TAKE ACTION:
END AVOIDABLE BLINDNESS



Lang Dai Health Centre. Photo courtesy of Brien Holden Vision Institute.

A TOOLKIT FOR PRACTICAL AND SUCCESSFUL ADVOCACY

HOW TO ENGAGE YOUR GOVERNMENT TO TAKE LEADERSHIP ON SUSTAINABLE EYE HEALTH AND VISION CARE IN YOUR COUNTRY

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> ***Be the change** you want to see in the world.*
>
> *— Mahatma Gandhi.*

IAPB
International Agency for the Prevention of Blindness
Western Pacific Region

VISION 2020
THE RIGHT TO SIGHT
AUSTRALIA



Cambodia – a young girl's visual acuity is tested with an E-chart at the Kirivong Vision Centre. Photo courtesy of Vision 2020 Australia



TAKE ACTION TO END AVOIDABLE BLINDNESS BY 2020

Eye care nurse, Alito, using slit lamp, Timor-Leste. Photo courtesy of RACS.

WHY ADVOCATE TO YOUR GOVERNMENT?

Government support is the key to sustainable development in many sectors. However, for more people to be lifted out of poverty through the prevention and rehabilitation of low vision and blindness, Government ownership is a necessary prerequisite.

Two important factors should be recognised by governments. Firstly, there are clear links between poverty and blindness. Secondly, programs to tackle avoidable blindness are among the most cost effective of all public health programs.

WHAT IS ADVOCACY?

Advocacy is the process of influencing people to bring about change. It's about educating people about a need, and mobilising them to make a change to meet this need. In your case, you will most likely be educating a key decision maker and advocating for a change in policy, increased funds or resources.

You have the power to be a very influential advocate in your own right.

THIS TOOLKIT

This Advocacy Toolkit aims to equip you to bring about change and sustainable outcomes to improve eye health and vision care for the citizens of your country. It will help you to become an advocate or 'change agent' who knows the right questions to ask of the right people to create long-lasting outcomes.

This Toolkit has been developed to help you primarily engage with, inform and influence, government and key decision makers in your country, and other potential donors. It is a practical Toolkit that hopes to give you the necessary tools, advice and resources to create change.

Take action today and become a powerful agent of change to help end avoidable blindness, and improve vision care and outcomes for people with vision impairment in your country.

> ***Advocacy is not an easy road.*** *It may be hard to stay motivated, but don't give up. The rewards may not be instantaneous, but when you are successful the result can have* ***far reaching impacts.***
>
> *— Jennifer Gersbeck, CEO Vision 2020 Australia.*

BLINDNESS - A GLOBAL SNAPSHOT

The World Health Organization (WHO) estimates that globally 232.5 million people live with vision impairment that severely impacts their daily lives[1,2]. Of these, 33.5 million people are blind. Shockingly this could be prevented, treated or cured in four out of five people (80 per cent)[3].

Approximately 90 per cent of the world's vision impaired population live in developing countries[4]. Around 65 per cent of people who are visually impaired are over 50 years of age. As populations age, there will be an increase in the number of people with vision impairment.

Women account for approximately two-thirds (64 per cent) of the world's blind population and access to eye care services for women and girls is not equal to that of men and boys[5].

There are approximately 19 million children who are vision impaired worldwide[6]. In developing countries, approximately 500,000 children become blind each year and approximately 90 per cent of vision impaired children are deprived of schooling.

The global economic impact of vision loss was estimated in 2000 at US$42 billion, rising to US$110 billion per annum by 2020. Failure to address better eye health will limit achievement of the Millennium Development Goals (MDGs), simply because they have such a strong and direct link to vision impairment[7]:

- MDG 1 - Eradicate extreme poverty and hunger: Vision impairment is both a direct cause and a consequence of poverty. Globally, the prevalence of vision impairment is five-fold higher in developing than developed countries.
- MDG 2 - Achieve universal education: Even minor eye conditions can affect people's ability to work and limit children's access to education. The risk of children dropping out of school doubles if the head of the household has a neglected tropical disease (NTD), like trachoma or onchocerciasis (river blindness). It is estimated that at least one third of the world's 72 million children who are not in school have a disability, including those with a vision impairment.[8]
- MDG 3 - Promote gender equality and empower women: Women account for approximately 64 per cent of all blind people globally. In some areas, women and girls are only half as likely as men to be able to access eye care, and procedures like cataract surgery.
- MDG 4 - Reduce child mortality: Approximately 500,000 children become blind each year and up to 60 per cent of children in developing countries die within two years of becoming blind.
- MDG 6 - Combat HIV/AIDS, malaria and other diseases: Activities to eliminate blindness and low vision also contribute to reducing the impact of diseases including HIV/AIDS and malaria. By utilising a public health approach, these activities improve health services including maternal and child health, access to good nutrition and health education.
- MDG 7 - Ensure environmental sustainability: People in developing countries who live with a disability are likely to have lower standards of housing conditions and less access to water and sanitation. Improving water and sanitation is an important element in tackling the eye disease trachoma.

Programs to improve eye health are among the most cost effective health interventions in the world. Even modest funding to eye health can have a huge impact on communities, and on the overall effort to achieve the MDGs.

- An additional investment of only US $2.20 per capita per year for 10 years is required to eliminate avoidable blindness and vision impairment.
- In developing countries, the economic benefits of eliminating avoidable blindness and visual impairment outweigh the costs by a factor of 4 to 1.

Globally, there is also a clear link between blindness and Non Communicable Disease (NCD) control and prevention — particularly in the area of mortality and diabetes. Evidence indicates that greater investments in blindness prevention would yield enormous savings within national health budgets, as well as improvements in mortality and diabetes rates.

1. WHO. *The Global Burden of Disease Study* 2010, 2012.
2. WHO. *Fact sheet 282: Visual impairment and blindness. 2011.* Available: *http://www.who.int/mediacentre/factsheets/fs282/en/*
3. Pascolini D, Mariotti SPM. *Global estimates of visual impairment: 2010.* British Journal Ophthalmology Online First published December 1, 2011.
4. WHO. *Fact sheet 282: Visual impairment and blindness. 2011.* Available: *http://www.who.int/mediacentre/factsheets/fs282/en/*
5. Abou-Gareeb I, Lewallen S, Bassett K, Courtright P. *Gender and blindness: A meta-analysis of population-based prevalence surveys.* Ophthalmic Epidemiology 2001;8:39-56.
6. Pascolini D, Mariotti SP. *Global estimates of visual impairment 2010.* Br J Ophthalmol 2012;96(5):614-8.
7. Ibid.
8. Secretary General's Report on CRC, United Nations Secretary General's Report on the Status on the Rights of the Child (2011) UN Doc A/66/230.

SUCCESS STORIES

The Vision 2020 Australia Global Consortium is a partnership of eight Australian eye health organisations working to eliminate avoidable blindness in Asia and the Pacific by 2020.

In partnership with the Australian Government's international aid agency, AusAID, the Global Consortium implements projects in Vietnam, Cambodia, Timor Leste, Papua New Guinea (PNG), the Solomon Islands, Fiji and Samoa.

Many of the Global Consortium's outcomes have been as a result of successful advocacy and strong alignment with government partners. The outcomes have generated local community ownership and mutual accountability.

Key results in 2010-2011 include:

- 410,000 people have received eye health screenings or consultations
- 75,000 people have undergone eye surgery
- 5,700 people have received spectacles
- 7,800 health professionals have received training
- 50 eye care facilities have been built or renovated.

Three successful in-country advocacy case studies follow.



Australian Foreign Minister Bob Carr visited the Siem Reap Eye Hospital in Cambodia where he witnessed sight restoring cataract surgery. Photo courtesy of The Fred Hollows Foundation.

CAMBODIA

The Fred Hollows Foundation: Australian Foreign Minister visit to Hospital

On 26 March 2012, Foreign Minister Bob Carr visited the Siem Reap Eye Hospital in Cambodia. He witnessed first hand how sight restoring cataract surgery is helping to eliminate blindness in the region.

"Every Australian should be proud of what's being achieved in Cambodia - it's incredible", Senator Carr said. "Through a simple 15 minute cataract operation, the lives of blind people are being transformed. It allows people to live independently and frees up those caring for them so they can return to work or school."

Due to effective advocacy, the Foreign Minister was aware of the efforts to eliminate avoidable blindness in the region, and made himself available to visit one of the programs.

Getting eye health and vision care issues onto the agendas of key decision makers is a clear win. It is this type of governmental support that can truly affect change.



Abilio Da Costa's father brought his son to see the visiting eye team at Baucau Hospital in Timor-Leste. Dominggos, from East Timor Blind Union, has been teaching Abilio to use a white cane. Photo courtesy of RACS.

TIMOR-LESTE

Royal Australian College of Surgeons: Partnering with disabled peoples organisations.

Abilio Da Costa was brought by his father to see the visiting eye team at Baucau hospital in 2010. Since then, Abilio, has been learning to use a white cane with the help of Dominggos, from the East Timor Blind Union. This new skill will allow Abilio to participate in, and access all facets of society.

In Timor-Leste, partnerships between eye health practitioners and disabled people's organisations are effectively helping to address eye health and vision care issues faced by the nation.

The partnerships allow for the provision of disability inclusive development through a referrals system.

Disability-inclusive development sets out to achieve equality of human rights for people with a disability as well as full participation in, and access to, all aspects of society.

Partnering with local disabled people's organisations helps to:

- Improve the lives of those living with a disability through community based rehabilitation, orientation and mobility activities
- Establish valuable two way referral pathways
- Build sustainability across other projects by fostering national government awareness and ownership.

VIETNAM

Increased government funding for eye health and vision care.

Blindness and low vision are major health problems in Vietnam. An estimated 3.1 per cent of the population over the age of 50 years is blind in both eyes, and 13.6 per cent has low vision.

Ongoing advocacy efforts by local and international stakeholders have seen an increase in funding and support by both the national government and provincial governments across Vietnam. National government funding for eye health and vision care increased from VND 400 million (approximately AUD $18,180) in 2010, to VND 1 billion (approximately AUD $45,450) in 2011.

At the provincial level, funding is now being mobilised for eye health. For example, the provincial governments of Hai Duong Province and Ha Giang Province contributed US $35,000 and US $30,000 respectively.



After her son received cataract surgery, Malo's mother says, "Since his eyes were operated, Malo has made much progress at school. Teachers and we are so happy." Photo by Hanh Tran, courtesy of The Fred Hollows Foundation

The Nghe An Provincial government upgraded the Nghe An Eye Centre at the district level.

National and provincial government awareness and support are crucial to the success of eye health and vision care programs in any country. Effective, ongoing advocacy is central to establishing local ownership and garnering community support.

BLINDNESS IN TIMOR-LESTE: COUNTRY PROFILE



An elderly patient recovering from eye surgery in Timor-Leste. Photo by Matthew Newton, courtesy of RACS.

SITUATION IN BRIEF

The upheaval that followed Timor-Leste's referendum on independence in 1999, led to a complete collapse of the country's health system. Since regaining its independence in 2002, the nation has worked hard to restore and improve health services – but great challenges remain.

Timor-Leste is one of the poorest countries in the world, with at least 40 per cent of people living on less than US$0.55 per day. Due to decades of unrest in Timor-Leste, there has been a great shortage of health workers, including trained eye health and vision care personnel.

Working with limited resources, Timor-Leste's Ministry of Health is attempting to reduce the burden of disease that afflicts the majority of the country's inhabitants, while also building medical infrastructure for the future.

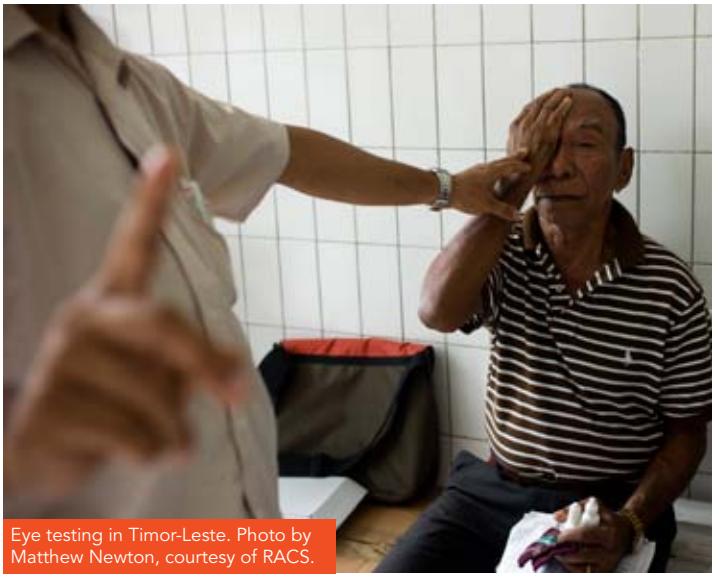
A combination of local and international stakeholders is working to reduce blindness in Timor-Leste.

For example, The Fred Hollows Foundation NZ and RACS is currently working with the Timor-Leste Ministry of Health to develop the country's national eye health strategy to oversee the implementation of a national eye health prevention program.

The eye health and vision care situation in Timor-Leste remains serious. Approximately 2,000 people are going blind from cataract each year, and specialised eye health and vision care services remain scarce.

The East Timor Eye Program was established in 2000 to deliver curative eye care services in the newly formed nation. This included cataract and other ophthalmic surgery as well as the provision of spectacles to people during conflict.

Over the years, programs in Timor-Leste have moved away from service delivery. The focus is now on making Timor-Leste self-sufficient in eye health and vision care by 2015, and aims to eliminate avoidable blindness.



Eye testing in Timor-Leste. Photo by Matthew Newton, courtesy of RACS.

KEY STATISTICS

National PBL committee active No

National plan current 2006-2011 draft plan. A new plan is currently being developed.

Cataract Surgical Rate n/a

Number of Ophthalmologists 5 (1 local, 4 expatriates)

Blindness prevalence over 1 per cent

Main causes of blindness Refractive error, cataract, Vitamin A deficiency, trauma

Total expenditure on health as per cent of total government expenditure 7.8 per cent

Diabetes prevalence 3.3 per cent in adults 40 years and over

Improved drinking water coverage, improved sanitation coverage 69 per cent, 47 per cent

Endemic areas for trachoma No

KEY MESSAGES

- With a population of 1.2 million, over 12,000 people are blind and a further 40,000 people have low vision that affects their daily lives
- Given 80 per cent of vision loss is preventable and treatable, 41,600 people are needlessly experiencing low vision and blindness in Timor-Leste
- Eye conditions not only affect people's quality of life. They also have economic implications for the community and government, through eye and health care costs, and loss of productivity
- Governments can make significant cost savings by preventing vision loss
- Socially, vision loss can needlessly affect people's quality of life and independence. For those people whose vision cannot be restored, quality of life and independence can be improved. Rehabilitation, aids and equipment can successfully enhance vision and improve functionality of those with vision loss.

ADVOCACY ASKS

- There is a great need for routine detection of eye diseases and referral for appropriate care from health facilities outside the capital city. Eye diseases including diabetic retinopathy and glaucoma are prevalent in neighbouring regions
- Insufficiently reliable information systems and reporting systems hinder the ability to improve management, planning and service delivery. Stricter compliance with standard and evidence based guidelines in terms of quality and organisation of eye health service provision is required
- While there is commitment at the policy level to improving eye health and vision care services in Timor-Leste, it remains a low priority within the national health system. Eye health and vision care service provision requires greater resourcing and support from the national level
- There is a need for the provision of sufficient resources to develop the capacity of a mid level eye health workforce to improve quality and accessability of vision and eye health services at the district and sub-district level
- In-country capacity building and supply chain system weaknesses need to be addressed at a national level to strengthen the capacity and resources of the government health system. Addressing these weaknesses will also reduce reliance on international assistance in the provision of eye health and vision care services
- A comprehensive eye health service that includes activities such as vision rehabilitation services. Training and mentoring in orientation and mobility, Braille and vocational skills for patients who cannot be helped by eye surgery is essential, as is supporting NGOs in remote areas with vision rehabilitation activities
- Increased commitment to achieving gender equality among eye health service beneficiaries through increased resources, awareness and training within eye health programs
- Development of rehabilitation, inclusive education and livelihood opportunities for people with permanent vision loss.

FUNDING OPPORTUNITIES AND THE ROLE YOU CAN PLAY

There are multiple players and partners who may fund eye health and vision care projects in your region. The two major players that you could focus on when using this Toolkit are your **National Government** and **WHO and Donor Country Posts** (if in your country).

POTENTIAL FUNDING PARTNERS:

1. National Government: Your National Government can play a critical development role, and perhaps one of the most important roles over the long-term. Changes to your country's health agenda, policy and budget could be the most sustainable outcomes you can achieve to eliminate avoidable blindness and address vision care.

2. Overseas Governments: Governments from wealthier countries like Australia allocate a portion of their budget each year to assist countries in need. This might be through bilateral funding with a partner government, or distributed through individual NGOs or other mechanisms, such as the Vision 2020 Australia Global Consortium.

3. Private donors: Various individuals and corporate organisations form direct funding partnerships with local communities to help in the fight against blindness.

4. INGOs: Various international development agencies work alongside local communities for better eye health and vision care outcomes. Private and government donors fund these agencies.

5. Multilaterals: The World Bank, the Asia Development Bank and the Japan International Corporation Agency are some of the main multilateral organisations that often assist developing countries with program funding.

OTHER PLAYERS:

1. IAPB: The IAPB works to eliminate the main causes of avoidable blindness and visual impairment. It brings together governments and NGOs to plan, develop and implement sustainable eye care programmes and to advocate for national eye health plans and initiatives to strengthen health systems.

The IAPB also delivers capacity-building workshops on advocacy and funds research to inform policy and planning. It supports future leaders in eye health through: opportunities to take part in conferences and training; assistance to promote and support data collection; guidance for effective program monitoring.

It is led by a Regional Chair, and co-chairs are responsible for sub-regions across the Western Pacific.

2. WHO and Donor Country Posts: The WHO Regional Office for the Western Pacific is located in Manila, Philippines, and the WHO Regional Office for South-East Asia is located in New Delhi, India. There are AusAID posts located in Phnom Penh, Cambodia, and Hanoi, Vietnam.

These posts, and other country donor posts, may offer funding opportunities.



Sony uses a low vision aid to focus on the words he is trying to read, Cambodia. Photo by Dean Saffron, courtesy of Brien Holden Vision Institute.



Cambodian man having his eyes tested for the first time in a community near Phnom Penh. Photo courtesy of Brien Holden Vision Institute.

FOUR STEPS TO CREATE CHANGE

1

WHO DO I SPEAK TO?

Who are the key decision makers, and how and when should I engage with them?

2

HOW DO I PREPARE?

Identify your priority needs, map out key dates.

3

WHAT DO I ASK FOR?

What are the things I can advocate for, and how and when do I ask for them?

4

WHAT ELSE, WHAT NEXT?

Follow through steps, media, other potential donors.

WHO DO I SPEAK TO?

IDENTIFY YOUR TARGET AUDIENCE

Identify key people who have the greatest influence and interest in the way eye health and vision care is viewed and tackled in your country. Work out who are the decision makers.

Who can make the decisions you want to be made? Who are the individuals or groups that can influence the decision makers?

When developing your list of key decision makers, consider the following questions:

- What are you trying to achieve and within whose agenda does this fall?
- What Department or Ministry has influence over the allocation of budget funds?
- Who are the other individuals and groups that can help you influence decision makers?

Potential decision makers include:

- Prime Minister or President and advisers
- Ministers of Health and advisers
- Director of Public Health
- Medical Superintendent
- Provincial authorities
- Local governments for decentralised countries
- Ministers, departmental staff and relevant officials in related ministries for example Finance, Education, Information Technology, Development, and Environment
- Prevention of Blindness Program Managers in health departments (where established).



Cambodia – Lim Seng demonstrates the use of visual acuity charts. Photo courtesy of Vision 2020 Australia.

Other potential influencers:

- Political leaders, especially those who have raised eye health and vision care in debates, discussed these issues in public, have attended related events, or belong to relevant interest groups
- WHO, AusAID posts and other country donor posts
- Other related Civil Society Organisations, for example: Disabled People's Organisations
- Health professionals — physicians, nurses, community health workers
- Community or religious leaders
- Media, including social media
- Academics interested in eye health and vision care
- Donors and philanthropic institutions
- Business leaders interested in eye health and vision care
- High profile celebrities or sporting personalities.

HOW TO REACH YOUR TARGET AUDIENCE

- Carefully determine who are the most influential decision makers in your country
- You could contact them in a variety of ways – write to them, attend events they may be at, invite them to your events.

WRITING

Write directly to decision makers clearly outlining:

1. That you acknowledge their position, agenda and work
2. Who you are, your organisation and the work you do
3. Your reason for wanting to meet with them, and the problem you want to address
4. The desired outcome that you hope to discuss with them
5. That you would like to meet with them in person.

Also consider providing them with some of the advocacy materials on page 19 of this Toolkit.

Tip:

See page 17 for a sample letter

HOW DO I PREPARE?

GET THE FACTS

Research the context in your country. What is the percentage of people with low vision and blindness in your country? What are the leading causes of low vision and blindness in your country? (Some of this information may be on page eight.)

If there is a National Eye Health Plan, how can you fit within the plan and the activities of the National PBL Committee? Has eye health and vision care been integrated into your country's broader health plan/ agenda? How much of the health budget is allocated to eye health and vision care?

BUDGET CYCLE

When is the budget cycle in your country? Make sure you meet with key decision makers before, not after, budget decisions are made.

OTHER KEY EVENTS

Identify other key dates, conferences and events that relate to your identified decision makers, such as:

- World Sight day
- International Day for People with a Disability
- International Days (Children, Women, Girl)
- World Health Summit regional meetings
- ASEAN Health Ministers Meeting
- ASEAN Summit
- APEC Health Working Group
- WHO Regional Committee meetings
- Asia Pacific Disability Forum
- Diabetes World Congress
- Asia Pacific Association for International Education Conference
- South-East Asia Regional Public Health Conference
- World Congress on Healthy Ageing.

Try to organise a meeting with your identified decision makers and people of influence prior to these key events, so it is on their agenda for when they attend.

Or, if the option is available to attend the event, consider what you could do while there to raise awareness about eye health and vision care. For example: an exhibit, a quick presentation or distribution of promotional materials.



Meas Yath is delighted to be able to see again following sight-restoring cataract surgery in Cambodia. Photo courtesy of Vision 2020 Australia.

PREPARATION IS THE KEY TO SUCCESSFUL ADVOCACY

In preparation for your meetings with identified decision makers and people of influence, practice by drafting responses to the following questions:

1. **What is the current situation for low vision and blindness globally, regionally and in your country?**
   - What data is available on the prevalence and causes of low vision and blindness?
   - What are the key barriers to eye health and vision care services?
   - What are the demographics (statistics, age and gender data) relating to low vision and blindness?
2. **What does the global data say about the links between blindness, poverty and socio-economic development?**
   - How is blindness and low vision prevention and rehabilitation linked to the MDGs?
   - Is there evidence to explain these links within your country?

Tip:

The resources list on page 19 and the Global Snapshot on page four will provide answers for the global context. Information on page seven will help answer questions about your country's context.

*Most importantly, what are the **key priorities, challenges and solutions** that you think should be addressed in your country's future national plan?*



Hong is having his eyes tested for the first time. He hopes glasses will help him see clearly again, southern Vietnam. Photo by Dean Saffron, courtesy of Brien Holden Vision Institute.

3. What are your country's key achievements in the prevention of avoidable blindness and visual impairment and what are the key challenges?

- ➜ Has a National PBL Committee been established?
- ➜ Is there a National Eye Health Plan (NEHP)?
- ➜ If your country has a PBL Committee and a NEHP, what progress has the PBL Committee made and what is the status of the NEHP to date?
- ➜ Has eye health and vision care been integrated into the broader health plan of your country?
- ➜ What percentage of your country's health budget is allocated to eye health and vision care?
- ➜ List three or four challenges faced by the eye health and vision care sector in your country and suggest solutions to these challenges
- ➜ Identify national coalitions, alliances or partners who can support your advocacy efforts, and who may attend meetings or events in partnership with you.

4. What opportunities are there to integrate eye health into broader health, development or other related policies and programs?

Some examples are:

- ➜ Primary health care strengthening
- ➜ NCD prevention and treatment
- ➜ Health financing and work force development
- ➜ Data collection (eg surveys)
- ➜ Other initiatives such as water and sanitation.
- ➜ School health programs with Ministries of Education
- ➜ Access to education and livelihood for people with vision impairment.

WHAT DO I ASK FOR?

What you ask of your key decision makers will depend on your country's context and needs. Think carefully about the specific policies or actions you want to be implemented.

Here are a few things that you could advocate for:

Better data collection: There is a general lack of data available globally. Advocate for funding and support for prevalence surveys and rapid assessments to better inform planning and resource allocation. Advocate to Health Ministries to ensure key eye health data (such as number of cataract surgeries conducted, number of eye health professionals registered) is regularly collected from public and private hospitals. This should be part of an efficient national health information system, with results analysed and shared.

Increased funding: More funding in the health budget that is specifically allocated to eye health and vision care, would be a big step forward.

Childhood screening: Funding allocated to national programs for assessment of vision in childhood. Ideally it would be conducted prior to, or in the first years of school.

School screenings: More funding to increase school participation in the eye screening program, is an effective preventative measure together with resources to promote inclusive education.

Other: Equipment, infrastructure, training, education, research, gender inclusive policy, disability inclusive policy and human resource development.

HOW TO RUN A SUCCESSFUL MEETING

In advance of the meeting with your key decision maker, send a brief and clear note stating the meeting's purpose, objective and anticipated outcomes and benefits. Take the note to the meeting so you can re-state these messages again ahead of the discussion.

Do:

- ✓ **Only invite critical people.** Small sized meetings are best
- ✓ **Find out the role and interests** of each attendee and plan the format of the meeting
- ✓ **Provide attendees with advocacy materials** before the meeting so they know what to expect
- ✓ **Keep the meeting short**
- ✓ **Use problem-solution language.** "We are doing A, because it will solve problem B"; or "We want X to do Y because it will solve problem Z"
- ✓ **Use clear, concise, compelling language** and be precise about what you want
- ✓ **Have stories, facts or data to support claims.** Real-life stories and photographs are powerful
- ✓ **Ask** whether (s)he supports your argument
- ✓ **Be clear,** unambiguous and re-state aloud what you believe was agreed at the meeting, including next steps and their timings
- ✓ **Adhere to and follow** cultural protocols.

Don't:

- ✗ **Tell him/her what to do**
- ✗ **Be rude, critical, pushing or threatening**
- ✗ **Overstate your position or influence**
- ✗ **Use jargon or acronyms**
- ✗ **Waste your valuable meeting time** — leave behind DVD's and brochures for viewing later, to allow for as much discussion as possible during the meeting
- ✗ **Use too many statistics.** Instead focus on people's stories and how the issues impact them
- ✗ **Talk too quickly or quietly**
- ✗ **Assume they understand everything.** If your information is technical, ask politely if they would like further details or explanation
- ✗ **Forget to follow-up** with a telephone call or a thank you note, which includes a summary of key outcomes from the meeting and any next steps.



Dr Marcelino with a patient in Timor-Leste. Photo by Matthew Newton, courtesy of RACS.

WHAT ELSE? WHAT NEXT?

CULTIVATE AND INVESTIGATE

The two most important next steps after meeting with your key decision makers and people of influence are:

1. Follow up and stay in touch, cultivate the relationship and ensure promises are kept
2. Look for future opportunities to educate decision makers or influencers. For example, international days such as World Sight Day; International Day of People with Disabilities; Ministerial events; major national health events; regional events; education and training seminars and media opportunities.

MEDIA ENGAGEMENT

Engaging your local or national media can be a very effective and powerful way to reach your key decision makers and influential people. Most key decision makers are very aware of what goes on in the media. Journalists often like:

- Information that is new, 'a first', shocking, exciting, unusual, quirky or fun
- Stories about real people and real needs: human-interest stories and interviews with ordinary people
- Opportunities to obtain interesting photographs
- The involvement of celebrities, politicians, religious leaders, businesses or schools
- Stories that relate to key events, such as World Health Day, World Sight Day or International Day of People with Disabilities
- Links to major stories that are already in the news.



The disability inclusive program of Caritas Takeo Eye Hospital ensures people with all sorts of disabilities are able to access quality eye care. Photo courtesy of CTEH/CBM.

Tip:

Use the draft media release on page 18 to help engage your media with a news story.

Do:

- ✓ **Build a strong rapport** with media contacts and foster relationships
- ✓ **Respect** and meet the media's deadlines
- ✓ **Distribute media releases** or notifications far enough in advance for media to respond and cover the story before deadlines
- ✓ **Understand** each media's needs, interests and agendas
- ✓ **Identify, then equip** confident and credible media spokespeople with key messages, stories and facts
- ✓ **Be responsive,** but do take time to ensure you are supplying information that is accurate and approved for publication
- ✓ **Keep the story concise** and use quotes from spokespeople
- ✓ **Act wisely** so that the media does not spoil any relationships you have built with people of influence.

Don't:

- ✗ **Exaggerate,** overstate or mislead
- ✗ **Forget you are representing your organisation,** not yourself, so keep personal opinions to yourself
- ✗ **Ever threaten or be rude** to a journalist. Bad media coverage can sting. However, if an error is published, you are within your rights to raise the issue. Just do it sensitively or choose to ignore it if the relationship is more valuable
- ✗ **Expect a journalist to cover your story** just because you think it's good
- ✗ **Feel obliged** to hand over confidential or sensitive information just because the journalist insists. Ensure you have approval to do so first, otherwise offer an alternative
- ✗ **Promise something** you can't deliver
- ✗ **Discuss anything** that you don't want reported.

SIX THINGS TO DO IN THE NEXT FOUR MONTHS

Here are some tick-boxes to help keep you on track.

Investigate:

- ☐ 1 Identify your two main advocacy priorities to improve eye health and vision care in your country
- ☐ 2 Identify two key decision makers who you think could best help you achieve your two priorities
- ☐ 3 Research when is the best time to engage with the two decision makers and book a meeting following the steps on page 11 and 14

Prepare:

- ☐ 4 Prepare your material for the meeting following the steps on page 12-14

Engage:

- ☐ 5 Confirm, then attend your meeting
- ☐ 6 Send a thank you, including confirmation of next steps and outcomes



Hieu, 10, is now back at school after bi-lateral cataract operations, Vietnam. Photo by Ngoc Vo, courtesy of The Fred Hollows Foundation.

SAMPLE LETTER

[Ministry Name and Address]

[Date]

Insert your logo or print on your agency letterhead

Dear Honourable Minister,

RE: OPPORTUNITIES TO IMPROVE EYE HEALTH AND VISION CARE IN *[COUNTRY]*

I am writing on behalf of *[Agency Name]* to highlight a unique opportunity for the Government of *[Country]* to take part in global efforts seeking to end avoidable blindness and vision impairment by the year 2020.

We would like to meet with you to discuss the various possibilities of how the Government of *[Country]* could play a leading role in addressing a serious global health and development issue. In particular, we would like to explore potential opportunities around *[Insert main item for discussion eg. improved integration of eye health and vision care into the broader health system]*.

The World Health Organization estimates that 232.5 million people worldwide live with visual impairment. Of these, 33.5 million are blind, and 90 per cent live in low-income countries. Yet, 80 per cent of visual impairment is avoidable: problems that could be prevented or treated using known and cost-effective methods. Or to put it another way, four out of five people who are blind do not need to be. And the remaining 20% who cannot be helped by intervention need to be given access to wider opportunities in rehabilitation, education and livelihood opportunities.

[Insert country situation, key statistics or key messages]

The impacts of blindness and vision loss are significant for individuals and governments. Aside from the clear health and humanitarian imperative, there are enormous economic and productivity benefits from improving people's vision.

The global economic impact of vision loss and impairment was estimated in 2000 at US$42 billion, rising to US$110 billion per annum by 2020. Failure to address this issue will also limit countries' achievements of the Millennium Development Goals — the prevention of blindness can be linked to many of these goals.

[Agency Name] stands ready to support the *[Ministry Name]* as you consider the opportunity to tackle avoidable blindness and visual impairment in *[Country]*.

[Name of Executive/Personal Assistant and position title at Agency Name] will contact the *[Ministry Name]* within the week to organise a suitable time to meet.

Please find enclosed materials *[list those you will enclose – For example: DVD, brochures, policy paper, fact sheets]* providing further details on this issue for your information.

Yours sincerely,

[Signature]

[Name and Position]

SAMPLE MEDIA RELEASE

MEDIA RELEASE — FOR IMMEDIATE RELEASE

[Date]

Insert your logo or print on your agency letterhead

GRAND VISION FOR WORLD SIGHT DAY

Some 80 per cent of blindness and vision loss is preventable or treatable – that's the key message *[Agency Name]* is urging the *[Country]* Government to get behind World Sight Day this year.

World Sight Day is an international day of awareness that focuses on the global issue of avoidable blindness and vision impairment.

World Sight Day is coordinated by Vision 2020: *The Right to Sight*. Vision 2020 is a global initiative for the elimination of avoidable blindness, a joint initiative of the World Health Organisation and the International Agency for the Prevention of Blindness.

World Sight Day aims to highlight that globally, approximately 232.5 million people are vision impaired; 33.5 million are blind close to 200 million have low vision yet 80 per cent of all vision impairment can be prevented, treated or cured by cost effective means. About 90 per cent of the world's vision impaired people live in developing countries, and vision impairment can often mean decreased life expectancy and a life in poverty. However this can be changed through providing access to opportunities in rehabilitation, education and livelihood opportunities.

With just *[xx weeks/months]* to go until the internationally celebrated day on *[date of second Thursday]* October, CEO of *[Agency Name], [Name of CEO],* hopes the eye health and vision care sector, and the national government, will rally to raise awareness of this important message.

[Insert quote about the day/event. For example: "World Sight Day is an important date on the calendar to encourage people to think about eye health and this year the focus will be on prevention and encouraging people to get their eyes tested," [Name of Agency CEO] said.]

[Insert quote about what will be happening on that day/event around your country and region. For example: "There are a range of activities being developed to encourage the sector to get involved and spread the word," [Name] said.]

[Insert quote about what opportunities the day/event provides for advocacy. For example: "We are excited about the opportunity that World Sight Day offers not only for the sector and national government to unite, but also to encourage all people to look after their eyes," [Name] said.]

On World Sight Day, *[Agency Name]* will host a *[event]* to celebrate and bring awareness to the importance of eye health and vision care in *[Country]*.

[Insert quote on the importance of the event. For example: "The event will be an important advocacy event to deliver World Sight Day messages to parliamentarians and key decision makers," [Name] said.]

This year, politicians across the country have come onboard to help spread the word about prevention. *[Names of politicians]* have agreed to *[insert something about how your agency has engaged politicians]*. As part of their role, the politicians will be promoting the 80 per cent message through their own websites, participating in media opportunities and raising awareness through social media channels.

For more information about World Sight Day visit our website at *[website address]*.

ENDS

For further information contact:

[Contact details of media liaison person]

ADVOCACY AND SUPPORT MATERIALS

All of these materials could assist in building your case to present to key decision makers. They are available online using the below links. You can also obtain these materials from your IAPB Regional Coordinators.

GLOBAL EYE HEALTH RESEARCH PAPERS, FACTSHEETS AND AID DELIVERY PAPERS

- *Price Waterhouse Coopers, Three Rivers Consulting, The Price of Sight: The Global Cost of Eliminating Avoidable Blindness.* *www.hollows.org.au/our-work/the-price-of-sight*
- *Ending Avoidable Blindness: A Positive Return on Investment* *www.hollows.org.au/sites/default/files/pdfs/other/FHF_factsheet3_returnoninvestment_english.pdf*
- *Neglected Tropical Diseases & Eye Health: Building a Vision for Health Systems and Partnerships* *www.hollows.org.au/sites/default/files/pdfs/other/FHF_factsheet1_tropicaldiseases_english.pdf*
- *Millennium Development Goals* *www.un.org/millenniumgoals/*
- *Eye Health: Building a Vision for Health Systems and Partnerships* *www.hollows.org.au/sites/default/files/pdfs/other/Eye_Health_vision_building_health_systems_partnerships_201205.pdf*
- *National Eye Health Plans and the status of Prevention of Blindness Committees of Western Pacific Region countries* *www.iapbwesternpacific.org/*
- *WHO Zero Draft "Universal Access to Eye Health: A Global Action Plan, 2014-19"* *www.who.int/blindness/Zerodraftactionplan2014-19.pdf*
- *WHO, Action Plan for the prevention of avoidable blindness and visual impairment 2009-13* *www.who.int/blindness/ACTION_PLAN_WHA62-1-English.pdf*
- *Commonwealth of Australia, An Effective Aid Program for Australia: Making a real difference — Delivering real results, 2011* *www.ausaid.gov.au/Publications/Documents/AidReview-Response/effective-aid-program-for-australia.pdf*
- *Commonwealth of Australia — AusAID, Development for All: Towards a disability-inclusive Australian aid program 2009-14, 2008* *www.ausaid.gov.au/publications/documents/dev-for-all.doc*
- *CBM, Disability Inclusion in Eye Health Programs* *www.cbm.org/disability-inclusive-eye-health*



Dr Andreas Kreis and Gil perform surgery in Timor-Leste. Photo courtesy of RACS.

KEY CONTACTS

- VISION 2020: *The Right to Sight* website: *www.v2020.org*
- Vision 2020 Australia website: *vision2020australia.org.au*
- IAPB Western Pacific Region: *www.iapbwesternpacific.org*

For further assistance with your advocacy activities please contact your IAPB Western Pacific:

Regional Chair, Dr Richard Le Mesurier

IAPB Western Pacific Regional Program Manager, Damian Facciolo, at dfacciolo@iapb.org.

BE A CHANGE AGENT

HELP ELIMINATE AVOIDABLE BLINDNESS

AND ADDRESS VISION LOSS BY 2020



A woman from central Vietnam smiles because she can now see after many years without sight. Photo by Brendan Esposito, courtesy of The Fred Hollows Foundation.

IAPB
International Agency for the Prevention of Blindness
Western Pacific Region

www.iapbwesternpacific.org

VISION 2020
THE RIGHT TO SIGHT
AUSTRALIA

www.vision2020australia.org.au

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Some content contained within has been adapted from similar Advocacy Toolkits.

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