

# ADVOCACY FRAMEWORK PROGRESS REPORT

## OUR JOURNEY TO, AND LESSONS FROM, THE WORLD HEALTH ASSEMBLY RESOLUTIONS 2016–2021

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### 1. EXECUTIVE SUMMARY

Over five-years, The Fred Hollows Foundation – working with the governments of Australia and Indonesia and coalition of sector advocates under the International Agency for the Prevention of Blindness – successfully advocated for World Health Assembly Resolutions on ‘Integrated People-centred Eye Care’ (2020) and new global targets on Cataract and Refractive Error (2021). This new agenda revolutionises eye health as a genuine global population health problem requiring an integrated approach across health and development, and sets the direction for the decade to 2030.

Three key learnings emerged from the five-year process:

- Nothing can be achieved without time, financial and human investment and a coalition of actors working together
- Relationship management is key; stakeholders change and what worked for some will need adapting for others.
- Be clear on what is negotiable and non-negotiable; a flexible approach is important, but so is knowing where your red line sits.

### 2. WHAT WAS THE SITUATION?

#### Global context

In 1999, ‘VISION 2020: the Right to Sight’ was launched and formed the backbone of efforts over the following two decades towards its mission of eliminating avoidable blindness. Over the period, prevention of blindness programs were strengthened through the development of national eye health plans and concerted collaboration and coordination of government and non-government stakeholders with the formation of national prevention of blindness committees. Momentum was maintained through successive World Health Assembly (WHA) resolutions in 2003, 2006, 2009 and 2013; the latter accompanied by the World Health Organization (WHO) ‘Universal eye health: A global action plan 2014-2019’. With its primary call for universal access to comprehensive eye care services, the Global Action Plan set an ambitious global target to reduce prevalence of avoidable vision impairment by 25 percent by 2019 on 2010 estimates. While there had been considerable progress, with some estimates in 2017 showing up to 90 million people having vision loss avoided since 1990, the Global Burden of Disease estimates, produced by the Vision Loss Expert Group that same year, showed efforts off track and not keeping pace with demand.

Today with the benefit of updated data to illustrate the trend unfolding and anticipated to continue back in 2016/17 when this journey began in earnest, the 2020 Global Burden of Disease estimates are instructive. Since 1990, while age adjusted prevalence rates have shown a reduction of 28 percent in blindness, moderate to severe vision impairment has in fact increased by some 2.5 percent. However, looking at the numbers of people affected, globally those living with blindness have in fact increased 50.6 percent and those living with moderate or severe vision impairment have increased by 91.7 percent. Should this trend continue, and in spite of the progress and combined global efforts, the number of people living with blindness or severe vision impairment is expected to double by 2050.

## Internal FHF context

In 2016 under The Foundation's Strategy 2014-2018, the principle strategic advocacy commitment was to 'promote eye health at the national and global level', with the key objective being to drive 'effective in-country and global advocacy that builds political will and drives appropriate eye health financing'. The major global advocacy KPI for the then Global Partnerships and Advocacy (GPA) Division set down by the Board and Executive was to 'shape the Post Global Action Plan and VISION 2020 agenda'.

## The challenge

Combining the Board's directive for The Foundation to proactively shape the future direction; the global trend showing eye health not keeping pace; and as the Global Action Plan was entering its mid-point signalling the time to begin positioning for a future WHA resolution; the GPA Division (now Global Advocacy team) identified the following two overlapping challenges:

- a. How do we influence the power holders towards a new global WHA resolution? The need to establish a position of influence with the WHO and mobilise Member State support.
- b. What should the future agenda contain? The need to unlock innovative new thinking in global eye health to increase scale and generate action.

## 1. WHAT DID WE DO?

### Strategy and approach

To effect change at a global policy level, several key assumptions underwrote our approach. Firstly, this would be a multi-year goal requiring vigilant long-term engagement likely to only be realised in 2020. Secondly, some financial investment would be required to establish both the right position of influence and to establish the evidence base needed for an innovative new approach. And thirdly, it would require close collaboration with a key set of coalition partners with the right advocacy capabilities as FHF would not be able to do this alone.

In 2016, working with the International Agency for the Prevention of Blindness (IAPB), the global eye health peak body, a semi-structured coalition of IAPB members was established forming the eye health sector's core advocacy group. Members included the IAPB, CBM, Light for the World, Sightsavers and The Foundation, and this core coalition remained the primary eye health sector advocates for the duration of the initiative.

The goal was to achieve a new global resolution on eye health at the World Health Assembly in 2019/20 endorsed by all Member States. The WHA is the decision-making body of the WHO, it contains all its Member State Governments and is the principle governing body for global health policy.

While the strategy throughout the process evolved and changed depending on the specific objective at various time points, the overarching strategy was defined as 'flexible and dynamic'. The strategy contained four key components:

- a. Engaging WHO as a key influencer of government and key technical advisor.
- b. Targeted engagement of national governments in-country at capital and diplomatic missions in Geneva.
- c. Broad and targeted engagement with the eye health sector as both an influencer of government and champion.
- d. Targeted mobilisation of Member State champions and supporters.

Each component had points of greater and lesser importance at different stages of the process, were scaled up and down depending on need and often ran in parallel. A relatively small set of advocacy tactics were employed through a range of channels throughout the advocacy process by The Foundation and coalition partners. These included:

- Direct engagement with government ministers, advisors, departmental officials through face-to-face, virtual and telephone meetings.

- Financial and technical support to WHO.
- Staging events at key moments to support the process, celebrate success and promote the process and agenda.
- Mass letters and phone calls to government and diplomatic post at critical touch points in the process.
- Technical support to government, including briefings and talking points.
- Public communications to amplify messages and expand the supporter base.

These tactics and approaches were accompanied by successive advocacy plans with moving stakeholder mapping defining the key targets at the required point. The process as anticipated did not follow a straight line from beginning to end, with a myriad of twists and turns along the way; however, the following key milestones illustrate the journey.

### Achieving 'official relations status' with the WHO

The WHO secretariat supports the delivery of the agenda as set out by the WHA and is the principle advisor to its Member States on health policy, including the agenda at WHA. In order to establish an accountable direct line of communication with the WHO, The Foundation sought to achieve 'Non-State Actor official relations status' – the primary mechanism for formal engagement for NGO's defined by the WHO.

In 2016, GPA led engagement with the WHO Prevention of Blindness team and its coordinator, Dr Alarcos Cieza, to obtain WHO support for The Foundation's application for official relations status to the WHO Executive Board. This required The Foundation to demonstrate past collaboration with the WHO and a current working relationship. In 2017 at its 140<sup>th</sup> session, the WHO Executive Board formally accepted The Foundation in official relations, opening the door to developing a formal collaboration plan between The Foundation and the WHO for the period 2017-2019.

### Commitment to a WHO World Report on Vision

As part of discussions and negotiations with WHO on a three-year collaboration plan and with the sector's goal of a robust new WHA resolution, the idea of a 'world report on vision' arose. World reports are a common method for WHO to assess progress, the current, emerging and future environment and recommended solutions to major global health problems. Eye health had never before had a world report.

Seeing this as a pathway to unlocking an innovative new approach to global eye health, GPA formed a partnership with Sightsavers to majority fund a 'World Report on Vision' and engaged IAPB to partner with other members to meet the remaining funds.

### Securing Member State supporters

With funding secured, the WHO still required member State endorsement to commit WHO technical resources to deliver a 'World Report on Vision'. Coupled with this, The Foundation and coalition partners also identified the need for a group of friendly Member States to support a potential new WHA resolution in the future.

GPA engaged the Australian Government in Canberra, both through the Minister for Health's office and the International Branch of the Commonwealth Department of Health. Drawing upon The Foundation's significant good will in Australia and the Australian Government's strong track record in eye health domestically, in overseas development assistance with the Avoidable Blindness Initiative in the region and history of support for eye health resolutions in the past, GPA secured the Australian Government to be the lead sponsor for an official side event at the 70<sup>th</sup> WHA in May 2017. Working with coalition partners and FHFNZ, a further 12 Member State co-sponsors were secured: Austria, Burkina Faso, China, Cook Islands, Czech Republic, Ethiopia, Guatemala, Indonesia, Kenya, Malta, Pakistan and Tonga. The side event began the process in earnest, achieving a unanimous call on the WHO from over 25 member States present to develop a 'World Report on Vision'.

## Sector support for the World Report on Vision

Between 2017 and 2019, the WHO developed the 'World Report on Vision'; supported by The Foundation as a donor and with its Chair John Brumby officially part of the Advisory Group (led in practice by GPA), a steering committee of eye health experts and a legion of contributors from across the world. Three rounds of consultations in writing, online and face-to-face workshops were conducted by the WHO and GPA facilitated advice from across The Foundation's experts into its structure, content and case studies. GPA with other coalition members also undertook a soft campaign to persuade influential sector leaders to support the 'World Report on Vision' and its new recommended approach. This was critical as the eye health NGO sector in the main would be the key drivers for engaging national governments around the world to consider a shift towards any new direction.

## Securing eye health on the WHO Executive Board agenda

With the World Report on Vision close to completion, an item on eye health had to be requested by Member States for inclusion for discussion on the agenda of the 146<sup>th</sup> session of the WHO Executive Board to be held in early 2020. In January each year, the Executive Board meets to consider and agree on the agenda for the WHA to follow in May. However, in order to get on the Executive Board agenda for consideration, the Executive Bureau, a sub-committee of the Board, meets the previous October to consider requests and agree on the items to be elevated to the Board. Only Member States can apply to the Bureau for items to be considered and applications need to demonstrate broad support from across WHO regions.

This was a critical turning point in the pathway to WHA – Member States are needed to shift from general supporters of the idea to the lead voices and champions of the cause – NGOs have no voice in this space. Should the coalition not be able to secure Member States willing to take the lead or the Bureau not accept the request, the only recourse is to wait for the next cycle in 12 months and try again.

GPA, having anticipated such a turning point arising and with three years of constant engagement and strong relationships with the Department of Health officials responsible for WHO, approached the Australian Government to be the lead sponsor for the resolution. This also required GPA to work closely with the WHO and IAPB coalition to begin considering potential resolution content guided by the direction emerging from the 'World Report on Vision' which, in parallel, was still being drafted. This was critical to enable the Australian Government to have confidence in the position it was being asked to take. At the same time, IAPB engaged the Indonesian Government to co-lead, with Indonesia importantly representing the South East Asia Region and Australia representing the Western Pacific Region. This dual approach enabled a sense of competition and national pride within government and provided the coalition with options should one approach be unsuccessful.

In September 2019, the Australian and Indonesian Governments agreed to co-lead the resolution and submitted the formal application to the Bureau for an item on the Executive Board agenda. Coalition partners also mobilised co-sponsorship from Member States on the Executive Board across all WHO regions: Austria, Burkina Faso, Mexico, Pakistan, Singapore, Tonga and the combined Member States of the South East Asia Region. As a result, the Bureau agreed to include the eye health item for discussion at the January 2020 Executive Board meeting.

## WHO Executive Board endorsement of the resolution

Working with the WHO and the Australian and Indonesian Governments, GPA supported the resolution drafting process, providing advice on key content elements. Our focus centred on including a strong emphasis on equity, the Sustainable Development Goals and commitments on Member States to take action and direct the WHO to provide technical support. Coalition partners mobilised advocacy efforts towards gaining support for the resolution from WHO Executive Board members, targeting both government ministers, ministerial offices and departmental officials in-country and the diplomatic mission in Geneva.

The WHO Executive Board endorsed the resolution on 6 February 2020 and was co-sponsored by Burkina Faso, Eswatini, Ethiopia, Kenya, Israel, Malaysia, Myanmar, Singapore, South Africa, Thailand, Bangladesh, Chile, Peru,

Montenegro, Poland, Turkey, the United Kingdom, the United States and the European Union; totalling over 45 Member States across all WHO regions. This secured passage through to the WHA for formal adoption.

## 2. WHAT WAS THE RESULT?

### A resolution of two parts

Despite the global COVID-19 pandemic emerging in early 2020 and the WHA rightly being focused on responding to the crisis taking hold across every corner of the globe, our resolution was eventually passed. WHA73.4 'Integrated People-centred Eye Care, including preventable vision impairment and blindness' was formally adopted on 3 August 2020. Due to the pandemic, the 73<sup>rd</sup> WHA took an extraordinary decision to allow resolutions that had been unanimously endorsed by the WHO Executive Board to be passed via 'silence procedure' – a motion undertaken through email circulation.

The resolution for the first time, makes an explicit link between eye health and the SDGs, not only with Goal 3 on health, but also Goal 1 on poverty, Goal 4 on education, Goal 5 on gender, Goal 8 on employment and economic growth and Goal 10 on inequality. It draws attention to the disparities in availability and access to eye health services for marginalised groups. Its central commitment is for Member States to implement the recommendations outlined in the 'World Report on Vision' and its primary focus on making eye health part of efforts to achieve Universal Health Coverage and to implement Integrated People-centred Eye Care across the spectrum of services covering health promotion, prevention, treatment and rehabilitation. And arising from the 'World Report on Vision', the resolution recasts eye health as a genuine global population health problem; shifting the expression of eye health being an issue of millions, to a problem affecting billions around the world, that needs a multi-sectoral and whole of government approach to address.

GPA had also been strongly advocating for new global eye health targets to be included in the resolution, as a necessary instrument for setting the global ambition and for monitoring progress. This had not been supported by the WHO initially, and government support had been weak. However, through the coalition, GPA led the formation of an expert working group to determine potential indicators that could be used to form global targets and use this information to engage WHO and the Australian Government.

With much negotiation and an expression of support for global targets by the WHO Director General at the launch of the 'World Report on Vision' in October 2019, the Australian Government agreed to include a directive for the WHO to develop feasible global targets in the WHA73.4 resolution text. Importantly, the wording included direction to focus on both coverage and quality for cataract surgery and refractive error correction and required the WHO to report back to the 74<sup>th</sup> WHA in 2021. This gave WHO the mandate to prioritise the development of feasible targets and a specific timeframe to deliver back to the WHA, both critical elements to GPA's advocacy.

On 28 May 2021, the 74<sup>th</sup> WHA adopted the global targets on Effective Cataract Surgical Coverage and Effective Refractive Error Coverage, of a 30 and 40 percentage point increase respectively or universal coverage for those with a baseline above 70% and 60%, respectively, and for this to apply across all population sub-groups by 2030. This achieved the goal set by the coalition group and delivered the KPI set by The Foundation Board set back in 2016.

### Key learnings

- **Time, financial and human investment and a coalition of actors working together**

Critical to the success of this broad and multi-faceted advocacy initiative, was the recognition from the outset that this would take time, financial and human investment and a coalition of actors working together. The early strategic decision to have an advocacy model that was flexible and dynamic, with a relatively small set of tactics, that could be scaled up and down as needed and deployed by each coalition partner as they deemed fit in their particular setting, was also a critically important decision early on. This overarching strategic approach enabled the coalition to maintain cohesion over the long 5-year period and to adapt to the range of twists and turns throughout the journey.

- **Relationship management**

Another significant factor was diligent relationship management from GPA with the Australian Government as the lead sponsor. Between the WHA side event in 2017 and the passage of the targets in 2021, key officials within the Department of Health had changed four times. With each successive group of officials needing to decide their own priorities and with eye health always being lower on their priority list, relationship management was the key to staying the course. Different tactics also needed to be employed, shifting to engagement with the Minister's office, in order to provide the Department with the mandate to continue.

- **Being clear on what is negotiable and non-negotiable**

Another key challenge was in relation to the targets. With opposition from the WHO and weak support from the lead government in Australia, the coalition also waned in support for fear of losing support for the resolution itself. The Foundation, however, considered targets to be a non-negotiable element in some form to the success of the resolution and maintained strong pressure on WHO and the Australian Government throughout the process. Having assessed options and providing advice in terms known to be acceptable to the WHO and negotiating a phased approach in the 2020 resolution to be revisited in 2021 with the Australian Government, this challenge was overcome. The key learning is to be clear about the negotiable and non-negotiable elements of the advocacy ask and be willing to consider options to work towards a win-win solution.

### 3. CONCLUSION

Advocacy in an uncertain environment, with multiple powerholders and multiple points of influence, must be approached with flexibility built in by design. A coalition approach, with a semi-structured governance model enables actors to work towards a cohesive goal and objectives, while having the freedom to undertake actions aligned to their own strengths.

As a result of this successful advocacy campaign, a new agenda that revolutionises eye health as a genuine global population health problem, requiring an integrated approach across health and development, has set the direction for the decade to 2030. The Foundation has been at the forefront of shaping this global eye health agenda.