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Advocating for Action to Ensure Child Eye Health for Africa

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Report on the Workshop 7 – 8 December 2011

by Professor Jeremy Sarkin

Introduction

On the initiative of ORBIS Europe, Middle East and Africa (EMEA) the workshop *Advocating for Action to Ensure Child Eye Health for Africa was* held in CapeTown in December 2011. This workshop emerged from a meeting hosted by ORBIS in May 2011 when international child eye health specialists met to plan a five-year strategy for bringing quality paediatric eye health to children in sub-Saharan Africa (SSA). The conference entitled “Planning for Comprehensive Eye Care for Children in sub-Saharan Africa” focused on developing a comprehensive model for managing avoidable childhood blindness in the region.

The meeting held on 7–8 December 2011 was jointly facilitated by Professor Jeremy Sarkin and Dr Daniel Etya’ale. Various organisations were represented at the meeting, including eye care organisations, children’s rights organisations, and advocacy organisations.

Presentations

Dr Barbara DeBuono

Dr Barbara DeBuono, ORBIS CEO and President gave the opening address. She highlighted the link between paediatric health and paediatric ophthalmology. She addressed the need for advocacy in the work of eye care organisations and that, for the work to be more successful, it was essential that eye health be on the agenda of all key stakeholders working in countries around the world.

Various presentations were given in plenary sessions. Small group discussions held on the second day presented ideas and proposals to plenary, where a plan of action was adopted. It proposed a way forward towards achieving the agreed goals.

Lene Øverland

Lene Øverland (Director of Programme, ORBIS EMEA) noted in her presentation that sub-Saharan Africa, with over one fifth of blind children living in the region, has the largest burden of blindness. She argued that there is a critical link between blindness and poverty.

She also noted that there are various resolutions and instruments dealing with blindness, but that childhood blindness has not been defined as a priority and is not on the public health agenda.

She called for eye care organisations to break into the public health arena and not just stay in eye care forums. To achieve this she called for a comprehensive plan, including an advocacy plan, for reducing child blindness in SSA. She noted that ORBIS is not able to do this on its own.

Objectives set for the meeting

- Defining the criteria for a successful advocacy and lobbying plan.
- Defining target groups for child eye health advocacy i.e. who are the key stakeholders and which organisations, forums, governments etc. should be targeted at sub-regional, regional and global levels.
- Establishing the background work required for developing strong advocacy messages for child eye health.
- Determining what advocacy messages work best and how such messages ought to be developed (e.g. how to raise awareness of parents and communities).
- Determining what research is required and how to strengthen the advocacy messages (e.g. What is the cost of lost productivity for every child that goes blind? Use of a diverse population of health care providers to address blindness?)
- Determining what training is required for health staff to deliver eye care to children, and what support is required from governments/organisations to deliver this.
- Establishing optimal media channels for communicating advocacy messages – the most effective ways of presenting a message and what forms of media can be used and how.

Prof Jeremy Sarkin

Jeremy Sarkin (Facilitator) discussed the goals of the meeting and the importance of bringing the various sectors together to move the advocacy plan forward. He discussed the objectives of the meeting and noted the existence of differing statistics concerning eye care and eye health.

He pointed to huge discrepancies in the numbers cited by various organisations, and remarked that numerous reports about health issues in Africa make almost no reference to eye-care, and none to child blindness or visual impairment. He emphasised that for child eye issues to become prioritised, other role-players should be persuaded to put it high on their agendas.

Reports about health issues in Africa make no reference to child blindness or visual impairment

Daniel Etya'ale

In his presentation **Daniel Etya'ale** (Executive Director IAPB Africa) stressed that child eye health needs to become a concern for organisations beyond only the eye care community.

He said blindness in children is often poorly documented and invisible to the decision-makers. The opportunities, structures and places that could help these children are few and far between, and even where they exist accessibility and follow-up visits is an uphill battle. He noted how critical the first five years of life is to eye care, as a child can go from full sight to blindness in a very short time. He argued that to achieve greater availability of eye health services there needs to be a collation of available research and adequate resources. He also called for a more comprehensive and inclusive approach to the work.

Lori Lake

Lori Lake (Children's Institute, UCT) presented an overview of children's rights to health in South Africa. Lori stressed the importance of strengthening relationships and partnerships between health professionals, children and their parents. She situated child health within a rights-based approach and recalled the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the UN Convention on the Rights of the Child.

She noted that in South Africa a range of rights is embedded in the Constitution (e.g. equality, dignity) which apply to all including children, but that children have additional rights (family or alternative care, protection from neglect and maltreatment, right to participate in decisions that affect them).

She noted that children's rights to health are interdependent, including rights to health, food, housing, water and sanitation, social assistance, care and protection, education, information, dignity and participation. She said that at the centre of these rights are the core principles of equity and equality. She noted that even in South Africa accurate statistics are not easy to come by, and access to health care services varies enormously across the different regions. The regions with the lowest number of community-based services are also the regions with the highest levels of poverty.

Even in South Africa accurate statistics are not easy to come by

Yehualshet Mekonen

Yehualshet Mekonen (African Child Policy Forum) spoke about his organisation and its mission. He situated his presentation within a rights-based approach, noting that with the adoption of the Convention on the Rights of the Child in 1989, children were put on the agenda in a way they had not been before.

He argued that this Convention was not Africa-focused and thereby missed Africa-specific issues, e.g violence towards children, harmful traditional practices, internal conflict and displacement etc.Therefore the African Convention on the Rights and Welfare of the Child was adopted. He noted that the promotion of a healthy life has been put on the agenda of many African governments and that six of the MDGs relate directly to children. He also commented that children's health is linked to "A World Fit for Children" and the 1990 World Declaration.

This led to the "Africa Fit for Children" plan of action. He pointed out the huge discrepancy in budget allocations to health issues across Africa.

The Convention on the Rights of the Child is not Africa-focussed and thereby misses Africa-specific issues

Even in resource-richer countries resources are not always provided. The majority of African countries invest far more into education, at the expense of health, and this ought to be borne in mind when developing an advocacy plan. He called for more evidence to highlight the magnitude of the problem and stressed the need to understand and adapt strategies for local contexts.

Stefan Gilbert

Stefan Gilbert (IDASA) presented advocacy strategies. He asked whether one should seek to influence the process (decision-making), the outcome (decisions/actions), or both in order to reach the objective. He noted that the choice of advocacy strategy would depend on the topic:

- Is it sensitive?
- Is it a current issue?
- Is the issue specific or general?
- Is the government willing to engage?

He noted that there are various types of advocacy processes and suggested developing a communication strategy and building useful relationships with relevant role-players.

Jeremy Sarkin

Jeremy Sarkin (United Nations Independent Expert) presented on which actors and role-players to reach out to in order to ensure that child eye health becomes a far greater priority.

He said statistics were limited, but that what was available was not always used effectively, nor was eye care in general, let alone child eye care, on the agenda of key organisations. For example, the WHO 2011 report on the Health Situation Analysis in the African Region made no mention of eye care. He noted how important it was to set the agenda, and advocated the use of the human rights framework for putting various rights, including children's rights and the rights of disabled people onto the agenda. He said every country in Africa besides Somalia had ratified the Convention on Child Rights and many had ratified the Convention for the Rights of Persons with Disabilities. Almost all countries are signatories to the African Charter and need to report compliance to the treaty bodies every few years.

An advocacy plan should address different levels including international, regional, sub-regional and national ones

He remarked that treaty bodies can issue general comments (an interpretation of the law). He noted that 7 out of 8 MDGs can apply to eye care. There have been major commitments to the MDGs by African Countries including the 2001 Abuja Declaration – requesting countries to allocate 15% of public expenditure to health, the 2005 WHO Regional Committee for Africa resolution on achieving the MDGs and the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa. He suggested that an advocacy plan should address different levels including international, regional, sub-regional, and national ones. Organisations play roles at a variety of levels including the United Nations, the Commonwealth, Francophone, the Community of Portuguese Language Countries and the Organisation of the Islamic Conference. At the African regional level significant organisations are the African Union, the European Union, the Council of Europe, the Arab League, the Cooperation Council for the Arab States of the Gulf as well as other institutions.

At the sub-regional level there are numerous organisations including the Arab Maghreb Union, the Common Market for Eastern and Southern Africa, the Community of Sahel-Saharan States, and the East African Community. He argued that the goals will determine which organisations are targeted. If the issue is global then large international organisations should be targeted, but for only a few countries in a specific area other organisation might better serve the purpose.

Neliswa Nkwali

Neliswa Nkwali (Treatment Action Campaign) presented TAC's advocacy approach. She differentiated between strategy and tactics and emphasised that goals be defined clearly since a strategy plan was aimed at achieving a particular goal. Tactics are the specific actions used in the schedule of activities. She used the example of a strategy being increased education and awareness around a specific issue with the accompanying tactic as the production of T-shirts with a message to encourage discussion and create awareness. Advocacy is a process of influencing policy and decision-making – action directed at changing policies, public opinion and so on, and could be used to protect rights, challenge abuse etc. She noted that lobbying is a form of advocacy with the intention of influencing decisions made by legislators and officials in government. She gave examples of advocacy and lobbying tools such as letters, flyers, posters, petitions, meetings, parliamentary hearings and submissions. She argued that for a campaign to be successful it had to be simple and specific, and there had to be adequate research and situational analysis to determine what the problem is, and what the strategies, tactics and pressure points are to solve it.

Key issues and themes

By the end of the presentations a number of key issues and themes had emerged. There was consensus that eye care in Africa and particularly eye care for children was woefully inadequate and that a lot needed to be done to rectify the situation. The meeting was clear that only commitment towards collaboration and partnerships between them would realise these objectives. There was an emphasis on the need for full and accurate statistics and data to back up any action plans. This evidence is more important for action on a public health basis and less so for a rights-based approach. Thus, a question that persisted throughout the discussion was whether to do advocacy in public health, or human rights, or both.

A number of participants felt that a connection to a human rights theme with the rights of children as a priority can be clearly linked to child eye health, and that the MDGs give us a very clear and time-bound entry point. The MDGs are currently seen as a useful leveraging tool with many governments, since the date for reviewing the achievement of targets is 2015.

Further discussion

A further discussion covered the best strategies to engage with organisations in order to get eye care issues on the agenda. A debate concerned the level of engagement: should it only be at the national level, or at the international level as well as others?

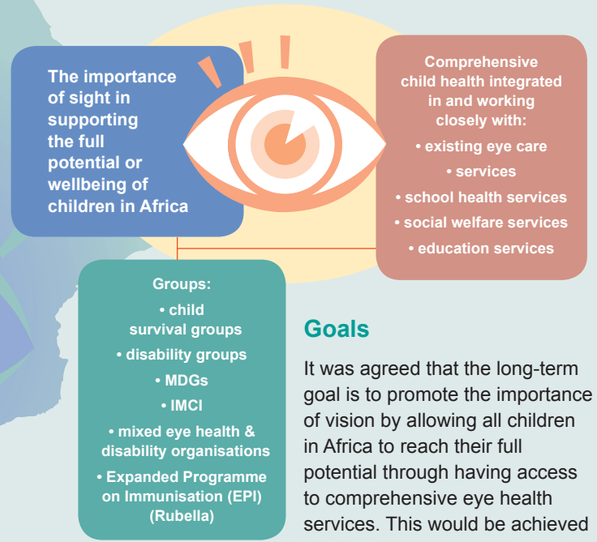
Further questions concerned the strategies needed for different institutions:

- **Should there be a change in tactic depending on the level of organisation to be targeted?**
- **What will resonate most with organisations to galvanise them into action?**
- **How can states be made to realise that they have obligations?**
- **How can we use treaty bodies like the African Charter body?**
- **Will there be a strategy to get organisations with the same agenda (getting child eye health onto the main-stream agenda) to cooperate and work together?**
- **How can this be done in a cost-effective manner knowing that there are limited resources?**
- **How will the message be delivered?**
- **What advocacy should be done in the short-term, medium-term, and long-term?**

It was also clear that one size did not fit all as each country has specific needs to be taken into account. It was also asked what media would be the most useful in Africa. What type of media should be used, recognising that radio is heard by the majority of people and would be a good avenue for galvanising interest for a mass public campaign?

Advocacy plan

The meeting agreed to the following advocacy plan.



Goals

It was agreed that the long-term goal is to promote the importance of vision by allowing all children in Africa to reach their full potential through having access to comprehensive eye health services. This would be achieved by building awareness, changing attitudes and integrating this vision into healthcare delivery systems. The short-term goal would maximise a joint effort by an inter-disciplinary group who could develop a plan to address the long-term goal.

The medium-term goal would be to implement the long-term goal with one or perhaps two pilots.

Strategies

On the issues of the key messages, the entry points or linkages and at what level, it was agreed that there should be various entry points.

- At the international level institutions such as WHO, UNESCO, UNDP, and UNICEF.
- There also ought to be strategies at the regional and sub-regional levels by IAPB, ACPF, and others.
- At the national level the link ought to be through the MDGs which states have already subscribed to and will be under pressure from international organisations to achieve.
- There also ought to be intervention at the district level (e.g. key health workers, midwives, traditional health practitioners) and at the national level (Parliament, Ministries of Education and Health).

The key messages that ought to be given are:

- Children's sight matters – it links to gender equality and

helps ameliorate issues such as disability, poverty, access to education, stigma, exclusions and other issues. The costs of not doing anything ought to be highlighted, so that the burden of blindness can be quantified through the cost of dealing with it early or not dealing with it at all. This should be brought to states' and others' attention.

- Sight can be saved – different messages to different stakeholders around that theme:
  - for example, parents, teachers, midwives, health workers and traditional healers can be informed about sanitation and early intervention.
  - for stakeholders such as civil society or regional government:
    - Saving Sight Saves Money
    - Children are the Future, therefore linked back to investment and cost-benefit.
    - Preserving Sight Saves.

Moving forward

As far as the next steps are concerned the meeting came up with concrete proposals and a process:

- A written report from the meeting will be circulated to all.
- The organisations present at the meeting must go back to their organisations to get a mandate for the organisation to join the process and for them to nominate a person to serve on the task team.
- ORBIS will lead the task team towards the formation of a leadership team.
- Other organisations will be approached to join the initiative.
- There should be an approximate 6 month time-frame to establish the leadership team including:
  - approaching funders for support
  - developing clear Terms of Reference for the leadership group including celebrities and others
  - developing a draft action plan – what celebrities and others to get involved?
  - doing an audit of needs – resources, research, evidence etc.
  - developing a concept note to invite the involvement of targeted organisations
  - finalising the arrangements for the TOR of the Leader ship team at the All-Africa IAPB meeting in 2012.
- After the leadership team is in place decisions ought to be taken on:
  - finding resources to develop a medium to long-term action plan
  - developing a media strategy
  - deciding on possibly two sites in different countries to pilot the advocacy plan (including taking into account that it would be easier to do pilots in places where there is the presence of at least one eye care organisation)
  - from the pilot studies, deciding which parts can be replicated from what is learnt
  - identifying and engaging with role-players and potential partners at international, regional and sub-regional levels.

Conclusions and recommendations

Much needs to be done if the action plan is to be realised. ORBIS has been the key player in terms of organising the processes until now but it was clear that the other eye care organisations are also keen to be part of the process. It is commonly accepted that the potential of the advocacy plan will only be realised through partnerships and joint activities. Momentum needs to be ongoing to ensure that the positive movement and processes agreed to at the meeting are sustained. Ongoing contact and engagement between those who attended the meeting is essential. A list server ought to be established to deal with issues where information on eye care and the developing process is posted.

Getting seed money to develop the action plan and to form the Leadership team is essential. Contacts should be made early to possible funders in both the public health as well as human rights sectors. The MDGs will be a useful avenue to approach funders. Potential partners could also be various international, regional and sub-regional institutions. These institutions should be contacted early to determine whether they would be willing to engage on the issues. A database on contact names and institutions ought to be established to make the process easy. A person who knows the various institutions ought to make contact with them and attend meetings, seminars and other events to bring attention to the issues.

Various articles ought to be published in a range of publications that reach African audiences to bring the issues to the attention of opinion makers across the continent. The media ought also to be contacted, as well as organisations that train the media, to get them to engage on the issues as well. This approach should especially target those media organisations that are involved with human rights issues or train journalists on reporting on human rights.

Attendees

Professor Jeremy Sarkin *Facilitator*

Dr Daniel Etya'ale
Facilitator; Executive Director, IAPB Africa

Michele Angeletti
Capacity Development Officer, Southern Africa, CBM

Barbara DeBuono
President and CEO, ORBIS International

Kate Collins *Assistant Programme Manager, ORBIS EMEA*

Rebecca Cronin *Regional Director, ORBIS EMEA*

Dr Siobhan Crowey
Chief of Health and Nutrition, UNICEF

Reshma Dabideen *Senior Programme Advisor, ORBIS EMEA*

Stefan Gilbert
Governance Specialist: Political Governance Programme, IDASA, An African Democracy Institute

Ronnie Graham *Global Director of Human Resources Development, Sightsavers*

Lori Lake *Commissioning Editor, Children's Institute, UCT*

Yehualshet Mekonen *Senior Programme Manager African Child Policy Forum (ACPF)*

Deon Minnies *Director, Community Eye Health Institute*

Tsholofelo Mpshe
Programme Officer, ORBIS Southern Africa

Kesi Naidoo *Southern Africa Manager, International Centre for Eye Care Education*

Professor Kovin Naidoo *Chair, IAPB Africa*

Neliswa Nkwali
District Coordinator, Treatment Action Campaign (TAC)

Lene Øverland *Director of Programme, ORBIS EMEA*

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