

**Global Action Plan 2014-2019**  
**- Advocacy lessons, GAP highlights**  
**and implementation.**

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**IAPB Council of Members Meeting**  
**September 2013, Brighton**

# Overview

1. GAP 2014-2019 Advocacy strategy and lessons learned
2. GAP – key elements, 25 percent reduction target, indicators
3. GAP Implementation - what is needed and how can NGOs contribute?

# 1. GAP 2014-2019 – Advocacy Strategy

## **Global Action Plan 2014 -2019 – Advocacy Strategy**

- Goal - secure new, improved global action plan, strong member state leadership and support, increase profile, and set up groundwork for implementation.
- Comprehensive advocacy strategy, targeted for each stage.
- 20 month time frame – several key stages:
  - WHO EB Decision (January 2012)
  - WHA advocacy (May 2012)
  - EB approval (January 2013)
  - WHA resolution and GAP approval (May 2013)

# 1. GAP 2014-2019 – Advocacy Strategy (2)

## **GAP Advocacy Strategy - Approach**

- Detailed strategy with specific objectives for each stage
- Understanding environment, process, and sensitivities
- Clear mapping of approach, activities, targets, roles, timeframes
- Focus on member state leadership and engagement
- Strong networking with governments, and coordination across Geneva, regions and countries
- Clear messaging and advocacy tools and materials
- Leadership, governance, IAPB teamwork
- Constant communication and support

# 1. GAP 2014-2019 – Advocacy Strategy (3)

## **GAP Advocacy Strategy – Objectives**

- Stepping up IAPB advocacy and testing a project based approach.
- Securing EB decision on development of new GAP.
- A GAP development process with full opportunity for member state and NGO consultation, collaboration and input.
- A high quality GAP with appropriate target and indicators.
- Strong member state support at WHA for the GAP and WHA resolution.
- Broaden range of countries engaged on and committing to eye health in global context.
- Establish the foundation for follow up work on implementation.

# 1. GAP 2014-2019 – Advocacy Strategy (4)

## **GAP Advocacy Strategy – Achievements**

- WHO Executive Board Decision (Jan 2012)
- Sound GAP development process
- Effective member state and NGO input
- High quality GAP, with a clear hard target and indicators.
- Increased profile and credibility of IAPB and eye health NGOs
- Relationships with MS and their health, foreign, and development ministries.
- Strong MS support for GAP and the WHA resolution
- Groundwork for engaging with governments and WHO on GAP implementation and other eye health initiatives.

# 1. GAP 2014-2019 – Advocacy Strategy (5)

## **GAP Advocacy Strategy – Lessons learned and critical success factors**

- Clear, deliverable time bound goals essential
- Understanding WHO and MS processes and constraints, key players, global health agenda and competing and complementary issues.
- Leadership and professional approach.
- Making the right connections, careful preparation and execution.
- Committed, motivated WG members, advocates and partners.
- Investment of resources, funds and expertise.
- NGO participation e.g. at key WHO meetings, consultations.
- Quality advocacy events, materials and tools.

# 65<sup>th</sup> World Health Assembly - Advocacy



The Delegation of Australia and the International Agency for the Prevention of Blindness (IAPB)

Invite you to a lunchtime seminar during the 65th World Health Assembly

### HEALTH SYSTEMS DEVELOPMENT - STRENGTHENING CAPACITY THROUGH PARTNERSHIPS

Health systems development is important for meeting current and emerging health challenges. Avoidable blindness and vision loss affects millions of people worldwide and provides a powerful entry point to health systems development and the role of partnerships in addressing global health issues.

Eye health has synergies with the MDGs, addressing communicable and non-communicable diseases, primary health care, water, sanitation, development assistance, and workforce issues, and can benefit from collaborative approaches.

A distinguished panel of speakers will provide insights from Australia, Thailand, Sri Lanka and globally, and outline strategies for work, as well as opportunities for the broader health and development sectors.

**Chair**  
Dr Theer S. Neejaprasert, Former President IAPB, former Regional Advisor

**Speakers**  
Prof. Sawe Nalin PhD, Secretary, Department of Health and Hygiene, Assistant to  
Prof. Mohammad Ghazi Khayri, Chairman, Board of Directors, Comprehensive Health  
Network International (CHN International)  
Dr William H. Miller, President-Elect, International Diabetes Federation  
Dr. Global Program Director, International Center for Eye Care Research

Thursday, 24 May 2012  
12.30 - 14.00  
Galle D1, 3<sup>rd</sup> Floor, Palais des Nations, Geneva

Registration for participants before the start of the seminar.

For more information, please contact: [australia@iapb.org](mailto:australia@iapb.org) or [australia@iapb.org](mailto:australia@iapb.org)





## 2. GAP 2014-2019

- **Vision:** a world where nobody is needlessly visually impaired, where those with unavoidable vision loss can achieve their full potential, and where there is universal access to comprehensive eye care services.
- **Goal:** Reduce avoidable blindness as a global health problem and to secure access to rehabilitation services for the visually impaired
- **Purpose:** Achieve goal through improving access to comprehensive eye health services that are integrated in health systems.
- **Principles and approaches:** universal access and equity; human rights; evidence based practice; a life course approach; empowerment of people with visual impairment.

## 2. GAP 2014-2019 - Key Elements (2)

### **GAP Objectives**

1. Evidence generated and used to advocate for increased political and financial commitment of member states for eye health
2. National eye health policies, plans and programmes for enhancing universal eye health developed and/or strengthened and implemented in line with WHO's framework for strengthening health systems to improve health outcomes.
3. Multi-sectoral engagement and effective partnerships for improved eye health strengthened.



Each Objective has:

- Actions for member states, WHO and international partners; and
- measurable indicators (44 indicators in total, of which 11 are quantitative)

## 2. GAP - Country level advocacy

- Need to agree overall GAP implementation strategy and priorities
- Identify activities, skills, support, budgets, and links to other national and international activities.
- PBL committees, Ministries of Health, other ministries are entry points for Advocacy. In most countries we have some access to decision makers.
- The GAP identifies actions for international partners which can help guide country based advocacy.
- Partnering with other NGOs and institutions at country level based on common objectives is crucial for greater influence.

## 2. GAP Global Target and Indicators

### **Global Target**

- Reduction in prevalence of avoidable visual impairment by 25% by 2019 from the baseline of 2010.

### **Three Indicators (at global/purpose level, to measure progress at national level)**

- Prevalence and causes of visual impairment (linked to Global Target)
- Number of eye care personal, broken by cadre
- Cataract surgery rate and coverage

### **Reporting**

- The WHA resolution report back to WHA through the Executive Board in 2017 and 2020. Need data from countries and relevant research.

## 2. GAP 2014-2019 – The 25% reduction target

- The global target is an excellent advocacy message and tool.
- Need country analysis on gaps to be addressed – opportunity for partnership with governments, WHO and NGOs.
- Scaling up of investment and resources needed – financial, infrastructure, human resources, training, and improvements in other sectors.
- Analysis needed to support implementation and for advocacy to both donors and recipient governments.
- The GAP indicators are essential for measuring progress, to push action, and for accountability. And as an advocacy tool.

## 2. GAP target and indicators – country level opportunities

- Using the Global target - country targets may differ or there may be none at present.
- There are likely significant gaps in countries capacities to collect and report on a target and on indicators
- May need review of what targets currently exist in eye health plans, what data is collected and how, and on quality.

## What can NGOs contribute – next steps?

- An overall implementation strategy and coordination is critical.
  - Where do we focus efforts?
  - Detailed plan on priorities, actions and timeframes and map pathway to achieving the target.
- An IAPB implementation plan – priorities, who will do what, and timeframes.
- Lessons learned from GAP advocacy approach can be useful for implementation and how it is managed.
- Potential areas of NGO contribution can include advocacy to governments, assistance with country level planning, service delivery and investment, data collection and reporting, studies, HR, technical training and infrastructure.
- Need to partner and collaborate with governments at country level, and across sectors and organisations.

## What can NGOs contribute? – The FHF example

At The Foundation we have (as a start):

- ✓ Briefed country managers and staff on the GAP.
- ✓ Included GAP in our strategic organisational and advocacy plans.
- ✓ Started to identify gaps to focus advocacy, partnering and investment at country level.
- ✓ Reviewed contacts with health and development ministries.
- ✓ Started to set up systems to track and report on GAP related work.
- ✓ Continued contribution to the global indicators working group.
- ✓ Funded the field testing of pilot indicators in Latin America. (next presentation by Van Lansingh)
- ✓ Contributed to the development of the GAP focus in the WSD strategy. (covered in next presentation by Zoe Gray)



Thank you. Any questions?