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**Written Submission for the  
Pre-Budget Consultations  
in Advance of the  
Upcoming 2021 Federal Budget**

**By:**

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**August 6, 2020**



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## **List of Recommendations**

**Recommendation 1:** That the government through the Public Health Agency to implement a Vision Health Strategy in relation to co-ordinating the federal efforts to reduce the impact of blindness and a health promotion campaign to avoid blindness.

**Recommendation 2:** That the government provide funding in the amount of \$ 30 million per year for 5 years for the Canadian Institute of Health Research (CIHR) to implement vision health research program.

**Recommendation 3:** Following the same structures and principles of other government funding programs, that the Government of Canada provide direct financial support to health charities of up to \$28 million per month as health charities recover from the impact of COVID-19 so they can continue to develop and other support to patients, families and caregivers.

**Recommendation 4:** That the Government of Canada through the Minister of Revenue and the Commissioner of the Canada Revenue Agency review existing tax measures available to both individual and corporate donors including giving the same tax treatment to donations of shares in private companies and real estate as is now given to gifts of publicly traded shares in order to encourage giving and support recovery in the charitable sector.



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## **Submission:**

Fighting Blindness Canada (FBC) would like to work with the Government of Canada to protect vision and expand vision health.

### **1. Impact of Vision Loss**

In a 2019 survey, Canadians reported that vision loss is their most feared disability. Unfortunately, their distress is not unwarranted. As our population ages, age-related eye diseases such as AMD and diabetic retinopathy will become more prevalent, constituting what many argue is an emerging health crisis.

It is forecasted that a third of Canadians will have vision loss resulting from an eye disease by the age of 65, and one in four will develop irreversible vision loss by 75.

There are 1.5 million Canadians living with a seeing disability according to Statistics Canada.

Unless we implement measures to manage this emerging health care crisis, the number of people living with vision loss will double by 2032.

A crisis in vision health carries a significant and distressing economic cost; in fact, it has been shown that **vision loss entails the highest direct health care costs of any disease category in Canada**—more than diabetes, cancer, mental disorders, respiratory diseases, arthritis, or cardiovascular disease.

Taking into account higher absenteeism, lower employment rates, decreased salary, premature retirement, depression, and premature death, one estimate suggests that the **annual cost of vision loss in Canada could rise to as much as \$30 billion by 2032.**



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## **2. Vision Health Strategy**

**Research has delivered treatments that if diagnosed early, 3 out of 4 people living with an eye disease do not have to go blind.** For example, over 100,000 Canadians receive anti-VEGF eye injections on a regular basis every year to stabilize their sight and avoid blindness.

However, **the tripling of the number of people living with a seeing disability in a decade points to the urgent need for a Vision Health Strategy** to encourage Canadians to receive an annual eye exam for early diagnosis of vision loss.

Living with Vision Loss means increased hallway medicine and impacts Canadian families:

Falls and fractures:

Falls remain the leading cause of injury-related hospitalizations among Canadian seniors. Compared to people who are sighted, people with vision loss experience **double the incidence of falls and quadruple the incidence of hip fractures.**

Institutionalization:

People with vision loss are **admitted to nursing homes three years earlier**, People with vision loss tend to **stay in hospital two-and-a-half days longer** than patients with normal vision and have higher hospital costs.

Mental health and wellness:

Living with vision loss are **three times more likely to experience clinical depression**

Dementia occurs at a higher rate in people living with vision loss

Activities of daily living:

Compared to people who are sighted, people with vision loss experience **double the incidence of difficulties with daily living** and social independence



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#### Employment:

Vision loss is associated with lost productivity in the workforce. Higher absenteeism, premature retirement, and premature death are all more common outcomes among those with vision loss

### **3. Investing in Vision Research - \$150 million over 5 years**

At the outset of 2020, a symbolic year for those connected to vision loss, it is clear that Canadian ophthalmology and vision care are part of a global and transformative boom. Research is working on addressing the 1 in 4 that treatments do not work in early diagnosis, and the thousands that go blind because treatments at later stages do not work.

After decades of foundational research, innovative approaches in gene therapy, stem cells, pharmaceuticals, and other fields are leading to major discoveries, and in some cases producing viable treatments for eye diseases to restore sight.

There is widespread agreement among people living with vision loss and researchers that Canada needs to finance and develop more clinical trials for eye diseases. According to a pivotal study in 2009, our country lags significantly behind the U.S. in clinical trials,<sup>1</sup> and since that time many European countries have surpassed us. Though many trials now recruit globally, there is little doubt that Canadians would benefit from a more robust and active clinical trial infrastructure at home. In 2019, Canada joined the global clinical trial effort with one site in Montreal. In 2020, FBC is working with 4 other sites to launch clinical trial sites in Canada and the jobs they spark.

**Canadian clinical trials are integral to Canadian research: expanding our ability to do trials will help advance national research agendas in ophthalmology and other disciplines. Organizations such as Clinical Trials Ontario and Quebec's CATALIS are essential partners in the effort to attract clinical trials to Canada.**

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<sup>1</sup> Silversides, A. Clinical trials: the muddled Canadian landscape. *CMAJ* 180(1), 20-22 (2009) [doi.org/10.1503/cmaj.081897](https://doi.org/10.1503/cmaj.081897)



**Those efforts should be supported by public and private stakeholders to ensure they are effective and nationally unified.**

According to the Advisory Panel for the Review of Federal Support for Fundamental Science in 2017, Canada is unique in that federal funding for scientific research is less than 25 percent of overall research funding, placing the country well below the OECD average.<sup>2</sup> Canadian vision scientists have managed to excel in the face of these austerity measures, advancing work that has led to incredible discoveries, but they do so in the face of enormous financial constraints. Many researchers express concerns over the fact that that new talent is being blocked from entering the field as a result of a widespread underfunding of key academic and research institutions.

**There is still a need, however, for a unified research agenda and corresponding set of goals to ensure we are working collaboratively and collectively towards a better landscape for those with vision loss.**

In the U.S., the National Institutes of Health (NIH) sets an annual research agenda that includes a vision component informed by the National Eye Institute, its vision arm. This creates opportunities to respond to needs in the vision loss community and capitalize on opportunities presented by research and funding.

- **Eye Institute at CIHR**

In Canada, our corresponding agency is the Canadian Institutes of Health Research (CIHR), which invests federal funds into national research projects. The CIHR is composed of thirteen institutes, each with its own agenda, and though these represent a range of important categories and diseases, **vision does not have its own CIHR institute**, unlike the U.S National Eye Institute.

Instead, the priorities of vision research are typically divided among the existing institutes, lacking a co-ordinate, impactful research agenda to end blindness.

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<sup>2</sup> [http://www.sciencereview.ca/eic/site/059.nsf/vwapj/ExecSummary\\_April2017-EN.pdf/\\$file/ExecSummary\\_April2017-EN.pdf](http://www.sciencereview.ca/eic/site/059.nsf/vwapj/ExecSummary_April2017-EN.pdf/$file/ExecSummary_April2017-EN.pdf)



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- **Vision Peer Review Table**

Similarly, the peer review committees that work under CIHR to review and recommend proposals are wide-ranging, but **of the 48 review tables, there is no review table dedicated exclusively to ophthalmology or vision research.**

This may lead to insufficient funds being directed towards the vision research projects we know are required to equip Canada for the future of ophthalmology and vision care.

Indeed, this may already be the case: a well-cited study showed that \$37.5 million was spent in 2009 on all organizations across the country focused on vision research. This is a meager amount for such an important and expansive field, especially in comparison to the \$4.4 billion impact of vision loss on the economy due to lost productivity, a number reported in the same study.<sup>3</sup>

Despite the lack of a national vision funding initiative, provincial initiatives dedicated to vision research exist around the country, and point to models to advance research in vital areas. In Quebec, for example, the Vision Health Research Network (VHRN), funded by a Quebec government agency called *Fonds de la Recherche en Santé du Québec* (FRQS), provides funding to foster national and international collaborations and access to specialized infrastructure and tissue banks. The VHRN is also committed to supporting efforts to train the next generation of vision researchers by funding scholarships and awards. **Such research building initiatives are essential to achieve the ultimate goal of improving care and developing treatments for patients living with various vision impairments.**

There are currently sixteen ophthalmology departments and two optometry schools embedded within universities across Canada. Added to these are various centres of excellence in hospitals and the private sector that have a partial or full

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<sup>3</sup> Cruess, A.F., Gordon, K.D., Bellan, L. *et al.* The Cost of Vision Loss in Canada 2. Results. *Can. J Ophthalmol* 46(4), 315-318 doi: 10.1016/j.jcjo.2011.06.006





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focus on vision. While these institutes are essential drivers of vision research and clinical service, there are still opportunities for collaborative work and resource-sharing that are being left on the table.

Our recommendation is a 5-year investment into CIHR of \$20 million per annum to create a CIHR Eye Institute and a peer review table dedicated to vision research to reduce the impact of vision loss on our aging population.

### **SPOR Research Networks**

Diabetes Action Canada (DAC) is a pan-Canadian research organization that was launched in 2016. Funded jointly by the Canadian Institutes of Health Research's (CIHR) Strategic Patient-Oriented Research (SPOR) program, non-profit organizations (e.g. FBC, Diabetes Canada, JDRF), and private sponsors. DAC partners and collaborates with university research teams across Canada, non-profit organizations, and provincial governments to plan, execute and evaluate these research projects so we can improve patient outcomes and experiences with a focus on the complications of diabetes – vision loss being one. 20 years after diagnosis, 100% of Type 1 and 60% of Type 2 will have developed diabetic retinopathy and at significant risk of going blind.

Our recommendation is that DAC be renewed for a new 5-year funding commitment to continue their impactful work.

## **4. Health Charities Sustainability Funding**

Canadian health charities have seen a 50% drop in revenue compared to this time last year due to the COVID-19 pandemic. At the same time, demand for services has increased and research initiatives have been put at risk, jeopardizing years of work and hundreds of millions of dollars of investment. This is why FBC and other members of the Health Charities Coalition of Canada are seeking the government's support for up to \$28 million per month, so that national health charities can support Canadians living with disease and continue to fund vital research.





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This funding is urgently needed. FBC has experienced a significant decrease in our revenue, especially special event fundraising. As a result, we have delayed research projects, reduced community support services, and 48% of our workforce has been terminated or on reduced hours.

## **5. Increasing Charitable Giving Tax Options**

Canada's 86,000 registered charities – and a similar number of nonprofit organizations – have been hit hard by the COVID-19 pandemic. Nonetheless, they continue to deliver vital services to Canadians.

The Government can help address this crisis by immediately removing the capital gains tax on charitable donations of private company shares and real estate. It is estimated that this measure would stimulate an additional \$200 million per annum in donations from the private sector.