Advocacy to deliver eye care

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Session overview
- What Advocacy is about / is not?
- Advocacy – some facts
- Key target groups for Advocacy
- Role of the target groups
- Role and Application of Advocacy in eye care
- Advocacy matrix

What is Advocacy?
- Advocacy has been defined as a deliberate process of influencing those who make policy decisions
- It may either be for creation of a new policy or for reforming an existing policy
- It could also result in direct support and collaborations in activities

Advocacy is not:
- An extension or outreach work
- An IEC
- About informing government or people about the organization's activities
- About Fund raising

Advocacy & Eye Care
- Advocacy has a strong role in all eye care initiatives
- It can open doors to resources and support the implementation of delivery of services.

ADVOCACY- Some facts
- Advocacy is not a single event, such as getting government approval for a project or a putting a policy in place. It has to be an ongoing process.
- The ultimate success of advocacy efforts would be that the targets for advocacy (policy makers, community leaders and health professionals) become partners in the process.
- These groups have to eventually be involved in the design of the health intervention activity.
Key targets group for Advocacy

- Politicians, Bureaucrats & Officials at all levels
- Community leaders and opinion makers
- Health professionals, including the ophthalmic community.

Politicians, Bureaucrats & Officials

- Officials and policy makers in educational institution and industry are in a position to improve access to refractive error services
- For example: School screening and Screening of industry workers
- On a national level, policy makers can implement regulations and monitor compliance.

Community Leaders & Opinion Makers

- Elected community leaders, local industrialists,
- Village elders, Village Panchayat leader
- NGOs
- Heads of service organizations such as Lions and Rotary clubs
- Role: Community oriented activities such as Community Outreach screening, Eye Care Services and Health Education programmes

Health professionals including the Ophthalmic Community

- Early intervention is required for several conditions
- To have cost-effective case finding and eliminating avoidable blindness.
- “VISION 2020 – The Right to Sight” promotes primary eye care and integration with Health Service in the community

Advocacy to Health Professionals including the Ophthalmic Community

Diabetic Retinopathy (DR):
- Target group: Diabetologists, Physicians, Health workers, Pharmacy owners and laboratory technicians/owners.
- Advocacy Inputs: Awareness about DR and treatment options & its importance
- Advocacy Actions:
  - Referrals of diabetics for Retinal exams
  - Partnerships in community based eye examinations of diabetes
  - Health education to the diabetics in the community
  - DR Remote screening using IT

Eye Care to Children:
- Target group: Pediatricians, Ob & Gyn., and “Maternal and Child health” workers.
- Advocacy inputs:
  - causes and clinical manifestations of paediatric eye conditions and management
- Advocacy Actions:
  - Pediatricians refer conditions like: Ocular trauma, squint, Nystagmus, congenital cataract & glaucoma
  - The obstetricians refer prematurely and grossly underweight babies for RoP screening
Advocacy to Health Professionals including the Ophthalmic Community

**Corneal infection:**
- **Target group:** Primary Care Physicians, Community Health Workers & Traditional Healers
- **Advocacy Inputs:**
  - Aetiology and progression of corneal aberrations
  - The intervention that they can do at primary level
- **Advocacy Actions:**
  - Immediate use of antibiotics
  - Referral to an eye hospital for further management

**Low Vision & Blindness Rehabilitation:**
- **Low Vision is a neglected field which is now getting some attention as an outcome of its inclusion within the disease priorities of the VISION 2020 initiative.**
- **Advocacy:** Primarily to the ophthalmologists and optometrists to refer such patients to appropriate Low Vision or Blindness Rehabilitation services.

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**Advocacy Matrix for Service delivery**

<table>
<thead>
<tr>
<th>Advocacy Target</th>
<th>Advocacy Inputs</th>
<th>Expected outcome/impact</th>
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<tbody>
<tr>
<td>Officials &amp; Policy makers: In the education and sectors relating to economy (industry, agriculture, etc)</td>
<td>Refractive errors, General eye care, Their role &amp; how it benefits them</td>
<td>Facilitating eye examinations in educational &amp; industry settings</td>
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<tr>
<td>Community Leaders: Elected community leaders, local industrialists, village elders, heads of service organizations</td>
<td>Magnitude and impact of visual impairment and blindness, In causes, the treatment options, Cost and benefits, Their role &amp; how it benefits them</td>
<td>Proactively driving eye care in their communities</td>
</tr>
<tr>
<td>Corneal Infections: Primary Care Physicians, Traditional Health Workers</td>
<td>Aetiology and progression of corneal aberrations, Interventions that they can do including referral, Consequences of inappropriate treatment</td>
<td>Increased coverage of rehabilitation services amongst the Low Vision and blind</td>
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</table>

**Successful Advocacy**
- Creates a "win-win" proposition
- Sustains relationship
- Leads to proactive collaboration & eventually partnerships
Thank you