



# Advocacy for Promoting Eye Health: Strengthening Health Systems

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# Contents

- The situation
- Eye health, poverty and development
- Eye health systems strengthening
- Significance of advocacy
- Issues for advocacy
- Conclusion

# The situation

- *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*
- *- World Health Organisation*
- Eye health is an essential component of overall good health
- Eye diseases and visual impairment are very common in developing countries, affecting up to 25% of the population at any one time
- 75% of blindness is avoidable
- Women and people in low-income groups are most affected
- Poor eye health is a significant cause of poverty and attainment of the MDGs
- Eye health services are currently inadequate, especially in the rural parts

# Impact of poor eye health on poverty and development

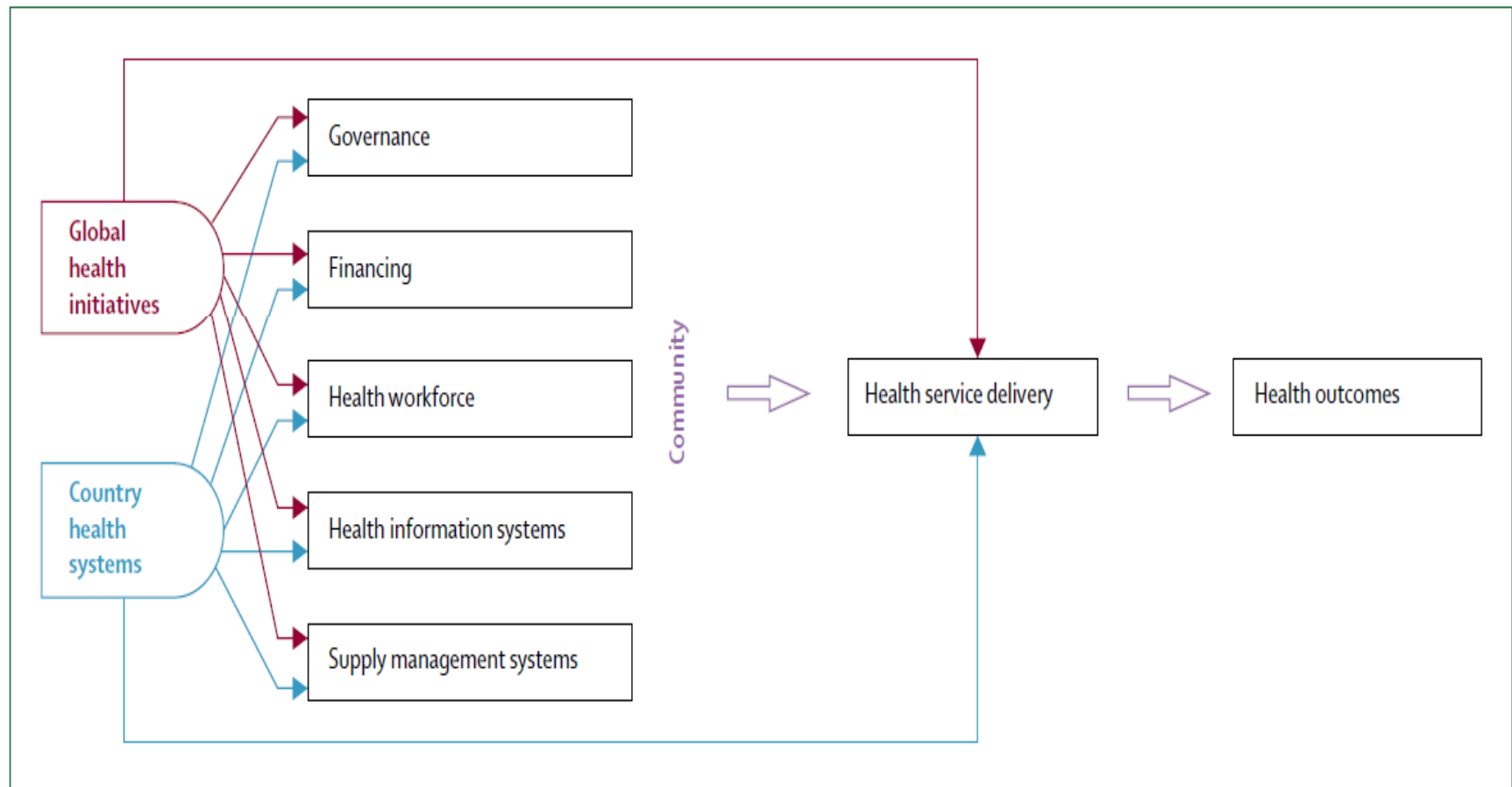
- Poor eye health has a profound impact on MDG achievement: minor eye complaints can create social & economic problems; blinding conditions have a devastating impact on individuals, families & communities
- People with visual impairments are more likely to be income poor, unemployed and excluded from education, healthcare and social networks
- Eye health has an impact on 4 MDGs:



# Strengthening eye health: a focus on health systems

- Improving eye health and reducing blindness is demonstrably achievable, cost-effective and contributes significantly to poverty reduction
- World Health Assembly Action Plan for Prevention of Avoidable Blindness and Visual Impairment, May 2009
- Eye health is an essential component of a strong health system
- *“Health systems are defined as comprising all the actors, institutions and resources that are devoted to producing action where the primary aim is to improve, maintain or restore health.”* ~  
*World Health Organisation, 2007*

# The health systems strengthening approach



# Building blocks

- **Service delivery:** Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources.
- **Health workforce:** A well-performing health workforce is one that works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (i.e. there are sufficient staff, fairly distributed; they are competent, responsive and productive).
- **Health information system:** A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.
- **Medical products, vaccines and technologies:** A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
- **Health systems financing:** A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient.
- **Leadership and governance:** Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability.

# Eye health systems: strengths

- NPCB
- Integration with NRHM
- Plan
- Skilled workforce
- Expertise
- Volume
- Indigenous technology
- Partnerships: Government-NGO

VISION 2020: The Right to Sight - India

# Eye health systems: issues

## Service delivery:

- Comprehensive approach: diseases
- Equity: geography, communities
- Quality
- Rehabilitation

## Health workforce:

- Number
- Quality
- Productivity
- Equity
- Basic training
- Accreditation

## Health information system:

- Eye HMIS: transparent, efficient, integrated to general HMIS

## Medical products, vaccines and technologies:

- Indigenous equipment, supplies & drugs
- Exemption of taxes & customs duties

## Health systems financing:

- Enhanced funding for eye health

## Leadership & governance:

- Increased priority to blindness control
- Effective linkages with other ministries/sectors
- Eye donation v/s Human Organ Transplant Act

# Advocacy to eradicate avoidable blindness & promote good eye health

# Advocacy for health

- Ottawa Charter for Health Promotion, 1983 specified three strategies to promote the health of all people of the globe:
  - enabling people to take control of the things which affect their health
  - mediating between groups who may have different interests, in the pursuit of health for society as a whole
  - *advocating* actions that will have a positive impact on the political, economic, social, cultural, environmental, behavioural, and biological factors
- Advocacy has been emphasised at international conferences on health promotion ever since
- Advocacy is a crucial component of VISION 2020: The Right To Sight.

# Strategic advocacy is...

- ....a process, not an event
- ....about achieving specific outcomes, not just raising awareness of problems
- ....about developing strategies based on research and analysis rather than guesswork
- ....about choosing approaches and deploying resources where they will have most impact

# Common challenges

## (Seven Deadly Sins of Advocacy & Campaigning)

- **Unclear aims and objectives**
  - “If you don’t know where you are going, any road will take you there”
- **Activity planning happening before (or without) developing an influencing strategy**
  - Leading to untargeted actions, wasted effort and ultimately reduced impact
- **Action plans that run to an internal timetable**
  - Rather than being determined by external events and opportunities
- **Lack of innovation**
  - In developing strategies and actions, relying on whatever was done last time
- **Messages that don’t get noticed and move people**
  - Because they are vague, unfocussed, bland, technical or untargeted
- **Poor monitoring & evaluation**
  - Leading to lack of flexibility, no real accountability and limited learning
- **Failing to focus**
  - Trying to tackle more issues, adopt more objectives or target more audiences than resources allow

# Past instances of successful advocacy in eye health

- Launch of the National Programme for the Control of Blindness (1976)
- XIth Plan, NPCB (2007-12)
- Integration of PEC in HMRI, AP (2009)
- World Health Assembly Action Plan for Prevention of Avoidable Blindness and Visual Impairment, May 2009

# Areas for advocacy

<b>Health service</b>	<ul style="list-style-type: none"> <li>• Specific strategy for high prevalence, vulnerable areas: especially Bihar &amp; north east states</li> <li>• Specific strategy to address women &amp; marginalised groups</li> <li>• Quality: cataract management best practice, infection control guidelines &amp; outbreak policy</li> </ul>
<b>Health workforce</b>	<ul style="list-style-type: none"> <li>• Integration of PEC in ICDS, ASHA and other health portfolio</li> <li>• MLOP capacity: standard examination, assessment &amp; accreditation systems</li> <li>• All ophthalmologists to engage in clinical work</li> <li>• Review of all curricula</li> <li>• Thorough training in SICS &amp; phaco during residency</li> </ul>
<b>Health information systems</b>	<ul style="list-style-type: none"> <li>• Establishment of a transparent, efficient eyeHMIS</li> </ul>
<b>Medical products, vaccines &amp; technology</b>	<ul style="list-style-type: none"> <li>• Exemption of taxes &amp; customs duty</li> </ul>
<b>Eye health financing</b>	<ul style="list-style-type: none"> <li>• Enhanced priority to blindness control through increased allocation</li> </ul>
<b>Leadership &amp; governance</b>	<ul style="list-style-type: none"> <li>• Higher priority to blindness control</li> <li>• Mainstreaming of eye health in broader development issues</li> <li>• Stronger integration of PEC with H&amp;FW, W&amp;C, SJE and related developmental players</li> <li>• Eye donation away from Human Organ Transplantation Act</li> <li>• Abolish taxes &amp; customs duties</li> <li>• Stringent FDA regulations</li> </ul>

# Conclusion

- Eye health is an essential component of a strong health system
- Improving eye health and reducing blindness is demonstrably achievable, cost effective and contributes significantly to poverty reduction
- Strengthening of systems is vital to promoting good eye health in a nation
- Advocacy is a critical strategy in enhancing priority to key issues in health and therefore contributes to promoting good eye health and the alleviation of poverty



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oThank you