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IAPB

IAPB AFRICA

Human Resources for Eye Health

Regional Advocacy Strategy 2014 - 2018

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Narrative

In Africa there are an estimated 5.9 million people who are blind and 26.3 million who are visually impaired. This is not a challenge that can be overcome by the NGO sector alone or by 'business as usual' approaches. It requires a paradigm shift in how eye health services are planned, coordinated and resourced at all levels, ensuring integration with other health systems.

One of the biggest barriers to this transformation and to achieving progress on wider health goals is the critical shortage of health workers. Health workers are the heart and soul of health systems and yet the world is faced with a chronic shortage – an estimated 4.2 million health workers are needed, 1.5 million in Africa alone. The eye health sector in Sub-Saharan Africa (SSA) is not impervious to the larger health work force crisis, and the shortage of eye health workers at all levels in SSA is particularly alarming.

Across SSA Ministries of Health are developing Human Resources for Health (HRH) plans. Through these plans, countries can move towards having a health work force that has the **right number**, in the **right place**, at the **right time**, with the **right skills,** working together as a **team** to provide the **right services.**

However, in almost all countries in SSA where these HRH plans are being developed, **eye health needs and eye health workers are not being included**.

The reasons for this neglect are complex, but include eye health being seen as a specialist service that has traditionally been addressed by the NGO sector. IAPB believes that this perception must change, and that government Ministries of Health must now recognise that eye health is an integral part of public health, and that **the eye health workforce needs to be planned by governments as an integral part of their overall HRH strategy**.

This strategy sets out how IAPB Africa will influence governments and other actors in Africa so that HReH plans are developed as part of HRH planning.

This strategy was developed by the IAPB Africa Advocacy Task Team with support from The Pressure Group.

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Acronyms

AeHP	Allied Eye Health Professionals
AFCO	African Council of Optometry
AfDB	Africa Development Bank
AOF	African Ophthalmological Forum
APHI	African Public Health Information
AP/HRH	African Platform for Human Resources for Health
AU	African Union
AVRI	African Vision Research Institute
CCF	Country Collaboration and Facilitation
COECSA	College of Ophthalmology East, Central and Sothern Africa
ECSA HC	East, Central and Southern Africa Health Community
GHWA	Global Health Workforce Alliance
HAF	Human Resources for Health Action Framework
HRH	Human Resources for Health
HReH	Human Resources for Eye Health
HRIS	Human Resources Information System
HMIS	Health Management Information System
HSS	Health System Strengthening
IAPB	International Agency for the Prevention of Blindness
ICO	International Council of Ophthalmology
ICEH	International Centre for Eye Health
INGO	International Non-Government Organisations
MDGs	Millennium Development Goals
MEACO	Middle East and Africa Council of Ophthalmology
NECC	National Eye Care Coordinator
OCEAC	Organisation de Coordination pour le lutle Contre les Endemies en Afrique Centrale
OSSA	Ophthalmic Society of South Africa
PEC	Primary Eye Care
PEH	Primary Eye Health
PHC	Primary Health Care
SADC	Southern Africa Development Community
SOAO/WASO	Soceiete Ouest Africaine d'Ophthalmologie
WACS	West African College of Surgeons
WAHO	West African Health Organisation
WCO	World Council of Optometry
WHO	World Health Organisation
WHO-AFRO	World Health Organisation: Africa Regional Office
WHO-IST	WHO Inter-Country Support Team

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Aim

Everyone in the Africa region has access to skilled and motivated eye health providers.

Change Objective

Every country with an HRH strategy has an HReH strategy integrated within it.

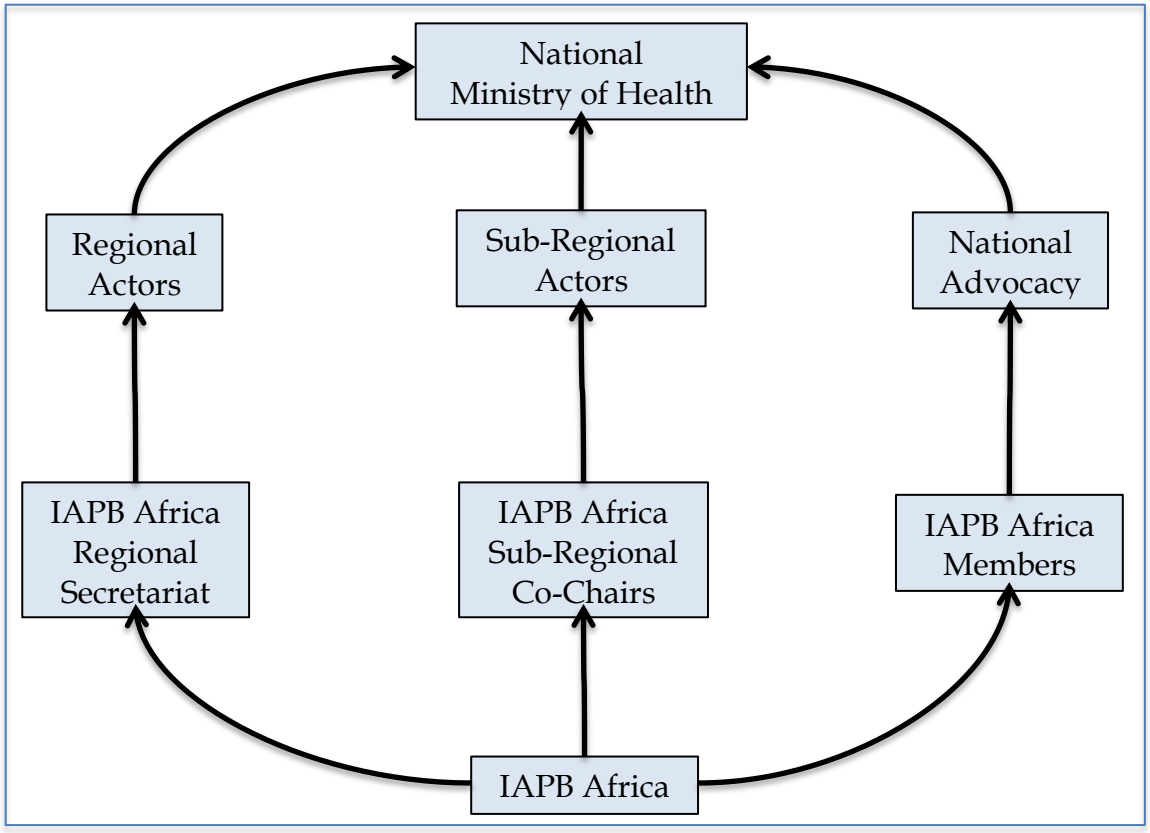
Influencing Strategy

The change objective can only be achieved at a national level through the decisions and actions of Ministries of Health.

The purpose of the regional advocacy is to

- Support IAPB members to develop and implement effective national advocacy plans.
- Ensure that national health ministries are encouraged to act by the positions adopted and/or the technical support offered by key regional and sub-regional actors.

Figure 1: Summary representation of IAPB Africa influencing strategy



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Supporting national advocacy

To encourage and support members to develop and implement national advocacy plans, the IAPB Africa office will:

a) Produce and make available to all members a simple guide: "How to develop a national advocacy strategy on HReH". This can be used in conjunction with the previously published IAPB resources "Advocacy for Eye Health: A Practical Guide" and "Advocacy Training Manual".

b) Identify and train five local consultants (one from each sub-region) who can act as Advocacy Advisors to national HReH advocacy coalitions.

c) Provide seed funding of $3,000 each to five countries (one from each sub-region) as a contribution to the costs of that country coalition developing and implementing their advocacy plans, including employing the Advocacy Advisors on a consultancy basis. It is hoped that members operating in that country will contribute funding to at least match that seed fund. Each year will see a different set of five countries selected to receive the seed funding, so that at the end of five years, 25 countries will have had financial support from IAPB Africa to develop their national advocacy plans.

d) Prepare some core materials that can be used directly or adapted for use in national advocacy work, including:

- Position paper – a short (1 or 2-page) document setting out the case for developing an HReH strategy as part of an overall HRH strategy.
- Technical papers – short documents (no more than 4 pages each) expanding on aspects of the position paper, explaining and justifying them more fully. These could include papers on the social and economic burden of eye disease, relevant regional and international policy frameworks, the human resources gap in eye health, cost-benefit analysis of eye health interventions, and HRH research findings and how they apply to eye health.
- Infographics and other audio-visual materials.

Regional Engagement

There are many regional actors that we could engage with to win their support for HReH, but given our limited resources we will prioritise engagement with:

- WHO-AFRO
- AP-HRH
- Regional Professional Associations (AOF, AFCO and MEACO)
- Global Professional Bodies (ICO, WCO)
- African Development Bank
- African Union

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Sub-regional Engagement

Recognising that each sub-region is different and will need a tailored approach, we will prioritise our engagement with:

- WHO-ISTs
- Sub-regional Economic/Health Communities
- Sub-regional Professional Associations

Table 1: Summary of regional and sub-regional advocacy engagement

	UN Agencies	Inter-governmental political and health bodies	Professional bodies	Other
Regional	WHO-AFRO	AU	AOF AFCO MEACO	AP-HRH AfDB
Southern/Eastern Africa	WHO-IST (Zimbabwe)	SADC ECSA HC	COECSA OSSA	
Central Africa	WHO-IST (Gabon)	OCEAC	SOAO/WASO	
West Africa	WHO-IST (Burkina Faso)	WAHO	WACS	

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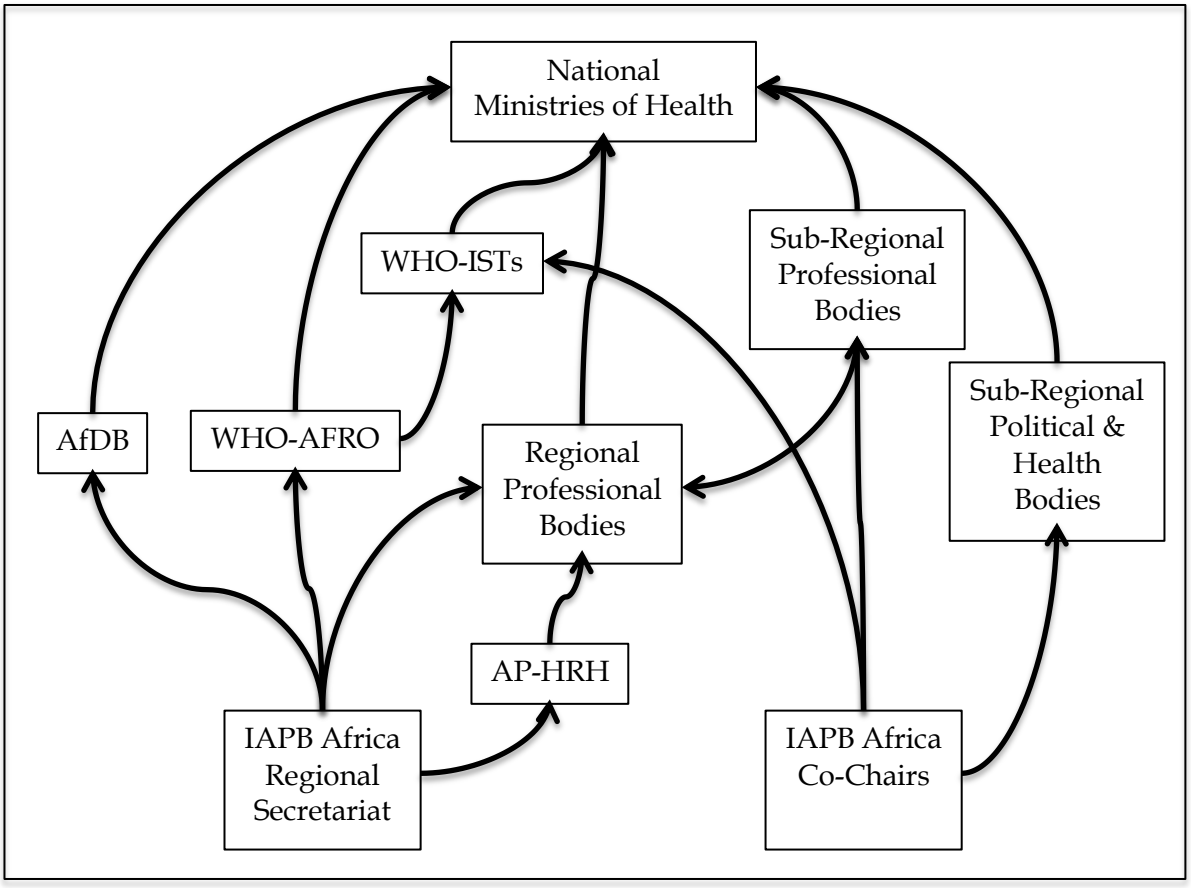
This regional and sub-regional advocacy strategy is represented in the influence map in Figure 2 below.

Figure 2: Regional & Sub-Regional Influence Map



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Messages

Our main message, which we shall try to get across in all our communications, can be summarised as:

> **"Effective and efficient health systems need eye health workers integrated into all levels of care"**

with some secondary messages that can be used as appropriate:

- "Investing in eye health promotes social and economic development"
- "Eye care services are currently available to less than 30% of the African population"
- The crisis of eye health in Africa can only be solved with the development of a comprehensive eye health workforce"
- "No county in SSA is expected to achieve Vision 2020 eye health workforce targets without further intervention"

Action Plans

Rolling action plans for engagement with each of the target audiences will be set out in a separate document, which will be updated on a regular basis.

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Risks and Assumptions

Risk	Probability (1 – 5)	Severity (1 – 5)	Risk factor (1 – 25)	Mitigation plan
HReH plans developed as part of national HRH plans but governments fail to support the HReH plan.	3	3	**9**	1. Regional advocacy to increase health budgets 2. Sub-regional advocacy to influence governments 3. Advocacy materials made available 4. Technical expertise made available to support national planning 5. New advocacy cycle to press for full implementation
Insufficient buy-in from members to engage in national advocacy	2	4	**8**	1. Generate support from CEOs through enhanced communications 2. Lead agency identified at country level 3. Lead agency training 4. Matched funding from national coalition
Unable to recruit Advocacy Advisors with the required range and level of skills	2	3	**6**	1. Clear selection criteria 2. Effective training of AA 3. Lead agency identified at country level 4. Lead agency training 5. Matched funding from national coalition
Unable to secure sufficient funds to deliver national advocacy	1	3	**3**	1. Quality of advocacy plans 2. Demonstrate what success looks like. 3. IAPB funding available 4. In-country funding proposals 5. Robust management of budgets
Evidence for HReH not sufficiently compelling to persuade policy	1	2	**2**	1. Review and improve position papers and basic proposition 2. Generate new evidence in support of proposition 3. Adjust strategy

Key for Risk Analysis table			
Likelihood		Severity	
Very Likely	5	Critical	5
Likely	4	Severe	4
Possible	3	Moderate	3
Unlikely	2	Minor	2
Very Unlikely	1	Negligible	1

Management and Coordination

The delivery of this strategy will be overseen by the Advocacy Task Team, who will be responsible for monitoring progress, making changes to the plan as necessary, and encouraging members to participate in national advocacy.

Day to day coordination will be the responsibility of the Regional Secretariat.

Each regional and sub-regional actor prioritised for engagement will have a designated Contact Manager (most likely an IAPB Africa Co-Chair, Chair or staff member) who will be responsible for planning and coordinating all contacts with that target institution.

Each national HReH Advocacy Coalition/Platform will designate a lead person who will act as the link between the Platform and the Regional Secretariat.

Monitoring and Evaluation

Outcomes

Our strategy will be successful if we can influence key strategic partners to acknowledge the importance of the eye health workforce in:

- Alleviating poverty and promoting social and economic development
- Contributing to the post-2015 MDG objectives.
- Strengthening health systems
- Meeting wider HRH national objectives
- Positioning investment in the eye health workforce as a ‘best buy’

and that this support in influencing Ministries of Health is essential in improving health outcomes and that this cannot be achieved by the INGO sector alone.

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IAPB Africa HReH Advocacy Strategy 2014 - 2018: Action Plan & Monitoring Database:

Target	Q1 2014			Q2 2014		
	Action Planned	Action Taken	Outcome	Action Planned	Action Taken	Outcome
Regional						
WHO-AFRO						
AP-HRH						
AOF						
AFCO						
MEACO						
ICO						
WCO						
AfDB						
AU						
Southern/Eastern Africa						
WHO-IST (Zimbabwe)						
SADC						
ECSA HC						
COECSA						
OSSA						
Central Africa						
WHO-IST (Gabon)						
OCEAC						
SOAO/WASO						
West Africa						
WHO-IST (Burkino Faso)						
WAHO						
WACS						

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Contact Management & Documentation

The Regional Secretariat will establish and manage a Contact Management Database to record and track engagement with all regional and sub-regional target institutions. Any IAPB Africa representative who has a contact with someone from one of these institutions should update the relevant record with details of the type of contact, date, subject and outcome. Not only will this ensure that data is captured for effective progress monitoring, it also safeguards continuity of contact if the IAPB representative is unavailable.

Reporting

National Platform Leads and Co-Chairs will send regular progress reports to the Regional Secretariat, who will compile and summarise them for sharing with members. The frequency and form of the reports is to be determined by the Advocacy Task Team.