
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
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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
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Advocacy is not:

- An extension or outreach work
 - An IEC
 - About informing government or people about the organization's activities
 - About Fund raising
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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.
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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.
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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



Advocacy to Health Professionals including the Ophthalmic Community

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



Advocacy to Health Professionals including the Ophthalmic Community

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.



Advocacy Matrix for Service delivery

Advocacy Target	Advocacy Inputs	Expected outcome/impact
Government & Policy makers: <ul style="list-style-type: none"> ■ In the education and sectors relating to economy (industry, agriculture, etc) 	<ul style="list-style-type: none"> ■ Refractive errors ■ General eye care ■ Their role & how it benefits them 	<ul style="list-style-type: none"> ■ Facilitating eye examinations in educational & industry settings ■ Making educational facilities available for occasional community eye screening activities
Community Leaders: <ul style="list-style-type: none"> ■ Elected community leaders, local industrialists, village elders, heads of service organizations 	<ul style="list-style-type: none"> ■ Magnitude and impact of visual impairment and blindness ■ Its causes, the treatment options ■ Cost and benefits ■ Their Role & how it benefits them 	<ul style="list-style-type: none"> ■ Proactively driving eye care in their communities ■ Enabling the delivery of eye care in their settings ■ Creating access to local resources both material & Human Resources ■ Financing the community oriented eye care initiatives

Advocacy Matrix for Service delivery

Advocacy Target Group	Advocacy Inputs	Expected outcome/impact
Diabetic Retinopathy (DR): <ul style="list-style-type: none"> ■ Diabetologists, Physicians, Health Workers, Pharmacies, Clinical Labs 	<ul style="list-style-type: none"> ■ On DR & risk factors ■ Treatment & associated costs ■ Consequences of not treating in time ■ Importance of regular follow-up ■ Their Role & how it benefits them 	<ul style="list-style-type: none"> ■ Increased attendance in DR Services ■ Increased follow-up ■ Reduction in the presentation of end stage DR patients
Eye Care to Children: <ul style="list-style-type: none"> ■ Paediatricians, Obstetricians and other "Maternal and Child Health" workers 	<ul style="list-style-type: none"> ■ On childhood eye conditions squint, congenital cataract, congenital glaucoma and nystagmus ■ On Retinopathy of Prematurity ■ Treatment & associated costs ■ Consequences of not being treated in time ■ Their Role & how it benefits them 	<ul style="list-style-type: none"> ■ Increased attendance in Paediatric Eye Care Clinics ■ Eventually a drop in childhood blindness

Advocacy Matrix for Service delivery

Advocacy Target Group	Advocacy Inputs	Expected outcome/impact
Corneal Infections: <ul style="list-style-type: none"> ■ Primary Care Physicians, Traditional Health Workers 	<ul style="list-style-type: none"> ■ Aetiology and progression of corneal aberrations ■ Interventions that they can do including referral ■ Consequences of inappropriate treatment. 	<ul style="list-style-type: none"> ■ Aetiology and progression of corneal aberrations ■ Interventions that they can do including referral ■ Consequences of inappropriate treatment.
Low Vision & Blindness Rehabilitation: <ul style="list-style-type: none"> ■ General Ophthalmologists and sub-specialists in Ophthalmology, Optometrists 	<ul style="list-style-type: none"> ■ What patients should be referred ■ What are Low vision & Blindness Rehab services ■ How it impacts the individuals Quality of Life 	<ul style="list-style-type: none"> ■ Increased coverage of rehabilitation services amongst the Low Vision and blind

Successful Advocacy

- Creates a "win-win" proposition
- Sustains relationship
- Leads to proactive collaboration & eventually partnerships

Thank you