you'll receive, seek and you'll find, "knock and it'll be opened to you." If you don't ask, you're not gonna get.

So, the reality is that I'd encourage anyone, any researchers in this area, to actually apply. $850 million of research grants every year, and we're talking about, in the last three years, optometry research receiving $4.8 million only. So, I suggest some work needs to be done in that regard. Now, back to the issues of the Registry. I do commend the Australian Commission on Safety and Quality in Health Care, and that's been established by this Government, with the support of the States and Territories, to lead and coordinate in relation to safety and quality initiatives, including developing some national operating and strategic principles for clinical quality registries. There's work to be done on this in the future. While I know the Commission doesn't have a role in funding the establishment of those registers you're talking about, I suggest that you keep at it and keep talking to us about those sorts of issues in the future. Certainly, I'd be having a yarn to the Commission and certainly having... being in constant contact with the Department of Health and Ageing in relation to those issues.

Jennifer Gersbeck: We'll move over to Glaucoma Australia. Geoff, you've got a question.

Geoff Pollard: Shayne, I hope, given your family background, this may be more of a Dorothy

Dixer for you today. So, most of the eye-health incident data that we have in Australia is really fairly old. It's sort of in the 1990s. And it's likely that one of the statistics that hasn't changed much is the low detection rates of glaucoma in Australia, which are currently still thought to be about 50 per cent. So, whilst we haven't had cost-effectiveness for general population screening for things like glaucoma and other diseases, it's likely that those with a positive family history would have a fairly good number there to screen...figure, to actually be worthwhile.

In some ways, this is not dissimilar to some of the programs we have in the cancer area at the current time. So, I guess my question is what is the likelihood of a pilot program being funded to determine if the number needed to screen is compelling enough to actually look at this on a full-time basis?

Shayne Neumann: Well, the situation is there's no on-going funding or source of funding at the moment in relation to that. Decisions about that sort of funding would need to take into account what's called - and I get this actual phrase when I investigated this - a Population Based Screening Framework endorsed by the ministers of the various States and Territories with the Federal Government, back in 2008. I'll take off my parliamentary hat for a minute and put on my personal hat, as you invited me to do, and say that at a personal level, and this is...I do think that this is a real challenge.

Anyone that knows anyone that's got glaucoma knows the difficulties they face. And whilst my mother, at this point in time, clearly is not as debilitated as some people eventually become, it certainly still remains a challenge in our household, and for her personally. And it's something that I know that my family, my brothers and I, get checked out on a regular basis. There is, at this point in time, no proposal to undertake that. But I do think you need to continue to push that issue to Government.

Certainly, as our population ages and as people like me get up towards retirement age, in the next 15, 20 years time, then you will find more and more people interested in these issues, and I think you just need to keep pushing that issue.

Jennifer Gersbeck: Next question is from Keratoconus Australia and asked on behalf of Keratoconus by Belinda Cerritelli.

Belinda Cerritelli: Keratoconus Australia has been asking, I think, but not receiving, seeking and not finding, why specialised contact lenses, being the primary treatment for keratoconus-related vision loss...yet numerous patients are still unable to access correctly fitted, affordable contact lenses?

Keratoconus is not recognised as an eye disease by Medicare and zero or no rebates on all treatments reflect Medicare's failure to acknowledge this. Private health funds consider all contact lenses...rebates for those can be less than that for reading glasses - the point here being that this contrasts the situation in many other Western countries where keratoconus is recognised at a government level as a serious eye condition, meriting special attention. Apologies that this is quite long-winded.

Both New Zealand and the UK have schemes in place to subsidise the cost of lenses, which need to be changed several times a year to achieve basic vision. Getting to the question - Vision 2020 Australia is recommending funding for services and support for people who are blind or who have low vision, and Keratoconus Australia would like to see specialised contact lenses included in this list of supports. Will the Government recognise keratoconus as an eye

disease through Medicare and fund these specialised contact lenses?

Shayne Neumann: Well, keratoconus is not actually listed, as you said, on the Medicare Benefits Schedule for ophthalmology or optometry. That's correct. If a service is not covered under the MBS, then you can get that covered, potentially, under what's known as MSAC - that's the Medical Services Advisory Committee - which recommends to Government whether a service warrants public funding. And usually, the way that happens is, for example, say, the Royal Australian and New Zealand College of Ophthalmologists could agitate and irritate Government to do that and MSAC to do that, and push that case. That's the methodology by which keratoconus could actually be listed on the MBS, so that optometrists and ophthalmologists can also deal with that and claim it on the public purse. I'd recommend they do it.

I do know that in certain circumstances where... You talked about optical products, I know that private health funds do cover certain things. I know that from personal experience. So...but I do recommend that you get the Royal College to push that issue.

Belinda Cerritelli: Thank you.

Andrew Harris: Could I say something, just as a point of clarification? And that is that keratoconus is certainly recognised through Medicare. So, if you require a contact lens to be fitted, then that's covered through the MBS scheme. If you require a corneal graft, then that's also covered. So, I think the issue really pertains to the actual contact lenses and certainly not the services. It is recognised - just for the sake of clarification.

Jennifer Gersbeck: Genevieve, your question.

Genevieve Quilty: Thank you. Optometrists are one of the largest primary eye-health care professionals in Australia, and we commend the Government... I think in the last election, it was an election commitment to use the MBS to fund tele-health consultations. But, unfortunately, they really focused on specialist services only, and it actually excluded optometrists sitting with a patient where there was a clinical need, when they're actually talking to the specialist, which in most cases, for us, would be the ophthalmologist. I think the Government's considering the Mason Review at the moment, but one of those recommendations did ask and recommend that tele-health be extended to optometrists.

I'm being cheeky and asking ahead of that will the Government commit, tonight, to extending those events to optometry and their patients?

Shayne Neumann: Gee, I'm being asked to commit to a lot of things tonight. (LAUGHTER) I'm glad Chris Bowen's not here, actually, the Treasurer. But I can't commit that. We are considering the Mason Review, it's under active consideration. That's the point I made before in relation to keratoconus. That's the methodology by which that could be dealt with. If it needs to be recognised and be able to be claimed in that way, deserving of public funds, MSAC's the methodology by which optometrists or ophthalmologists need to undertake that sort of work.

Jennifer Gersbeck: Next question is from the Optical Distributors & Manufacturers Association.

Finola Carey: Well, Shayne, our question's one that we have asked before. But it bears repeating. Why does the Government continue to charge patients GST on the frame component of a pair of spectacles? The lenses, which are GST-free, because they are a recognised medical

device, are useless without the frame. Is there anything we can do to affect a change to this in the foreseeable future?

Shayne Neumann: It's correct, what you said. But I'm not aware of any current plans to... arrangements to change that. And I mentioned Chris Bowen before. I wish he was here - the Federal Treasurer - because one of my daughters and my wife came home with, I think, about four pairs of new spectacles on the weekend. So, I think our household ended up paying that as well. It's a serious question. It is a serious question. And it, you know...the point you made ... they are useless without the frame. I do get that. But it's a question that needs to be directed to the Treasurer. I can't make that decision on the run. Taking GST off things, I can't do that. OK. Thank you.

Jennifer Gersbeck: OK, now we move to the Australian Diabetes Council.

Janice McLay: Well, as we know, diabetes is the fastest-growing chronic disease - one person diagnosed every five minutes. So, we do appreciate the comments in regards to managing all these issues that you're facing. And it gets back to what we've raised before, with Greg, in regards to diabetic retinopathy being one of the major causes of blindness. There's considerable evidence that Australians diagnosed with diabetes are not examined for diabetic retinopathy and, consequently, do not receive best-practice treatment and management in accordance with the Australian Guidelines for the Management of Diabetic Retinopathy.

Would the Government consider an item number for retinal photography in the Medical Benefits Scheme and also establish access for the image to the health care providers through the personally controlled electronic health record?

Shayne Neumann: Well, on the latter, I can't commit in relation to that. But as you know, the service can be provided for non-mydriatic retinal photography in relation to... It's covered under a comprehensive eye examination. But we do...there was an application received, I know, in relation to what you're saying. I know that it has proceeded to the second stage of what is known as... great names….as a politician, you get to know weird names, Barry would have known this...what's called the Protocol Advisory Sub-committee of the Medical Services Advisory Committee. And it's looking at that in August this year. So, it's right at the forefront of something that should be looked at, OK?

Janice McLay: And I'll probably just continue on in regards to awareness too. Would you actually consider, as the Government, to actually have an awareness program in regards to getting checked for retinopathy, for people with diabetes?

Shayne Neumann: Well, we haven't undertaken that at this stage, and I can't make decisions to spend Government money tonight. But we have undertaken awareness programs in relation to macular disease and other areas. But I can't specifically commit ourselves to that tonight.

Jennifer Gersbeck: We move to the Centre for Eye Research Australia - Stuart.

Stuart Galbraith: First of all, thank you for the $10 million contribution to help bionic eyes, which is very much appreciated by the two consortiums involved. And my two questions can be bundled together. First of all, what is the Government's commitment to implementing the McKeon Review into Health and Medical Research Funding, which it's had for three months or so? And how will the Government further assist and maintain attracting medical researchers in Australia?

Shayne Neumann: Yeah, well, still... I can't commit ourselves. We're still looking at that

McKeon Review, and the Government hasn't given a formal response to that. I think the Government's record in terms of medical research is very strong - you know, $850 million a year. And, you know, the fact that there are so many people who make applications in relation to that is a demonstration that people know the money's on the table and are prepared to do it. I just wish more in terms of areas of ophthalmology and optometry would make those applications.

Jennifer Gersbeck: OK, we move to the School of Optometry and Vision Science here at the University.

Mei Boon: It's a very long question, sorry. Developing and maintaining good vision is important for quality of life, productivity and independence. Providing the best rehabilitation for those who have lost vision is also a hallmark of a compassionate society.

All Australians require vision correction when they reach 40 years of age, due to presbyopia, and 22 per cent are either long- or short-sighted, 3 per cent are amblyopic and 2 per cent are vision-impaired, with mild to severe blindness. Most of those with vision impairment are over 55 years of age - 19.5 per cent of the Australian population. Vision research, as opposed to eye and ophthalmology research, aims to ensure that young Australians develop the best vision they possibly can while they're maturing, and that adults maintain useful vision for the rest of their lives, using new developments in contact lenses, spectacles and vision training. Understanding the basic sciences that underlie the development of vision problems is, therefore, crucial.

The NHMRC priority appears to emphasise ocular disease rather than vision correction, and the result is that vision research is largely unfunded, and we hope this is an oversight, rather than an intention. Given that increasing funding for vision research overall will significantly impact the quality of life for the majority of Australians, how does the Government justify the exclusion of research on vision as a priority area?

Shayne Neumann: Well, we don't direct - Tanya Plibersek doesn't direct - of course, the NHMRC to actually make decisions. So, the NHMRC actually receives applications from researchers, from organisations, to do this. So, if they wish to submit proposals for funding, they should do so. They can have a focus. They could have the focus you're looking at. And the Government doesn't direct it to the contrary. So, I think if you've got researchers that want to talk about the areas you're talking about, get them to make the application to NHMRC, because that's the way they should undertake...

We think it's very, very important that it's not just focused on one area, but it needs to be focused broadly. If there's focus on preventative health, in terms of eye health, if there's focus on Indigenous health, there's a need for a focus on wellbeing and diabetes and other issues, then that should be at the forefront of the applications by the researchers to the NHMRC.

Mei Boon: Sorry, can I just have one clarification? So, it sounds like the ARC is not where optometry and vision research should be applying to. Would that be...?

Shayne Neumann: No. What I'm saying is that there should be more applications submitted in this area, and there's a need to do it. I mean, you need to get the message out that applications need to be submitted, otherwise we're gonna be in a situation where, as I mentioned before - for example, in optometry - where there was optometry research with only about $4.8 million over the last three years, funded by the NHMRC.

So, you've really got to actually get the message out to researchers. There's no direction, if I can put it like that. We're not directing that organisation to do it in this way.

So, it's ...it's not correct to say...

Mei Boon: No. I do understand. So, I'd say that maybe a lot of the research is...the applications are going to ARC rather than NHMRC, which is perhaps why you only found 10, I think.

So...but I could definitely take the message back to try harder with NHMRC. But it would also be useful to get clarification whether ARC can accept, you know, similar sorts of proposals as well?

Shayne Neumann: I just want to make the point - there's no...there's no priority in terms of ocular disease over vision correction or impairment in any way at all, OK? But come and have a chat to us at some stage.

Brien Holden: Jennifer, could I make a point of clarification?

Jennifer Gersbeck: Sure. Sure, Brien.

Brien Holden: Brien Holden. In that amount of money you mentioned, we have asked, and we have received. In the last two years, we've had $15 million from the Government in the Cooperative Research Centre, for new technologies, including a collaborative grant with CERA and the Fred Hollows Foundation, HMRC, on developing new technology. So, I would just expand the thinking in terms of eye research. We've had over $110 million in the Cooperative Research Centre - Vision CRC - all about vision, technology, development and so forth. So, it's not that we're not all asking, but we're much more successful in the vision correction technology development of new strategies through the CRC program than we are through the NHMRC.

Shayne Neumann : Message received, loud and clear.

Jennifer Gersbeck: Thanks, Brien. OK, now, we'll move to the Australian College of Optometry.

Maureen O'Keefe: I'm Maureen O'Keefe. We believe the Government's recent media campaign promoting the NDIS scheme is very important. But we also wonder whether the Government would be considering developing a media campaign that was focused more on prevention through promoting the importance of regular check-ups through primary-care optometrists, rather than focusing on after the case, after the horse has bolted, once vision impairment has set in.

Shayne Neumann: OK, well, we haven't got any current plans to do that. I do think...that's something that we should be doing on the ground, in... for example, I would be contacting the Medicare Locals on the ground to do that, and at the national level as well, because they are dealing with people. I, for example, in my electorate, went to a workshop that was undertaken in relation to some of our senior citizens, in relation to falls and other issues affecting them - footwear and other types of health-related issues, and mobility, et cetera, in my electorate, and there were literally dozens and dozens and dozens of people. And that was organised by the Medicare Local. And I think that one...that's the sort of avenue you need to go down because that's the way to get that message on the ground in communities across Australia.

Jonathan Jackson: Shayne, you'll be relieved to know that I'm not actually asking you to sign up to money tonight. So, this is more a follow-on comment from some of the research questions you've had. In the Low Vision and Rehabilitation Committee at Vision 2020, we've

invested a lot of time over the last two years in working with, really, all parties with a view to sort of planning a launch site activity, and work in and around that. And in medical research and vision science research, there's this strong argument for NHMRC grant applications for things like epidemiological research and specific treatment interventions. With the NDIS, there's lots of new pathways and models of care that'll be introduced that probably aren't at a level that they would actually hit an NHMRC grant yet.

But is the Government aware of the need for some prop-up support funding for almost first-level research, to get to the point where NHMRC grants can be made on this whole aspect of rehabilitation support?

Shayne Neumann: Well, perhaps... Well, I'm not aware of any. Perhaps I might ask Amanda to actually comment, 'cause she's the Parliamentary Secretary for Disability and Carers.

Amanda Rishworth: Look, I'm not aware of any particular research … money for research. But there's a couple of things that have been working in that...very early stages of disability care. There's been the Practical Design Fund, which has looked at different types of innovation in what might be services or service delivery or ways groups or individuals could deliver service. And there's $120 million for sector development in terms of services under the National Disability Insurance Scheme. So, that's looking at how the sector might develop new ways of doing things - of trying out different ways of providing, delivering service, new organisational structures, things like that. So, that's not, I guess, research, but it is looking at the way that groups, service providers, individuals as well, themselves, are building that capacity for individuals to know what to ask for when they are putting their individual plans together. So, that is quite a large amount of money - $120 million. We're working, at the moment, to delivering that money in the launch sites.

So, if you have organisations or innovative delivery or some of those ideas that you think you'd like to get off the ground, then it's important that you contact...and that's in the launch site, contact the DisabilityCare Australia office to talk about that, and that may be able to help you organise some sort of delivery of service, rehabilitation service, or a range of different things that they then may be able to set you up to then be able to get you to a point where you can actually do some research on that.

Jonathan Jackson: Great. That's very helpful. Thank you very much.

Jennifer Gersbeck: Thanks Amanda. Ok back to you Shayne. Back to the Optometrists Association.

Genevieve Quilty: The Optometrists Association is actually also an active member of the National Rural Health Alliance, and at its most recent conference, and I think Tanya was there, one of the major recommendations talked about asking the Government and, I guess, all parties, to look at extending support - workforce support - to non-medical practitioners in the bush. So, we're particularly interested in any response that might be coming out of that. And in particular, Shayne, you mentioned the VOS, so we've got...there's a review that the Government's actually got in its hands, and one of the minor changes we wanted to do was to actually get some workforce support for mentoring of new optometrists visiting with experience optometrists in the bush.

So, we also ask that question - could the VOS guidelines be tweaked to allow that workforce change?

Shayne Neumann: Well, can I tell you, I think that the work that the optometrists have done is absolutely fantastic, in the rural areas. I mean, 20,000 Indigenous people, for a start, in the last year, have got services. It's just been fantastic. And VOS, as I say, does provide in regional and rural areas. And this is particularly important. Not everyone lives in Sydney, Melbourne and Brisbane. They live in those remote areas. And not just Indigenous people, but people from all different walks of life. And, sadly, they don't, and coming from a regional and rural seat in Queensland, I've got to say that, access to good health care is really particularly important, and not just in cancer, but other areas as well. So, we are considering these issues. The Government is considering exactly what you're saying at the moment - to make...to sustain the VOS workforce. We have provided additional funding - annually, I think it's about $5.5 million in outreach optometry services. There are about 65, I said, optometrists who are delivering these services, and the Government...DoHA has actually been dealing with them in relation to continuing to do that.

But I certainly, personally, would like to see us extend these services, and the Department's working, at the moment, I know, with organisations like yours, and individually, to look at how we can do this better, and I think the success of that program demonstrates that we need to look at this more closely in the future.

Jennifer Gersbeck: OK, now we've got a series of questions that relate to Indigenous eye health.

Sandra Bailey: I'm Sandra Bailey. Look, I'm standing in for Lisa Briggs today as the CEO of the National Aboriginal Community Controlled Health Organisation. I'm actually from the Aboriginal Health and Medical Research Council in New South Wales. We also have an eye-health program here, I'd like to acknowledge. We've seen numerous occasions of service through the optometry services provided in our partnership with the Brien Holden Vision Institute. Now I'd better get back to what I'm here for. So, my question, I guess, is how will the...? You spoke...you mentioned the Government's strong commitment and a few points about how it's going to be addressed, and I think that's great.

My question is how will the Government's policy ensure that support for Aboriginal community controlled comprehensive primary health care organisations and provide greater coordination and improved referral pathways and accessibility for Aboriginal clients?

Shayne Neumann: Well, as you know, we've got the plan that we've recently announced - and the correct title is the Aboriginal and Torres Strait Islander Health Plan 2013 to 2023 - which talks about collaborative and cooperative ways in which to do this. So, we need to make sure we've got an integrated approach. And I think Brien mentioned that we funded the Fred Hollows Foundation to coordinate a Central and Barkly Integrated Eye Health Strategy, and we are cooperating with organisations, such as yours and others. We want to get this road map, in terms of vision accurate and dealt with. It's important that we do support Vision 2020's proposals, and this is part of it.

So, I really think that your organisation and that...what Barry...I think, Barry, you describe as having more factions than the Labor Party. All of these organisations together need to cooperate and be part of this road map. I think it's particularly important. I know that we're working with Professor Taylor in the University of Melbourne in terms of an Indigenous Eye Health Unit down there, to actually...in terms of research and funding, and to look at ways of improving eye-health outcomes for Indigenous Australians. So, you've alluded to the way in

which we can cooperate and coordinate this, and I think that's the way to go in the future. But we've got to have a plan and strategy in the first place, and we've got that and we've set that out. It's been announced this year - I was there when Warren Snowdon actually made the announcement.

So, I've got a tag-team here. So, I think that question's coming to you as well. So, what parliamentary high-level monitoring and evaluation mechanisms is the Government considering for chronic disease...chronic diseases, including vision loss? Well, I mentioned before about some of the Indigenous funding - the $66 million that we've done over four years in relation to eye-health investing. I think I mentioned trachoma as well. We have actually got a reference... a National Trachoma Surveillance and Control Reference Group that was established back in 2006, which produces an annual report in this regard. The most current one was 2011. I'm a bit bewildered why the last one was in 2011. But apparently, that's the last one that took place. So, we do monitor the reporting of health outcomes and look at what screening takes place. There's a lot of screening, as you know, in Indigenous communities.

There's $16.5 million, I think, in the budget, going forward, in relation to trachoma screening and treatment, particularly in Indigenous communities. So, this is all fed back into the system, by the way. And we do look at the national framework for Aboriginal and Torres Strait Islander health, and this is particularly important in terms of the overall plan. I mean, it's just not done in isolation. I mean, the feedback comes back for what's happening on the ground, back into the plan.

Jennifer Gersbeck: Can I just make a comment on that, though? I guess that...I appreciate that there's the trachoma tracking group, but I guess this is the broader chronic disease that we were looking to. But I suspect that, hopefully, that would come up in further discussions around the implementation of the health plan, as you say, that's been announced.

Desley Culpin: Hello, my name's Desley, and I'm currently the manager of the Trachoma Elimination Program for the Aboriginal Health Council of South Australia - the beautiful State of South Australia. I'm a non-Aboriginal woman and I've had the privilege of working for the Aboriginal Health Council for over 10 years, and I know a lot of people in this room, and they know how shy and scared I am when I have to talk. I'm very privileged to ask this question. We are pleased to see some inroads in the elimination of trachoma in population areas identified as experiencing endemic trachoma. But we all know there's a long way to go.

Can you please outline the commitment of the Government to ensuring the elimination of trachoma in Aboriginal communities?

Shayne Neumann: Well, we've put in the budget $16.5 million for trachoma screening and treatment. We've made a commitment across a number of jurisdictions. They are South Australia, New South Wales, Northern Territory, WA. And we have seen a decrease in trachoma prevalence rates, particularly amongst young children, ages five to nine, and I've got the figures here, I could outline those to you. But there's a real drop - 6 per cent in WA, 8 per cent in the Northern Territory. We are seeing the success. When you put money towards this, you've got the political will, you have great people on the ground and work's being done, this can make a difference. So, we are a signatory to the World Health Organization alliance on global elimination of trachoma by 2020, and we've got to have a political will and commitment to it. And so we are undertaking that because we take seriously our international obligations. This is a terrible problem, I've got to say. Eye difficulties and challenges... I was chair of the House of

Representatives standing committee, which did the 'Doing Time' report - 'Time for Doing', which reported on the terrible instances of incarceration of Indigenous people, young people...and adults in criminal justice systems around the country.

And health problems were at the forefront of challenges, like poor educational outcomes, poor employment opportunities, which resulted in people dropping out of society, engaging in miscreant behaviour. If you've got problems with your sight, you can't see a computer, you can't see what's happening on the board, and you feel disempowered and disenfranchised. So, getting young people dealt with in this way and these challenges dealt with at a young age is the way to go. We've shown that by serious money. And I thank the organisations who have been associated with this because this is one area of Indigenous disadvantage where we're making a very significant difference. But there's a lot more work that needs to be done, that's for sure.

Daniel Suggit: Daniel Suggit from NACCHO. Just finally, you mentioned the Government's recent release of the National Aboriginal and Torres Strait Islander Health Plan. Can you talk a bit more about how Indigenous health - eye health - may be incorporated into the implementation of this over-arching 10-year plan?

Shayne Neumann: Well, it's not just about trachoma - it's about glaucoma, about a whole host of other areas. This is where your organisation, your peak body, is so important in having input and being at the forefront of that. We've got to improve primary health care in Indigenous communities, and it's not all just about what happens in remote and regional areas in the Northern Territory or South Australia or Queensland or WA.

It's across urban centres and peri-urban centres as well. These are chronic conditions that a lot of people live with for a long time. We have to show political will and we have to get our States and Territories on board. One of the things about this job, as you know, when you sit in standing committees of Health and Ageing, and I know that it's... I feel like I'm at a national conference of the ALP or a State conference in Queensland, when I'm dealing with trying to herd them into agreement in relation to this regard.

But we need to address the social determinants of health - the disadvantage - and that's what I think you're alluding to. You know, we just need to. We need to make sure that kids go to school. We need to make sure that we have a situation where their language is respected and promoted. I mean, you know, we had 250 Indigenous languages at the time of white colonial settlement. We've got, now, 18 viable. You know, these are our land...It's our land, it's our languages. We need to honour and respect them, support culture, support social determinants of good health, give kids opportunity with the good teachers and well-trained, who understand this, with Indigenous teachers, with better pathways for learning, better health outcomes with people who understand Indigenous languages.

I've been to remote areas where the health providers have no knowledge of Indigenous language, where English is a second language. So, all these things have to fit in together. We need a whole-of-government strategy. It's not just one thing. But we need to have the political impact to do it, because chronic disease comes through poor family units, it comes through other types of issues where people feel disempowered and disenfranchised from their society and they're dislocated from their culture. So, all these things need to be worked on. I'm pleased that we are making a difference.

I could sit here for the next hour, but I won't, and talking about all the great things we're doing, for example, in language, and other types of things through Creative Nation, the impact

we're making in Closing the Gap, on health and education and our Better Plan for Schools, which will make a big difference for regional and rural areas as well, and Indigenous communities as well.

Jennifer Gersbeck: We've got one last question on the Indigenous eye-health area, and that's from Brian Layland from the Brien Holden Vision Institute.

Brian Layland: I am the Director of the Aboriginal Eye Care Program conducted by the Brien Holden Vision Institute jointly with the Aboriginal Health and Medical Research Council. We've been running eye care programs for 12 years. I want to make the point relating to trachoma, that we haven't had one reported case in New South Wales in the 12 years that our people have been travelling around the bush. I'm aware that the optometrists working in this program have difficulty in getting medical eye care, frequently, for Aboriginal people. And I refer particularly to eye surgery – to cataracts.

We have had...we've had instances of people who were in a town where there are two or three medical eye specialists who will not bulk-bill the Aboriginal people. But if they travel 200 kilometres to another town where these people visit, they will, in fact, bulk-bill them.

And the result is that these people, who can't be bulk-billed in the area where they live, they have to travel long distances at great inconvenience, have to take a carer with them - and I know there's a government program to assist but it's not quite the same - in order that they can get into a public hospital. And sometimes they wait six months for an appointment, and they do. And having had the appointment, they're then told again that the cataract needs to be removed, and they go on a list and have to wait another six months. And that's not uncommon here in New South Wales.

I would just like to ask you a sort of Dorothy Dixer question. What is your Government doing to help the plight of the Aboriginal people in this particular instance?

Shayne Neumann: Well, I mentioned the Visiting Optometry Scheme, which we put an extra $2.6 million in the last budget, in relation to that. And I did mention before the 20,000 Indigenous people that have been treated by...those patients in almost 300 locations nationally. We are providing funding on the basis of need.

You are correct. There are still a lot of challenges to undertake. It doesn't help, I might add, when State governments cut back their funding for health and hospital services, at all. In my home state... I mean, 60 per cent of Indigenous people in the country live in Queensland and New South Wales, and it doesn't help at all when the LNP State Government in my home State cut $3 billion - and I don't mean million, I mean billion - from the health and hospital service, and sacked 4,140 front-line doctors and nurses, dieticians and dentists, et cetera. It's hard when the Federal Government puts an extra 34 per cent increase in funding in my home State of Queensland, where a lot of Indigenous people live, and need the help you're talking about. We can do it - we can put more political money and will behind it. And we are.

But we need partners in these States. I'm pleased that you mentioned in New South Wales. But certainly, in my home State of Queensland, there's indication - there's figures and statistics which show that the de-funding of health services in my home State by the LNP State Government has had a deleterious impact on not just Indigenous people, but non-Indigenous people as well. So, it's a case of putting money where your mouth is, and we are putting that in and we have provided that funding in the budget. But we need the States and Territories to come on board and not de-fund their public health and hospital services.

Jennifer Gersbeck: Thanks, Shayne. OK. Now, we did receive a couple of questions in relation to what we're calling the over-65s issue. But I understand that Brandon Ah Tong from Vision Australia is going to ask this particular question on behalf of a number of organisations.

Brandon Ah-Tong: Brandon Ah-Tong from Vision Australia. I appreciate your time. I'll paraphrase my question if you'll let me, before I put the second question, if you don't mind. It's not a secret that the over-65 age group constitutes the vast majority of people who are blind or have low vision. With the age cut-off for with DisabilityCare and with looking at the Living Longer Living Better aged-care reforms, we're unable to see a level of equity in the provision of support and services to people over 65 who have low vision.

So, here's my question - what will the Government be doing in the new Parliament to ensure that people who are blind or have low vision will have an adequate and equitable level of support, over the age of 65?

Amanda Rishworth: Well, I'll start with the DisabilityCare cut-off. And just to give you, I guess, a little bit of background and a little bit of information, it's no coincidence that the Productivity Commission looked into both the 'Caring for Older Australians' and the concept of a national disability care scheme at the same time. The idea was - and this was certainly recommended from the Productivity Commission - that we did not duplicate the systems and that we did have a separate system for disability care at the under-65 to the over-65.

We have been working with it and we accepted that recommendation because we didn't want to duplicate the systems. And, so, that's why we have the over-65 cut-off. As I mentioned, there is some variation to that and if you enter the scheme before you're 65, after you're 65 you continue in the scheme. And if you qualify for the early intervention, even if your degenerative condition has not got to the point where you would have access to the scheme but you would benefit from early intervention, then you can continue in the scheme after you're 65.

The reason we did not extend the DisabilityCare scheme to over 65 is that it is already quite...well, we were looking at disability care and aged care as quite a fragmented system. The two reforms that we've seen in the Living Longer Living Better, as well as the DisabilityCare scheme, are trying to get towards aligning those two schemes better. There was...the Productivity Commission did advocate, and the Australian Government has accepted, that adequate care and support should be available to both disability and aged-care systems. And, obviously, the hearing and vision services that currently exist need to continue. And, obviously, we'll continue to work towards ensuring those two schemes do meet up. But we couldn't have a situation where we were further fragmenting... further fragmenting systems, further fragmenting what State Government and Federal Government responsibilities are.

It was a lot of negotiation to get where we are, but we do have a vision, I think, to make sure that the disability care system as well as the aged-care system - and I'll let Shayne comment - is about putting the individual in the centre, is about meeting the needs of that individual, and being flexible. And, so, obviously we'll work towards that. But, yeah, when it comes to the older Australians, the Living Longer Living Better, we've seen a lot of reform in that area in terms of flexibility, in terms of more packages, more ability to stay at home, and a range of supports. But that is, I guess, the background for the 65 age cut-off. But I might pass it to Shayne to comment further on the aged care.

Shayne Neumann: Yeah, in terms of the... the Productivity Commission said that the current

system of aged care in Australia is fragmented, underfunded and siloed. So, there were these packages that made it very difficult for people to understand. You had...each packages, each dementia packages and all the kinds of things like that. And it made it difficult for people to understand where they fitted in. And you had a situation where, "This is the kind of care you get "because this is the package you get," delivered by RSL Care or Blue Care, for example. And you couldn't go beyond that.

So, what we've said in the Living Longer Living Better package - it's a $3.7 billion commitment, and it's been legislated and it's being carried out right now, progressively rolled out, everything from the website to the gateway agency - is that there'll be 40,000 extra packages, up to 100,000 packages, over the next few years and we're changing the mix of those packages and broadening them out and bringing new ones in.

So, this is very much a consumer-directed care focus. And it's not just happening in Australia. It's happening overseas as well. The British are going down this road. When I was in New York in about December 2011, when I met with the biggest aged-care provider in a council in the United States, in New York City Council, they were going down this road as well, where they were looking at consumer-directed care - giving consumers the choice in terms of what kind of care they want and need and deserve.

So, I think the packages that we're seeing, that Amanda alluded to, in terms of the package for over-65s in future will align more closely to the kind of consumer-directed packages that we'll see with the reasonable and necessary needs that people in DisabilityCare Australia under 65 get in the future. I think we'll see, as years go by, greater alignment in that regard. It doesn't mean that the moment you're 65, you're dropped like a sack of spuds out of the health care system. That's what I want to make sure doesn't happen. It won't happen. You'll still get the kind of help you need.

Brandon Ah-Tong: I might just follow up. So, I think, from our perspective, that we've not seen the detail within the Living Longer Living Better to enable people who have vision-related support needs… we're not seeing the actual avenue in which we can get that support. So, can I ask you to go back... This is a commitment I'm gonna ask you for. It's not money...to go back and recommend that within the NACA structure, the National Aged Care Alliance structure, that a specific advisory committee is set up to address the issue of disability, the disability interface? That's to both Shayne and Amanda.

Amanda Rishworth: Look, I'm happy to go and have a look at that and see what we can do in terms of ensuring that that interface works. And we can get back to you on that. So, I might grab your details at the end.

Shayne Neumann: Yeah, I think there's a...I think the Living Longer Living Better package has just been legislated, it's just been rolled out now, and there's a need for a lot more information in relation to those issues. I went and spoke at the aged-care executive for one of the organisations in Queensland, and what really struck me, as I was speaking to the CEO of a peak body, was their almost ignorance on this issue, on the package - you know, everything from not understanding how the ACFI system was working to not understanding how the one-stop-shop gateway organisation would operate, to not understanding that the aged-care...

So, if the CEO and some of the peaks don't quite understand it, I understand why we need to get this message out better in the community. I'm happy to have some further discussions about that. I'm Parliamentary Secretary… I've got three bosses, frankly. I'm Parliamentary

Secretary, also, to Jacinta Collins in the Mental Health and Ageing sector. I got that position by the abolition of another role, as well as picking up Disaster Management in my home State of Queensland, in the redistribution of portfolios. So, I'm happy...if you've got any issues, raise it with me and I'm happy to get that to Jacinta.

Graeme White: Graeme White. If I can just add on to that, and come after that question from a different angle, we would like to save the Government tens if not hundreds of millions of dollars. And that's real cash. That's real savings. We don't know how much, and we need help working out how much. The provision of services to people with low vision and requiring rehabilitation is economical, is relatively cheap, and it reduces falls, it reduces episodes of hospitalisation, prolongs people independently, in their own homes, reduces the nursing care requirements and so on.

We don't know how much we can save the Government by this small investment in our particular services and preventing all those pretty hefty costs to the health care system. Can you suggest a way that we can get some assistance from the Government to actually do this analysis and try and quantify the savings?

Shayne Neumann: First up, just have the dialogue with us and have some discussions about what you want to do and where you want to go in that regard. You mentioned about falls and those sorts of things. We do fund research. I was in Melbourne the other day, talking to the National Ageing Research Institute in relation to issues of falls. Certainly, that's a big impact. Come and have a chat to us about it later. I'm happy to talk about those issues.

Graeme White: OK, it's not research - it's actually preventing the falls. So, we can actually do things to prevent falls. So, we'll come and talk.

Shayne Neumann: Well, I mean, that's why the Medicare Locals were putting on those workshops and seminars I was talking to you about - all-day seminars - and there was literally 100 people in the first session in the morning in my home area. There was about 70 or 80 in the afternoon. So, Medicare Locals are working on that at the moment. That's not the only Medicare Local. Other Medicare Locals were doing that as well, I understood. Thank you.

Jaci Armstrong: We've actually slightly amended our question in light of the information already provided today. In noting Amanda's reference earlier to assistance dogs, the most recent update to the DCA pricing released last week still does not recognise or include guide dogs or seeing-eye dogs. Does the Government acknowledge and support the need to include these dogs, which are an extremely efficient and effective mobility aid for people who are blind or vision-impaired - arguably an essential and necessary support to facilitate independent mobility? And the second part of that question is if guide dogs and other vision and mobility aids are provided under DCA, how, then, does the Government propose to address the potential inequity faced by people over 65 who will be unable to access the potential benefit and funding assistance through DisabilityCare?

Amanda Rishworth: OK, well, I'm happy to answer...answer in a relatively quick way and then I'll elaborate. Yes, assistance dogs could be a support that is funded under DisabilityCare Australia. It is obviously something that...we will look at individual needs and put individual plans together, and that will vary from people to people. And it will vary across time as well. I think one of the important things under DisabilityCare is that it is a lifetime of support and so that, as time goes by, your needs, whether or not it's your preference for an assistance dog or another type of assistance, will change over time.

So, yes, assistance dogs are involved and can be part of the plan, and so will maintenance costs associated with the care of the guide dog be included in a participant's plan, and funded. So, that will be part of it. I guess when we're putting out prices to the market, we're sending a signal. In terms of assistance dogs, the approach that will be taken is...with other supports that are individually tailored, is we will enter into discussions with the supply organisation about the price to be paid for the guide dog and the participant to be trained in its use. So, we will work with organisations. It's a bit different than pricing a specific piece of equipment and putting a price to it.

Obviously, the price of a guide dog, the maintenance of that and the involvement of training that dog are very specific and individualistic, and that's why you don't have a price point on the website. So, I hope that answers your question there.

In terms of over-65s, as I said, if you're already part of the scheme, that assistance will continue over the age of 65. So, if it's something that you already have had - a guide dog - for some time, then that maintenance will continue to be provided in an individualised package. In terms of a guide dog or assistance dog after the age of 65, then that is something that we have to work through the aged-care sector about that assistance. But in terms of DisabilityCare, yes, they are funded, yes, maintenance costs are funded and the pricing of that will be worked out with the supplying organisation.

Shayne Neumann: Yeah, I'm looking forward to some very creative ways in the future, where you can get that sort of care delivered for people over 65 years of age. One of the things that you may be aware... and this is just to the side of this. Home and Community Care has been taken over by the Federal Government in terms of funding, and we're looking at different ways to do this. Some of the States and Territories in the past had very... about 40 per cent of it was delivered by the States and Territories, but now they're abdicating that field. But there's different ways I think we can get care. People have different needs, and guide dogs are clearly a need for people with very severe vision impairment. So, I'm not suggesting this becomes part of that process in terms of HACC. But I think there are ways we can get consumer-directed packages which are really dealing with people's actual needs on the ground. And I'm looking forward to seeing that sort of thing.

That's the sort of thing I want to see in future, for people going into the aged-care sector who actually are above 65 years of age, when they have the need for it.

Jennifer Gersbeck: OK, thank you very much. Alright, Matt, you've been very patient and we are going to move, now, on to the global questions. So, Shayne, you get a rest and, Amanda, you too. OK. So, we have a series of questions that we have grouped our guests under the Vision 2020 Australian Global Committee. And Amanda Davis, who is...thank you, Amanda, for your hand up...who is the chair of that committee, is going to ask them. Thank you.

Amanda Davis: I'm going to bundle the questions into one as Matt touched on some of this in his opening remarks. One of the things I did want to just clarify, in terms of the $39 million that was announced in the last federal budget, and you sort of talked quite specifically about what that was going to be allocated towards, we've sort of had no luck in getting, from AusAID, exactly how that will be implemented and what sort of funding mechanisms will be used for that. So, I guess any help in following that up would be useful, going forward.

So, that wasn't really a question. That was more of a...if you could help us out, that would be great.

Matt Thistlethwaite: I can answer that.

Amanda Davis: Thank you. Oh, you can? OK.

Matt Thistlethwaite: Do you want me to answer that now? The overwhelming majority of our overseas development aid budget in respect of health outcomes is delivered through non-government organisations, rather than directly through Pacific governments. And there's a couple of reasons for that. Firstly, we find that the NGOs have the experience in delivering the outcomes for which the money was allocated and, secondly, they can also...they have the procedures and experience to report to the Australian Government on achieving those outcomes. And when you're talking about expenditure of public money, the Australian community expects transparency and accountability. In fact the ANAO, the Australian National Audit Office, demands it.

So, we find that NGOs are much more effective in providing that reporting mechanism. Even though, in some respects, many see it as burdensome, it's a fact of life of government in Australia. So, we're currently working with a number of those NGOs, at the moment, consulting with them, through AusAID, on how we effectively deliver those outcomes that I mentioned a moment ago - 100,000 vision screenings and 10,000 sight-restoring surgeries. Is it better to directly fund those through organisations that can undertake the procedures or is it better to work through an organisation such as the Pacific Eye Institute to train up workers throughout the Pacific to deliver those outcomes?

Now, with the first, you're probably closer to being guaranteed of achieving the outcome. With the second, you may not achieve the majority of the outcome, but you're also building capacity throughout the Pacific for them to meet those goals into the future. So, they're the issues that we're working with the World Health Organization, with a number of NGOs that deliver services through AusAID on how we achieve that outcome, and certainly, we'll be consulting with organisations such as yours over the coming months.

Jennifer Gersbeck: We have a consortium, which is the Vision 2020 Australia Consortium, which, of course, Brien Holden Vision Institute, Fred Hollows, CBM - John's here somewhere - and a couple of other agencies...And I've been the one that's been pestering AusAID around trying to find out, and they're not having any discussions with us.

Matt Thistlethwaite: Well, I'll go back and I'll tell AusAID to have a discussion with you. So, we can fix that pretty quickly.

Jennifer Gersbeck: Thank you. That'd be good. OK. Sorry, back to you. Thanks, Matt. And you've obviously seen the sector proposal that we put forward, with the six main recommendations, and specifically, there was some areas around the Pacific.

Matt Thistlethwaite: Yes.

Jennifer Gersbeck: And that is...supports and is very much aligned with the Global Action Plan that you spoke about earlier. I'm just wondering what the ALP will be looking at potentially committing in pre-election policy to international development around vision and eye health.

Matt Thistlethwaite: Well, in respect of the recommendations contained in the report, we're directly dealing with a number of those in the funding...the $130 million that we already have allocated in the area. Just looking at two of them.

"Recommendation 5 - For countries across Asia and the Pacific "to develop national eye and vision care plans." That's being done through the East Asia Avoidable Blindness Initiative, $21 million there.

"Recommendation 6 - To continue to develop "a comprehensive eye-health workforce "for prioritised countries throughout the region."

We fund, directly, the Pacific Eye Institute in Suva, which is involved in training up eye-care workers to deliver on some of those outcomes. So, there's a couple of programs that we're directly funding and meeting some of those recommendations contained in the report. In terms of additional funding, at this point in time, I can't commit to anything. There's $40 million that was allocated in the last budget round. Again, we'll consult through the Institute on how we deliver on those outcomes. But at this stage, that comes on top of the $130 million. We're keen to assess the effectiveness of that through the consultation, and ensure that we're getting value for money and meeting some of those outcomes.

John Jefferies: John Jeffries from CBM Australia. I'd value your comments in three areas. The first is the reality that AusAID now, the Australian Government has got a leadership position with disability-inclusive development, and we commend the Government for that. And we were very excited to see the announcement by Prime Minister Rudd and Minister Parke on Monday about AusAID having an Ambassador for disability-inclusive development. We really welcome that. I'd value your comments where you see that going, with Australia continuing to play a role - our leadership with government aid programs in disability. And connected to that, what opportunities do you see with discussions over a post-MDG framework, as to what the options are there for including disability in eye health in whatever framework will follow the post-2015? And, finally, we do appreciate predictability of funding. It helps with planning good aid programs. And postponing aid increases doesn't help that. Are you prepared to make any commitments to the predictability of the aid funding?

Matt Thistlethwaite: Well, we've indicated that we've delayed meeting the target of achieving the level of funding of GNI as a percentage by one year. But we're still committed to meeting that target. In terms of disability, particularly throughout the Pacific, it's at the forefront of much of the aid dollar that we spend throughout the Pacific, particularly when it comes to ensuring better health outcomes - so, working...I mentioned earlier the Pacific Sports Program. A number of programs that we've funded throughout the Pacific are specifically allocated towards providing opportunities for those with disabilities to undertake regular exercise, to be involved in rehabilitation exercises, and to be involved in communal exercise and sporting activities for the psychological and socio-economic benefits that flow from that.

In terms of disability and its place within the Australian Government framework, I mean, Amanda's outlined the approach that the Government's taken through DisabilityCare Australia, the priority we've given to that. The announcement that was made on Monday by the PM and Melissa Parke, I think, give a good indication of this Government's approach to disability throughout the Pacific.

John Jefferies: Comments about the MDGs?

Matt Thistlethwaite: Yeah, Australia's involved in the post-MDG framework initiative, particularly when it comes to health outcomes and the role that we're playing within the Pacific. So, there's a working group that's been established, that Australia's participating in, through the UN and the World Health Organization, to look at what the framework will be

post-MDG, how effective MDG's been in terms of achieving the outcomes that it set out to achieve. So, at this stage, it's preliminary work, but given that, you know, there's 1,000 or so days to go, we're involved quite heavily as, particularly, a leading player in the Pacific, where, as I mentioned earlier, the health outcomes tend to be...tend to be much worse than many of the other regions throughout the world. Australia's playing a constructive role in putting forward our suggestions on that. But there's nothing that we can report publicly, in terms of what's been decided. It's a mere consultation at the moment.

Jennifer Gersbeck: Before we close, I'd like Barry...I invite Barry to come and say a few concluding remarks, please. And, of course, with refreshments, panel members you're most welcome to stay and have a drink, and perhaps have some informal discussions. Barry?

Barry Jones: Well, Jennifer, I'll be mercifully brief. I think this has been a terrific meeting - very good representation, very good questions. And I'll just say something thanking the panellists in a minute. But I thought you might be interested in something that relates to eye health. I saw Gough Whitlam on my way here and you'll know that earlier in the month, he turned 97. Anyway, he's very pleased with himself. You know, he's never worn spectacles. And he's...but he does have regular checks, which is very good. He should do it. He has regular checks with an ophthalmologist. And he went to his ophthalmologist last week, and the ophthalmologist said, "There's nothing wrong with your eyes. "I don't need to see you for another five years." (LAUGHTER) So, he's looking forward... he's looking forward to that.

But...what has really come out of the discussion today has been that sense of the rethinking of priorities about eye care, the importance of eye care, and in particular, there was always that sense that historically, often governments responded to conditions that arose in the form of a crisis, that were life-threatening. And the result is that if you looked at eye care, people said, "Oh, well, it's a by-product of ageing. "You accept that. So, you know, why give it a priority?" But the realisation, which is very important, that as the...with the demographic revolution, with people living 20, 30 years longer, say, than the previous cohort, and the prospect of eye conditions doubling with each additional decade of life, then the importance of keeping people independent, keeping them healthy, keeping them happy, keeping them able to take a continuing role in society, keeping them out of institutions, means that investment in eye care is a tremendous...there's a tremendous return on investment in eye care.

And I think we can say quite confidently that there's no other sector of health where you get such a dramatic outcome. And this is true, of course, as Matt would know, in the aid area. You know, you remove a cataract for a comparatively trivial amount - the sort of work that the Fred Hollows organisation has been doing for years - the impact on a life is tremendous, the cost is quite minor, comparatively.

Matt Thistlethwaite: In terms of education... Exactly.

Barry Jones: So, you've got this tremendous, tremendous kind of response. Now, before I thank the panellists, I want to thank the Brien Holden Institute for providing their hospitality this afternoon. And it's wonderful to see the two great Brians - Brien Holden himself, and Brian Layland. There's been a lot of Brians in the....in the health care area. Brian Doolan, of course. Amandas are also well represented, one way or another. But we're very grateful for what you've done and we think the contribution - the ongoing contribution - of the Institute is quite profound. There's no doubt... And I'll just say this before I finish.

I think Australia's contribution internationally is of tremendous significance. I was staggered

when I went to the IAPB conference in India last year, at Hyderabad, you could see that Australians were absolutely dominating...dominating the show, and doing it very effectively. The Americans weren't doing it, the other various nationalities weren't doing it, but the Australians, because they were organised, they were practical, they knew what they were doing, and they were very...they were extraordinarily effective, and I was very proud to be associated with them.

Well, we've had three, I think, very good presentations today, from Shayne and from Amanda and from Matt. They obviously understand the significance of the sector. I think they are dedicated and committed to it. I've particularly...of course, I've worked quite closely with Amanda because she's been the chair...the co-chair of the Parliamentary Friends Group. Anyway, so, I'd like you to join with me... Oh, first of all. No, no, no. Before that... No, to thank Jennifer and the team from Vision 2020 for doing the organising, and to congratulate our three speakers and to thank them very much for their contribution today.

(APPLAUSE)