

Aravind Eye Care System
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Advocacy in Eye care

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Advocacy

Advocacy is the pursuit of influencing outcomes –including public-policy and resource allocation decisions, within political, economic, and social systems and institutions- that directly affect people's lives.

(Cohen, 2001)

Advocacy and IEC

- **Advocacy is a process of communication which is different from the mere dissemination of information and education (IEC).**
- **Advocacy goes beyond this and first seeks support, commitment and recognition from policy and decision-makers and the general public about the problem.**
- **Advocacy provides solutions and support in tackling issues.**

Why Advocacy?

- **To ensure that the current morally unacceptable magnitude of avoidable visual impairment and blindness, (from preventable and curable conditions) is not a public health problem any more.**
- **To work towards the development of a sustainable, comprehensive eye care system as an integral part of the national health system that is accessible and available to all, at a cost that is affordable.**

Objective of Advocacy for eye health

The immediate purpose is to increase awareness and interest amongst decision makers, professionals and practitioners at all levels, of the far reaching consequences of needless vision impairment and loss, and how communities can be engaged in the process.

Health Policy

Public health evidence helps to define desired eye health goals and programmes, and

Advocacy for these goals and programmes is an important step in translating that evidence into policy and practice.

Evidence based facts

- The first requirement is solid factual information.
- Information from country situation analyses and baseline studies needs to be collected to understand the pattern and causes of visual impairment.
- Based on this information, advocacy work should include creating awareness of the magnitude and seriousness of the problem and removing policy and other barriers to prevention and care activities, and campaigning for effective and sustainable action.

Strengthening Public Health Intelligence

- **The availability of up-to-date and accessible information is central to the “must include” new knowledge generated through research, experience and monitoring and evaluation of programmes.**

Monitoring Cell

A Monitoring cell in WHO SEARO working together with similar structures in member countries could support those working to improve eye health and reduce health inequalities by producing and disseminating health intelligence, and strengthening the research and information infrastructure

Advocacy Planning

- It should aim
- to influence the highest authorities in the country to provide leadership, political support and commitment.
- In detail, each individual advocacy plan should comprise the following elements:
 - Identify the advocacy issue
 - Identify the target audience: e.g. government officials, policy makers, religious leaders, employers, health professionals, communities, media etc.

Supportive facts in Advocacy

- Inequity esp. gender, marginalised people
- Childhood blindness
- Poverty and Disability
- Economic implications
- Quality of Life effects
- Human Rights issues

Implications of Needless Blindness

Health and Social outcomes

Quality of Life

- Functional independence
- Lack of Equity in care
- Morbidity
- Disability
- Poverty

EVIDENCE USED IN ADVOCACY

- The high prevalence of avoidable blindness
- Inequalities in eye health.
- Gender inequity as an issue
- The economics of eye health, disease and disability.
- The poverty - blindness link



Disability outcomes

- Unemployment and poverty rates are high among people with disabilities.
- This socioeconomic exclusion of people with disabilities results in lower incomes. Combined with lack of access to transport, the built environment, services and many other aspects of everyday participation in community life,
- this can lead to particularly acute forms of marginalisation.

Implications in Children

- **Developmental**
- **Educational**
- Families with children with disabilities are also at risk of poverty. Many parents opt out of the labour force and their employment to care for their disabled children
- Opportunities can be compounded by a shortage of appropriate care and education facilities.

Other evidence for use in advocacy

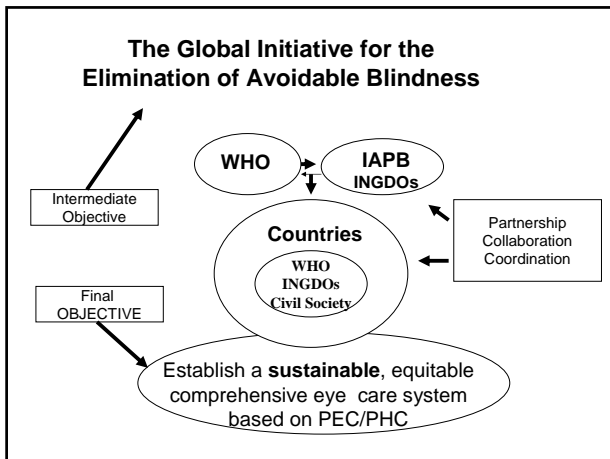
- The economics of eye care:
 - The financial implications of needless blindness
 - The efficacy and cost effectiveness of currently available interventions
 - The return on investment in the various prevention and treatment modalities currently available

The Global Initiative for the Elimination of Avoidable Blindness



The Global Initiative for the Elimination of Avoidable Blindness





Critical role of advocacy

ADVOCACY is a cross cutting component in VISION 2020, whether in disease control, human resources, resource mobilization or infrastructure.

- Target audience for Advocacy**
- Political Leaders
 - Policy Makers
 - Senior Public Servants
 - Professionals
 - Patients
 - Public
 - INGOs, NNGOs, Foundations, Civil Society
 - Corporate Sector

- Multi – disciplinary approach**
- Those with responsibility for essential public eye health programmes,
 - Many others from diverse related disciplines and different sectors with little direct authority or control over decision-making.
 - To make a difference, they must work with and through others in a way that is facilitative, participative and relational, while being attuned to politics and power.

- Outcome oriented Advocacy**
- *The Success story approach*
 - - Make it happen
 - - Demonstrate outcomes
 - - Demonstrate sound economic sense
 - - Provide value for money and added value
 - - Be sustainable.

- HOW is it done?**
- Collective “social lobbying”
 - Individual communication
 - Use of Media.
 - Other resource material
 - Creating a ground swell of activists in the community
 - Use of Beneficiaries
 - World Sight Day
 - “Ambassadors” – Global, Regional, National



Beneficiaries as Advocates

This has been found to be useful, just as the “satisfied customer” approach is useful in mobilising patients for cataract surgery in outreach work.

Summary

Why Advocacy?

- The morally unacceptable problem of avoidable blindness and visual impairment when we have the knowledge, skills, technology and resources to make a difference to millions of children, women and men who remain needlessly blind or in danger of becoming blind.

Advocacy for Eye Health

- “Effective policy and planning for public eye health involves much more than planning curative services.
- It is about healthy human habitat and supportive social structures, and primary eye health care, that includes, health promotion, prevention and rehabilitation.

Equity

- Existing inequalities in health must be reduced so that the poorest and most vulnerable sections of the community enjoy similar levels of health as the better off.
- Gender equity as an issue where it exists

Those who need the most get the least

- **Despite many successes the availability of good eye health services tend to vary inversely with the need.**
- **Poor groups and regions have less access to even basic health services, and where available the quality is sub-standard.**
- **Blindness and severe visual impairment pushes individuals and households into poverty, through lost wages, hospital costs.**

Multi pronged advocacy

V 2020 should also use advocacy to address governments and influence them to change policies and regulations that hamper full utilization of available manpower, as well as reaching the private sector and community leaders who have a critical role in prevention and care efforts.

Measuring the impact of Advocacy

- **Potential learning from advocacy projects include:**
- **Guidance on the stage of a policy, programme or project development at which advocacy needs to commence and criteria for deciding its depth**
- **Resource costs (monetary, personnel etc.) of different types of Advocacy**

Thank you