



VisionVoice

Spring Edition 2026



Advocacy win to a broader reform agenda

Thousands of Australians receiving sight-saving eye injections can continue accessing treatment through their private health insurance after the Federal Government decided not to proceed with a proposed Medicare reclassification for eye injections.

This marked a significant advocacy win for the macular disease community and a crucial step in improving access to sight-saving treatment.

The proposed change would have meant more than 12,200 people could no longer use their private health insurance to pay for sight-saving eye injections. The impact would have extended far beyond this group, placing additional pressure on existing

private in-room treatment services and already overstretched public hospital outpatient clinics.

Regular eye injections are essential to preserving the sight of 117,000 Australians living with macular disease, with this number growing each year. Any disruption to access can have significant consequences for daily activities, independence and quality of life.

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CEO Update

As we celebrate 25 years of Macular Disease Foundation, I've been reflecting on the incredible impact we've achieved together. Every milestone we've reached has been made possible by a community that continues to show extraordinary generosity, resilience, and commitment to improving the lives of people affected by macular disease.

Over recent months, I've had the privilege of travelling to Brisbane, Melbourne, Perth, Sydney and Newcastle to meet many of you in person, with more visits planned. Hearing your stories, listening to your experiences and learning what matters most continues to shape our work. It reminds me that our greatest strength is, and always will be, our community. Thank you to our corporate sponsors, Apellis, Astellas, Bayer, Novartis and Roche who have enabled us to share this experience with you.

I'm also delighted to welcome Kristina Ward to our Board. As someone living with macular disease and legal blindness, Kristina brings invaluable lived experience alongside her professional expertise, ensuring the voice of our community is represented at the highest level of our organisation.

Finally, thank you to everyone who supported our recent tax appeal. Your generosity and, just as importantly, your trust in our work enables us to continue funding research, delivering support, and advocating for better outcomes for everyone living with macular disease.



Thank you for being part of our journey over the past 25 years. We are excited for the future and having even greater impact.

Dr Kathy Chapman
Chief Executive Officer



Welcoming Kristina Ward

It gives us great pleasure to welcome Kristina Ward to the Board of Macular Disease Foundation.

Kristina brings a unique combination of professional expertise and lived experience. Diagnosed with Stargardt disease in her mid-thirties while raising two young children, she is legally blind and understands first-hand the challenges of living with macular disease.

For several years, Kristina has been a valued member of our Community Reference Group, helping ensure the voices of people living with macular disease are reflected in our work.

Professionally, Kristina is Manager of Diversity, Equity and Inclusion at ACCIONA and has extensive experience across organisational development, education, business operations and financial management. She also serves as Treasurer of Women With Disabilities Australia, bringing strong governance and leadership experience.

Kristina's appointment ensures lived experience remains represented at the Macular Disease Foundation Board table as we continue to shape the future of research, advocacy and support.

Advocacy win to a broader reform agenda

Continued.

Our community advocacy efforts played a key role in securing this positive outcome, with more than 500 letters from community supporters demonstrating how the change would affect their ability to continue receiving treatment.

"As the representative organisation for the macular disease community, we strongly advocated for the government to ensure sight-saving treatment is affordable and accessible," says Dr Kathy Chapman, CEO of Macular Disease Foundation. "While we welcome the decision not to proceed with the reclassification, it remains critical to address the broader challenges of affordability faced by the majority of people who rely on sight-saving eye injections."

Throughout our campaign, we consistently argued the debate was never just about a Medicare item classification. At its heart were much bigger questions about the affordability and accessibility of sight-saving treatment for the growing number of Australians living with macular disease.

"The government's decision has created an opportunity for us to continue these conversations and focus attention on the

broader challenges many people face in accessing specialist eye care. We intend to build on this momentum through our submission to the Federal Parliamentary Inquiry into Access and Affordability of Medical Specialists later this year," says Dr Chapman.

Our submission advocates practical reforms to improve affordability and access to eye injection treatment. This includes bulk-billing incentives for Pension Concession Card holders, changes to the Extended Medicare Safety Net, stronger informed financial consent, and expanded public and regional treatment services to reduce costs, waiting times and inequitable access.

The government's decision not to proceed with the proposed Medicare reclassification showed what can be achieved when the macular disease community speaks with one voice. The outcome also reinforced an important message for government: protecting sight requires more than maintaining existing services.

Meaningful reforms are needed to secure the future of accessible, affordable, and sustainable treatment for all Australians.





Ita's voice is heard

During Macula Month in May, our Patron, Ita Buttrose AC OBE, amplified awareness of macular disease through an opinion article syndicated nationally across the News Corp Australia Network, extending our message to audiences across Australia. The article is reprinted below in case you missed it.

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Australia prides itself on fairness. On looking after one another. But each year, when a Federal Budget is handed down, I find myself asking a simple question: who are we forgetting?

Too often, it is older Australians, particularly those living with disability, including low vision and blindness.

Macular disease is the leading cause of blindness and severe vision loss for Australians. For many, particularly those with neovascular age-related macular degeneration (wet AMD), or diabetes-related eye conditions, the only way to slow or stop that vision loss is through regular eye injections, on average every eight weeks, and typically for life.

These are not optional treatments. They are sight-saving, and yet our system is placing them out of reach.

As Patron of Macular Disease Foundation Australia, I hear the stories behind the statistics. As our Foundation marks 25 years of fighting for sight, those stories are becoming harder to ignore.

New research released by Macular Disease Foundation reveals that Australians are making extraordinary sacrifices simply to save their sight. The new research shows that 30% of

Australians would delay retirement to afford sight-saving treatment, while 17% would return to work. More than a quarter would go into debt, while 28 per cent of retirees say they would go without treatment altogether.

Think about that for a moment.

In a country like Australia, people who have worked their entire lives are being forced to choose between a dignified retirement and their vision.

I recently heard about Michael, a man in his eighties still working because, as he puts it, "when I stop working, the injections will stop."

His story is not unique. It is symptomatic of a system that is asking too much of those who have already given so much.

This is not about blaming doctors. Ophthalmologists are delivering complex, lifelong care and deserve to be properly supported for the work they do. It is about recognising that the current system is heavily reliant on private delivery with limited access to bulk billing.

Less than a third of people receiving eye injections are bulk-billed, which means that thousands of Australians have no choice but to pay significant out-of-pocket costs to avoid going blind. Many simply cannot afford it.

This is where governments must step in — thoughtfully, carefully, but decisively.

We should be looking at medical specialist fees not as a blunt instrument for cost-cutting, but as part of a broader system that must balance sustainability with access. We need policies that support clinicians while ensuring patients, particularly pensioners and those on fixed incomes, are not priced out of essential care.

There are practical solutions. Targeted incentives to encourage bulk billing for the most vulnerable, like the government has done for GPs. Smarter safety nets that recognise treatment for chronic conditions like macular disease is ongoing, not episodic. Investment in public treatment pathways to ease pressure on private clinics.

These are not radical ideas. They are measured, evidence-based reforms that would make a profound difference.

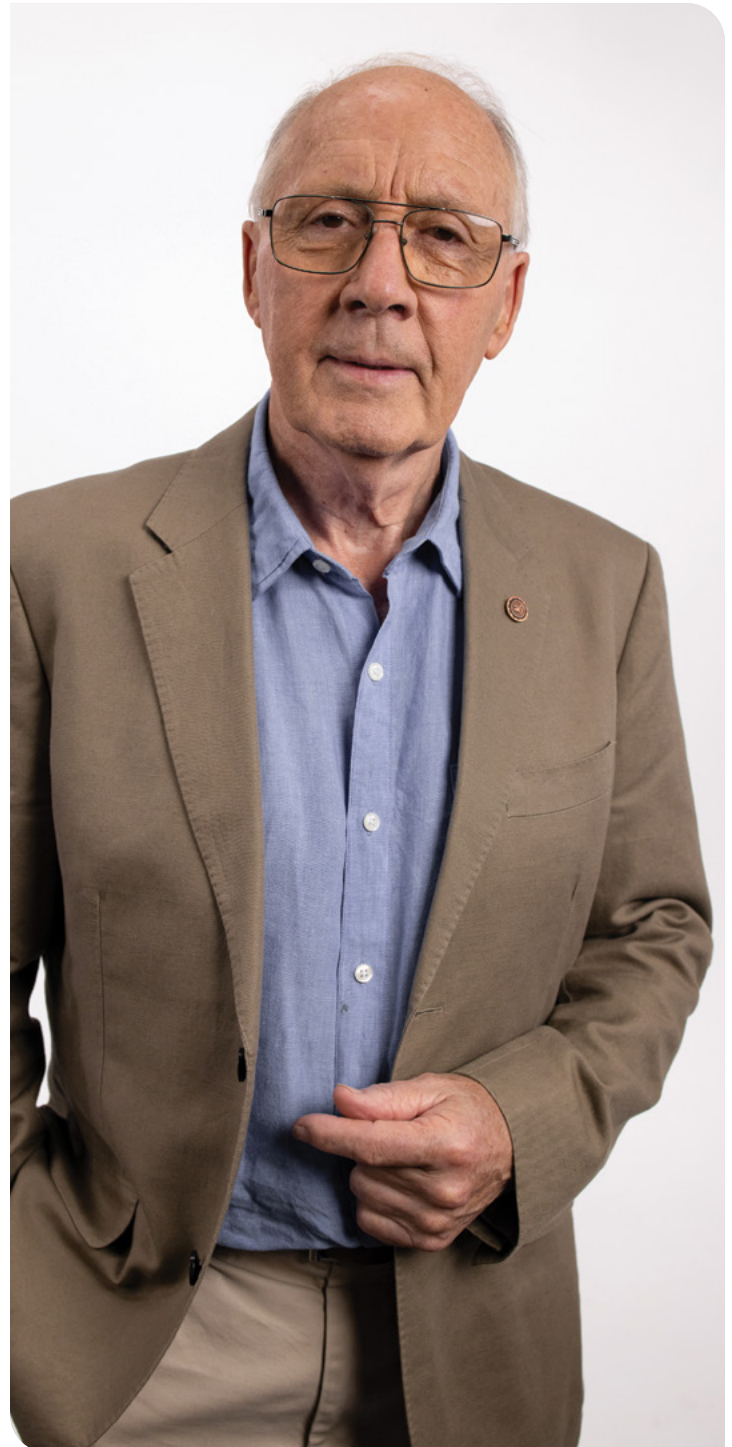
Vision loss is not just a health issue. It results in loss of independence, of mobility, of connection. It affects a person's ability to read, drive, recognise faces — to live fully. It places additional pressure on families, carers and the broader health system.

Economically, it simply does not make sense. The long-term cost of vision loss far outweighs the relatively modest investment required to keep people receiving sight-saving treatment.

Budgets are about choices. They signal what we value as a nation.

So as decisions are made about healthcare funding, Medicare settings, and the cost of specialist care, I urge the government to stop and think about older Australians. Think about those living with low vision and blindness. Think about people like Michael.

**We cannot build a fair society
if we overlook those most
at risk of being left behind.
A fair Australia is one where
access to sight-saving treatment
is determined by need, not by
the ability to pay.**



Michael shared his story to help raise awareness of macular disease.



Two new awards reflecting community priorities were presented at a special event in Melbourne.

New priority research awards

Thanks to the incredible generosity of the macular disease community, whose donations are invested in world-class Australian research, Macular Disease Foundation is the largest non-government funder of macular and retinal disease research in Australia.

We have launched two new awards during our 25th anniversary year: the Elisabeth Macdonald Memorial Award and the 25th Anniversary Award, granting a total of \$300,000 to two groundbreaking research projects.

The Elisabeth Macdonald Memorial Award has been made possible by a generous gift from a long-standing supporter and donor,

giving \$100,000 every two years to support research relevant to people living with a macular or retinal disease in regional or rural areas of Australia.

The new 25th Anniversary Award is also a result of a generous donation, providing \$200,000 for research that addresses knowledge gaps specifically related to geographic atrophy, also known as late-stage dry AMD.

Macular Disease Foundation values community input and ensures funding priorities reflect community needs by involving macular disease community members and donors in the grant assessment process.

These two new grants now bring our total research investment to \$7.2 million across 44 projects since the launch of our research grants program in 2011.



25th Anniversary Award

Associate Professor Zhichao Wu received the 25th Anniversary Award for his project titled: Novel imaging-guided microperimetry testing to accelerate geographic atrophy treatment discovery.

A/Prof. Wu is a Principal Research Fellow and Head of Clinical Biomarkers Research at Centre for Eye Research Australia (CERA), and a Principal Fellow at the University of Melbourne. A/Prof. Wu aims to better understand the benefits of new treatments in preserving and maintaining vision for people with geographic atrophy.

The research project aims to address the need for more accurate ways to detect vision loss in people with geographic atrophy, by testing a new, more sensitive method of monitoring vision loss due to this condition.

The findings from A/Prof. Wu's research could help accelerate the discovery and testing of new treatments for geographic atrophy, by making future clinical trials more efficient.



Elisabeth Macdonald Memorial Award

Professor Angus Turner was awarded the inaugural Elisabeth Macdonald Memorial Award for his project titled: AI-Enabled neurodegenerative retinal disease detection in regional Western Australia. Professor Turner is an ophthalmologist and academic at the University of Western Australia, and the founder and director of Lions Outback Vision, leading a specialised team that uses advanced technology (including artificial intelligence or AI) to provide eye care in remote, regional, and Indigenous communities across Western Australia.

Professor Turner will further develop and evaluate an AI-enabled retinal screening system to detect eye conditions such as age-related macular degeneration and diabetic retinopathy, which can cause irreversible vision loss if not diagnosed and treated.

By embedding this advanced technology into primary care clinics, the system will help GPs, nurses and Aboriginal health workers more accurately identify retinal diseases comparable to an ophthalmologist's assessment. This will improve early detection and referrals, revolutionising diagnosis and care for people with a macular or retinal disease in underserved communities in regional and rural areas.

Groundbreaking research is only possible because of donors

These important research initiatives are only possible because of the generosity of our donors. In 2027, we are hoping to invest a further \$1 million in groundbreaking research. Your donation could change the future for people with macular and retinal disease.



Celebrating 25 years of progress

This year, we proudly celebrate 25 years of dedicated work to protect the sight of Australians living with macular disease.

This milestone belongs to all of us – every person living with macular disease, every carer, donor, volunteer, researcher, eye health professional and advocate who has stood with us. It reflects 25 years of shared commitment to the fight for sight, and the courage of people who care deeply about reducing the impact of macular disease.

Bringing our community together

As part of our anniversary year, we brought our community together through a series of special events across Australia. These gatherings provided an opportunity to reflect on our shared achievements and celebrate the people who have been at the heart of our journey.

Our flagship celebration in Sydney, held at the State Library of NSW, featured the 25th Anniversary Ita Buttrose Oration delivered by Founding Director Dr Paul Beaumont AM.

Reflecting on the progress made over the past quarter of a century, Dr Beaumont highlighted the profound difference that advocacy, research and treatment advances have made for people living with macular disease.

Patron, Ita Buttrose AC OBE, joined the event and led a thought-provoking panel discussion about the future of macular disease care alongside Dr Paul Beaumont AM, Jean Kittson AM, The Hon. Jillian Skinner AM, Professor Lisa Keay and Associate Professor Anai Gonzalez-Cordero.

Celebrations continued in Brisbane, Newcastle, Melbourne and Perth, where members of the macular disease community gathered to share experiences and hear from leading experts about developments in research, treatment and patient support.





Creating a brighter future

While our anniversary events celebrated how far we have come, they also highlighted the opportunities that lie ahead. Advances in research, improved treatments and growing awareness are creating new possibilities for people living with macular disease. As Dr Beaumont observed, "We have come so far in 25 years, but we are not finished. Not even close."

Together, we will continue building on 25 years of progress by creating a brighter future for generations to come.



Exploring smart glasses: will they work for you?

People living with advanced macular disease often experience challenges with everyday tasks such as reading, writing and navigating their surroundings.

With recent advancements in artificial intelligence (AI), smart glasses are emerging as a new option which can bring benefits to people with vision loss.



What are smart glasses?

Smart glasses are hands-free devices that work with a smartphone. They look similar to regular spectacle frames but can include built-in cameras, speakers and AI processors. These features can help provide audio guidance about the wearer's surroundings in real time.

What can they help me with?

Smart glasses can assist with a range of tasks including reading text aloud, describing surroundings, some colours and objects, navigation, identifying objects and grocery shopping.

For some people with vision impairment, smart glasses can support greater independence and participation in hobbies and social activities. Whilst smart glasses currently aren't specifically designed for, and can't compensate for, vision loss, they do contain some features that may complement other vision and mobility aids to help increase mobility and independence.

What level of vision do they work for?

Smart glasses tend to work best for people with mild to moderate low vision. However, people with significant vision loss still report that the audio feedback is of value in assisting with everyday tasks.

More studies are needed about the real-world use of smart glasses in people with low vision, as well as comparisons of their features and limitations with other wearable low vision assistive technologies, to identify which technologies and features can best suit and help people with vision impairment.

Looking forward, smart glasses technology is expected to continue improving, potentially offering more natural interaction with the surrounding environment and integration with smart home systems.

How can I find out more?

If you would like more information on smart glasses and where you can purchase them, call our Helpline on 1800 111 709, or email us at info@mdfoundation.com.au

You can also call to register for a webinar on smart glasses scheduled for 31 August 2026. We'll be joined by a guest speaker from Guide Dogs who will share insights into the use of smart glasses. We'll also hear from a community member who uses smart glasses to support their independence and everyday activities.

Peer Support Groups

Connect with people who understand the challenges of living with macular disease and enjoy the benefits of friendship and practical advice.

We're currently welcoming new members across our peer group network, especially our newest groups in Canning, Brisbane and Parramatta.

Call our Helpline on 1800 111 709 to find out more or register your interest.



Serves 1

Time to make
20 mins

Tuna noodle pot

Spring into Spring with this easy, macula-friendly Tuna Noodle Pot. Packed with flavour and comforting goodness, it's the perfect economical recipe for a weeknight dinner.

Ingredients

- 50g vermicelli rice noodles
- olive oil spray
- 2 shallots, sliced
- 3 to 4 medium button mushrooms, sliced
- 2 teaspoons lemongrass paste
- 2 teaspoons cornflour
- $\frac{1}{2}$ cup reduced-salt chicken or vegetable stock
- $\frac{1}{3}$ cup frozen peas and sweet corn mix
- 95g can tuna in spring water, drained, chunked
- 1 $\frac{1}{2}$ cups shredded Asian greens

Instructions

Place noodles in a bowl and cover with boiling water. Leave to soften for 3–4 minutes, then drain and set aside.

Spray a small frying pan with olive oil; set over medium heat. Add sliced shallot and mushroom to pan with lemongrass paste; cook for 2–3 minutes, or until soft.

Mix a little of the cornflour into stock to make a paste, then add to pan with remaining stock.

Add peas and sweet corn to pan with tuna. Cook for 4–5 minutes, or until tuna is heated through.

Add reserved noodles and Asian greens to pan. Toss for 1–2 minutes, or until greens are tender.

Serve immediately.

Eye Connect Healthcare Award

**Has your healthcare professional made a difference in your eye care journey?
Nominate them today.**



A macular disease diagnosis can change a life in an instant. In times of uncertainty, the support of a dedicated eye care professional can make all the difference. From explaining the initial diagnosis to providing ongoing care and support, these professionals play a vital role in helping Australians navigate life with macular disease.

Now, we are inviting our community to help celebrate these remarkable professionals through the new Eye Connect Healthcare Award.

Introducing the Eye Connect Healthcare Award

This award celebrates community recognition of outstanding efforts to improve eye health outcomes and support the wellbeing of others. We want to hear from people living with macular disease, as well as their families and carers, about eye care professionals who have made a meaningful difference.

Perhaps they provided exceptional clinical care, offered reassurance during a difficult time or helped with access to valuable support services. Sharing your experience can help shine a light on the people who go above and beyond for their patients every day.

Submitting a nomination is simple

All you need to do is visit our website and complete the free online nomination form. Simply tell us why your chosen eye care professional deserves recognition for the difference they have made in your life.

By sharing your story, you'll help recognise the outstanding professionals supporting Australians living with macular disease and inspire excellence across the eye care community.

➤ **Go to www.mdfoundation.com.au or call us on 1800 111 709. Nominations close on 1 September 2026.**