



The challenges of advocacy in sub-Saharan Africa



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VISION 2020: The Right to Sight has achieved significant results in its first five years of existence.¹ The factors that contributed to these successes include:

- increased political commitment
- increased commitment from eye health professionals
- increased commitment and support from national and international non-governmental organisations (NGOs)
- increased involvement of, and partnership with, the corporate sector.

However, VISION 2020 has not achieved the same level of success in all parts of the world. In sub-Saharan Africa, where a large number of people still suffer from blindness, national governments have not shown much political commitment. This is despite the fact that they have signed the VISION 2020 declaration, which means that they endorse all World Health Assembly resolutions on the initiative. In addition, commitment from health professionals remains limited to a few converts and the private or corporate sector is only involved at a very basic level. Were it not for the commitment and support of the few NGOs operating there, the initiative would have struggled to make any progress after its launch in 2002.

In the West African sub-region, in particular, the need for advocacy features prominently on the agenda of every meeting or workshop to plan or review national VISION 2020 plans. It is true that advocacy is needed in order to speed up implementation of the plans and make progress towards achieving the goals of the initiative. However, little or nothing happens after these meetings. Two possible causes are:

1 Lack of government commitment.

National governments are expected to lead and be the champions of VISION 2020 in their countries. Unfortunately, governments still need to be on the receiving end of advocacy efforts. They cannot yet be expected to be advocates for VISION 2020. Usually, the coordinator or manager of a country's national programme is responsible for working towards the objectives of national VISION 2020 plans. But these leaders, and their counterparts in other areas of public health, often find it difficult to get support from their own governments.

2 **Lack of know-how.** Advocacy requires planning, strong evidence, and effective delivery of messages – the latter requires strong communication skills. However, most people involved in the implementation of VISION 2020 are health practitioners with

limited knowledge or skills in social communication. Although they may have the ability to put together strong evidence, they may not be able to select the best facts for advocacy and create a coherent message. Their evidence could therefore be of limited interest to, or have limited impact on, politicians or economists. Similarly, selecting the appropriate medium and time for the effective delivery of a message does not figure in the training curriculum of health practitioners.

What should be done

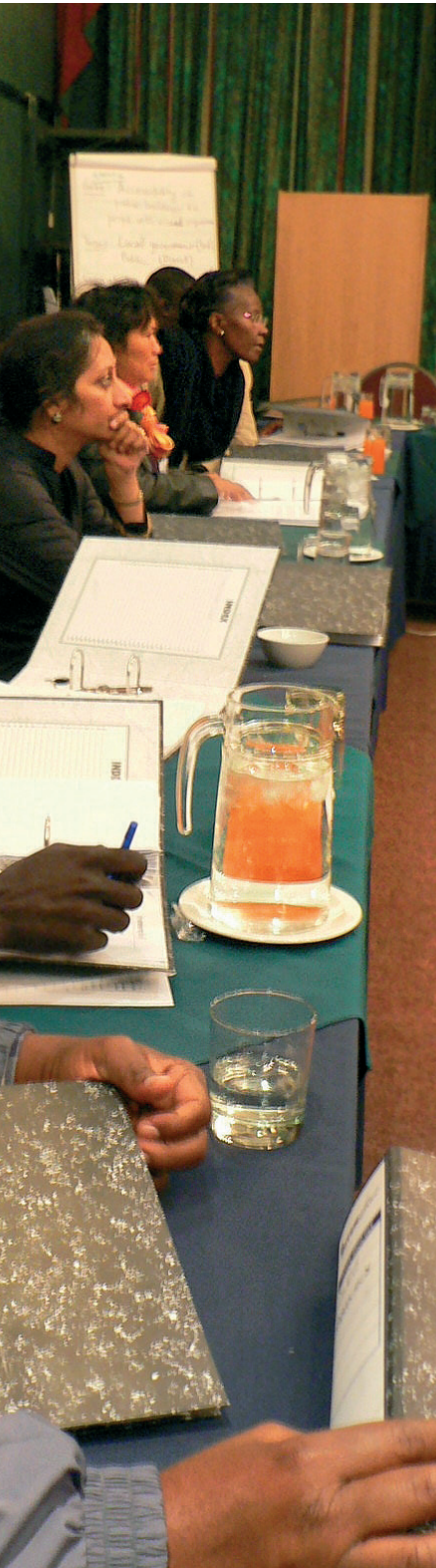
In sub-Saharan Africa at least, non-governmental institutions and organisations need to lead advocacy for change at national and sub-regional levels. They need to form a coalition among themselves and with international organisations, as the power of advocacy will be increased if more people support the same objectives. The coordinator or manager of a country's national programme could lead the formation of such a coalition. He or she should also provide relevant information for planning the strategy and choosing the targets of such advocacy.

Next is the need for practical training or guidance in advocacy. We can learn from human rights and civil society advocacy and also from efforts in other health sectors. For teaching purposes, existing training resources for advocacy can be adapted by adding examples from other, more successful, VISION 2020 programmes.

Lastly, there is the question of evidence. We need credible evidence on the health and economic impact of VISION 2020, which can be defended and explained by the person delivering the message. There is no doubt that this type of credible evidence can change policies and improve funding for programmes. This has been demonstrated with PROFILES, a database approach to advocacy and policy development for nutrition² developed by the Academy for Educational Development. This tool for advocacy uses current scientific knowledge to estimate the cost and effectiveness of proposed nutrition interventions. It combines local data with established statistical models to generate graphs that clearly show the impact of the problem. If such a tool could be developed for eye health, it would help support advocacy on a bigger scale. We need this to obtain both the political commitment and the resources necessary to achieve the objectives of VISION 2020.

References

- 1 State of the World's Sight, VISION 2020: The Right to Sight 1999–2005. Executive Summary. WHO Publication. Geneva 2005.
- 2 Burkhalter BR, Abel E, Aguayo V, Diene SM, Parlato MB, Ross JS. Nutrition advocacy and national development: the PROFILES programme and its application. *Bull World Health Organ* 1999;77(5): 407–15.



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