



Turning fine words into action: suggestions for high-level advocacy



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Advocacy is a crucial activity for achieving the goals of VISION 2020: The Right to Sight. Progress towards the elimination of avoidable blindness depends on political will and on making available more human and financial resources. In order for this to happen, advocacy is necessary: it can influence the policies and practices of key decision makers, particularly governments, the World Health Organization (WHO), and development and funding bodies.

The passing of two resolutions in support of VISION 2020 at the World Health Assembly meetings of 2003 and 2006 was a good start. These resolutions call on member states to prepare national VISION 2020 plans and to mobilise resources for their implementation. They also require WHO itself to provide support to these member states.

These resolutions were the result of extensive advocacy and lobbying by many members and partners of the International Agency for the Prevention of Blindness (IAPB), led by IAPB's Eastern Mediterranean Region team. However, the resolutions are only the start of the process. In the long run, if VISION 2020 is to succeed, it must be given higher priority and be supported by more funding. The challenge now is for national and international

leaders in eye health to persuade WHO and national governments to turn these fine words and sentiments into action. This can only be achieved through carefully planned, coordinated, and sustained advocacy, aimed both at WHO and at national governments.

Advocacy is needed at international level to ensure that eye health is included in WHO's action plans for the different WHO regions, e.g. Africa or Southeast Asia. These regions determine their own priorities in consultation with the member states in their region. In order to ensure that WHO gives additional support to VISION 2020 in a particular region, it is important that governments press for this support at WHO regional meetings. IAPB regional coordinators should direct their advocacy efforts towards the leaders of those countries best placed to play this role (i.e. those who have the most influence in that region).

On a national level, advocacy is needed to ensure that the prevention of visual impairment is included in the country cooperation strategy document (CCS). This

document is drawn up by WHO for each country in which it operates. It reflects the medium-term vision of WHO for its cooperation with a specific country and defines a strategic framework for achieving this vision. If the elimination of avoidable blindness is not in this document, it is unlikely to be included in the country's 'joint programme', the plan that attaches a budget to the priorities identified in the CCS.

Although the CCS is drawn up in collaboration with each country's government, the process is led by the country WHO representative. Advocacy should target the country WHO representative, as well as the national government concerned, as the latter can put pressure on the WHO representative to include the elimination of avoidable blindness in the CCS. The timing and processes of the document's preparation should be taken into account.

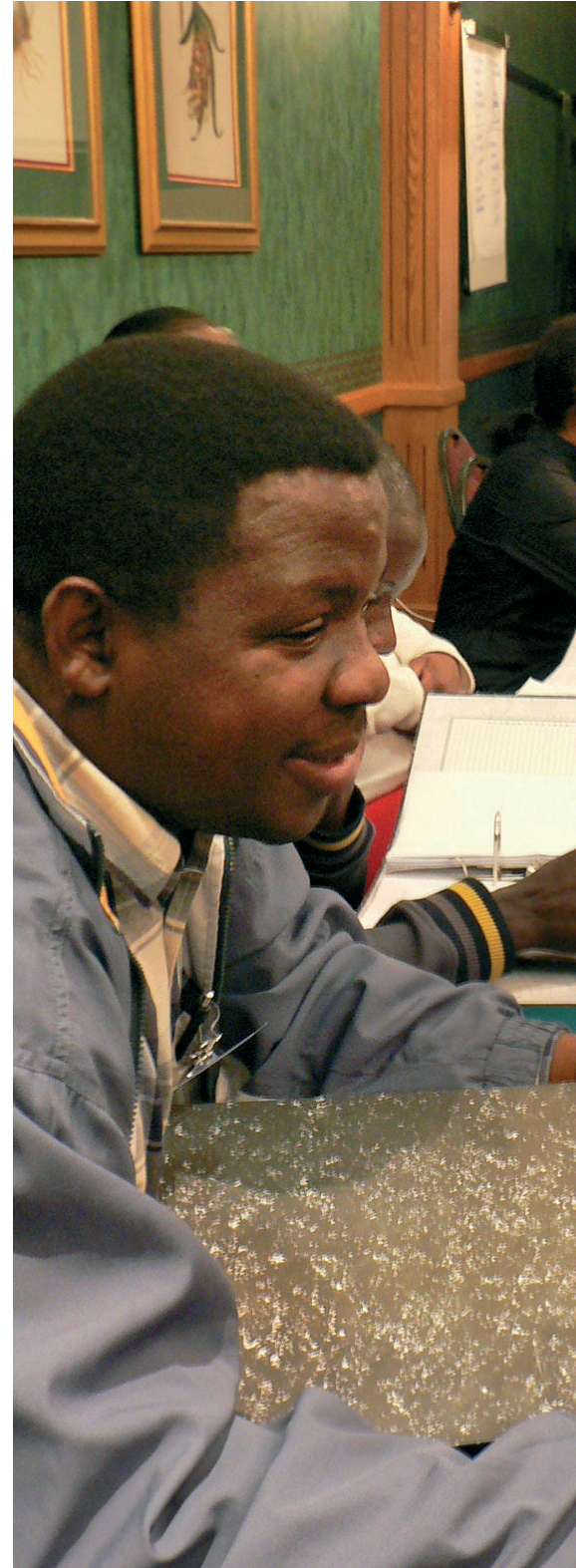
Similarly, poverty reduction strategy papers (PRSPs) represent a good opportunity for advocacy at national level. PRSPs form the first step in the implementation of the Millennium Development Goals (see article on page 62). They are prepared and updated every three years by many countries, a

process which involves the government itself as well as external development partners, including the World Bank and the International Monetary Fund. In some countries, the inclusion of blindness prevention in a PRSP could be a realistic advocacy objective.

To have maximum impact, national advocacy activities should be closely coordinated among relevant individuals and organisations. Such coordination should be the responsibility of national VISION 2020 committees, who should develop advocacy strategies with specific and clear objectives and action plans. The support of leading international non-governmental organisations (NGOs) and IAPB coordinators will be important in this process.

While there are plenty of challenges, there is also plenty of encouragement to be derived from advocacy successes to date, which have resulted in higher priority being accorded to blindness prevention and in the allocation of increased resources. The example of Pakistan is described on page 65, but similar success has been achieved in other countries, India and Australia being notable examples. It is worth noting that, both in India and in Australia, the VISION 2020 national bodies are very active, have a clear advocacy agenda, and enjoy strong support from the NGO community. This is the model which needs to be replicated.

'If VISION 2020 is to succeed, it must be given higher priority and more funding'



Training in advocacy: In 2006, a total of 23 people involved in eye care and in promoting the VISION 2020 agenda participated in an advocacy workshop, which was facilitated by a professional advocacy consultant. For more information, contact Kovin Naidoo, 272 Umbilo Road, Durban, 4000, South Africa. Email: k.naidoo@icee.org. SOUTH AFRICA



The challenges of advocacy in sub-Saharan Africa



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VISION 2020: The Right to Sight has achieved significant results in its first five years of existence.¹ The factors that contributed to these successes include:

- increased political commitment
- increased commitment from eye health professionals
- increased commitment and support from national and international non-governmental organisations (NGOs)
- increased involvement of, and partnership with, the corporate sector.

However, VISION 2020 has not achieved the same level of success in all parts of the world. In sub-Saharan Africa, where a large number of people still suffer from blindness, national governments have not shown much political commitment. This is despite the fact that they have signed the VISION 2020 declaration, which means that they endorse all World Health Assembly resolutions on the initiative. In addition, commitment from health professionals remains limited to a few converts and the private or corporate sector is only involved at a very basic level. Were it not for the commitment and support of the few NGOs operating there, the initiative would have struggled to make any progress after its launch in 2002.

In the West African sub-region, in particular, the need for advocacy features prominently on the agenda of every meeting or workshop to plan or review national VISION 2020 plans. It is true that advocacy is needed in order to speed up implementation of the plans and make progress towards achieving the goals of the initiative. However, little or nothing happens after these meetings. Two possible causes are:

1 Lack of government commitment.

National governments are expected to lead and be the champions of VISION 2020 in their countries. Unfortunately, governments still need to be on the receiving end of advocacy efforts. They cannot yet be expected to be advocates for VISION 2020. Usually, the coordinator or manager of a country's national programme is responsible for working towards the objectives of national VISION 2020 plans. But these leaders, and their counterparts in other areas of public health, often find it difficult to get support from their own governments.

2 **Lack of know-how.** Advocacy requires planning, strong evidence, and effective delivery of messages – the latter requires strong communication skills. However, most people involved in the implementation of VISION 2020 are health practitioners with

limited knowledge or skills in social communication. Although they may have the ability to put together strong evidence, they may not be able to select the best facts for advocacy and create a coherent message. Their evidence could therefore be of limited interest to, or have limited impact on, politicians or economists. Similarly, selecting the appropriate medium and time for the effective delivery of a message does not figure in the training curriculum of health practitioners.

What should be done

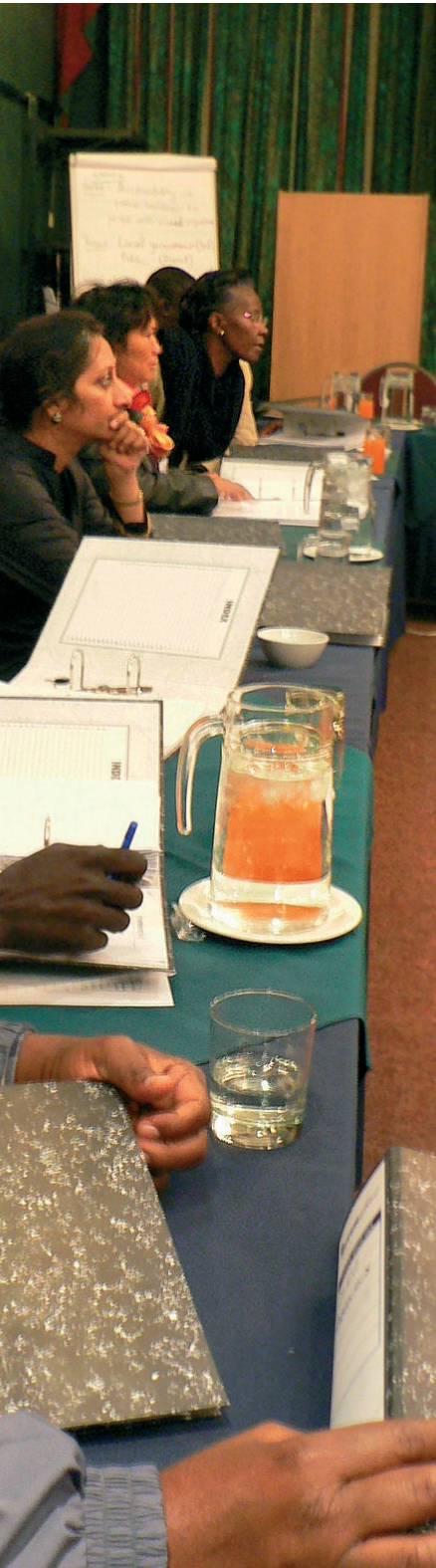
In sub-Saharan Africa at least, non-governmental institutions and organisations need to lead advocacy for change at national and sub-regional levels. They need to form a coalition among themselves and with international organisations, as the power of advocacy will be increased if more people support the same objectives. The coordinator or manager of a country's national programme could lead the formation of such a coalition. He or she should also provide relevant information for planning the strategy and choosing the targets of such advocacy.

Next is the need for practical training or guidance in advocacy. We can learn from human rights and civil society advocacy and also from efforts in other health sectors. For teaching purposes, existing training resources for advocacy can be adapted by adding examples from other, more successful, VISION 2020 programmes.

Lastly, there is the question of evidence. We need credible evidence on the health and economic impact of VISION 2020, which can be defended and explained by the person delivering the message. There is no doubt that this type of credible evidence can change policies and improve funding for programmes. This has been demonstrated with PROFILES, a database approach to advocacy and policy development for nutrition² developed by the Academy for Educational Development. This tool for advocacy uses current scientific knowledge to estimate the cost and effectiveness of proposed nutrition interventions. It combines local data with established statistical models to generate graphs that clearly show the impact of the problem. If such a tool could be developed for eye health, it would help support advocacy on a bigger scale. We need this to obtain both the political commitment and the resources necessary to achieve the objectives of VISION 2020.

References

- 1 State of the World's Sight, VISION 2020: The Right to Sight 1999–2005. Executive Summary. WHO Publication. Geneva 2005.
- 2 Burkhalter BR, Abel E, Aguayo V, Diene SM, Parlato MB, Ross JS. Nutrition advocacy and national development: the PROFILES programme and its application. Bull World Health Organ 1999;77(5): 407–15.



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