



International Agency for the Prevention of Blindness

Information pack for lobbying country capitals on MDGs/ Post 2015

For members, supporters, regional and country staff, with attached briefing paper

September 2013 – please note sections of this report will be updated and added to as the process evolves

As the Millennium Development Goals and ‘post 2015’¹ have such a key role in terms of focusing priorities and also directing funds within development, it's very important that members around the world engage in this process to ensure the best possible result for persons who are visually impaired and those at risk of vision impairment. There is massive competition across the world to get different interests incorporated in Post 2015, and it is essential that opportunities are not missed. One of the most important ways to contribute to this is through lobbying government representatives in country capitals around the world to influence the Open Working Group.

This information pack provides:

- A briefing paper with key asks which can be shared with advocacy allies and targets in particular government representatives
- Advice and guidance on advocating on Post 2015, including targeting the Open Working Group, list of member countries, how to approach government representatives, networking etc.
- A brief introduction to the SDGs/MDGs/ “Post 2015” and the Open Working Group
- Background information on the asks and entry points on eye health

¹ the name generally given to the framework that comes after the MDGs reach their deadline in 2015



International Agency for the Prevention of Blindness

Post 2015 Briefing: key asks

IAPB urges governments to promote the following messages in the Open Working Group meetings and key Post 2015 documents and processes:

1. The principles of equality and non-discrimination must be central to post 2015
2. Mainstream disability across the framework with the inclusion of targets and indicators on disability on health, employment, education, participation, protection and all relevant areas
3. Progress universal access to health, with a package of services based on national need, eradication of user fees for the poorest, and prioritising access to health for persons with disabilities
4. Include a target on reducing the burden of disease from neglected tropical diseases and priority non-communicable diseases, and address social and environmental risk factors

Prioritize disability-inclusive development in keeping with the UN Convention on the Rights of Persons with Disabilities (UNCRPD)

It is essential that equality and non-discrimination are central to the framework. This includes ensuring the rights of persons with disabilities are mainstreamed across the new goals/framework – with both targets and indicators on education, health, social protection and all relevant areas, so persons with disabilities are not left behind. Persons with disabilities can face barriers in their access to education, ability to get employment, and enjoy and participate wholly in civil, political and social life without prejudice. For example, in developing countries only one in ten blind children attends school. Further the employment rate among blind and partially sighted persons of working age is only about 25% in high income countries and less than 10% in most developing countries. ‘Post-2015’ needs an explicit focus on human rights, non-discrimination, equality, and reaching marginalised groups. This will require ensuring mainstream programmes reach and are appropriate for persons with disabilities, the use of targeted programmes as necessary, and indicators disaggregated by disability. Poverty eradication and equality cannot be achieved without direct attention to disability. At least one in 7 people has a disability/ disabilities, and most people will have a disability in their lifetime.

Include universal health coverage as a target in the new framework, with a package of services based on identified national need, and ensuring access to the poorest and persons with disabilities

Health needs to retain a central place within post 2015 given that it is a determinant and an outcome of development. Universal health coverage (UHC) must underpin this, as it is a

means to fulfil the right to health by tackling health inequalities, and it requires attention to health system strengthening, to governance, financing and management, and as such sustainability. Without such a target there is a risk of a continued vertical approach which may be appropriate for some control/elimination programmes but is not cost-effective or efficient for non-communicable health conditions.

UHC promotes access to health services for all people. A target on universal health coverage should include a package of services identified by governments based on national need. UHC will not be possible unless user fees for the poorest are withdrawn for at least some basic services, and social determinants/ barriers are addressed. Persons with disabilities may face various barriers to accessing their right to health including technological, mobility, and discriminatory, further accessing health can be particularly costly for persons with disabilities and their families. Special efforts will need to be taken to ensure that marginalised peoples and persons with disabilities can access health promotion and public health campaigns for the prevention of diseases, and are accounted for in addressing social, environmental and health risk factors, such as water and sanitation and transport².

Non Communicable Diseases and the Neglected Tropical Diseases should be incorporated into the Post 2015 framework.

IAPB urges governments to support a focus on mortality and also on morbidity, so the new framework focuses on people living longer and healthier lives. IAPB supports the target in the High Level Panel Report which includes reducing the burden of disease from neglected tropical diseases and priority non-communicable diseases. Further, it is essential that Neglected Tropical Diseases and Non Communicable Diseases are given appropriate attention across the relevant goals of the framework including health, water and sanitation, and nutrition, so risk factors are adequately attended to.

² Extracted from the High Level Meeting on Disabilities, Draft Outcome Document, available on 5th July

Key advocacy opportunities and how to approach lobbying in country capitals

- **One of the most effective ways to influence the Open Working Group and the process as a whole is to lobby relevant government representatives in country capitals (ideally following up with the missions in New York)**

The 30-member Open Working Group on Sustainable Development Goals of the UN General Assembly is mandated by the Rio+20 Outcome document to prepare a proposal on Sustainable Development Goals for consideration by the UN General Assembly at its 68th and 69th sessions (Sept. 2013 + Sept. 2014). The Open Working Group was established on 22 of January 2013. Each seat in the Group is shared by 1-4 Member States. If you would like further detail on this follow this link:

<http://sustainabledevelopment.un.org/index.php?menu=1561>

The Open Working Group has been meeting in New York from March 2013, continuing to February 2014. The agenda is on

<http://sustainabledevelopment.un.org/content/documents/1778Pow2805.pdf>

Relevant sessions include those on: 'Human rights, the right to development, global governance'; 'Sustainable cities and human settlements, sustainable transport'; 'Promoting equality, including social equity, gender equality and women's empowerment'.

Membership of the Open Working Group

Please note: Kenya and Hungary are co-conveners so are key targets. The OWG is co-chaired by Mr. Csaba Kőrösi, Permanent Representative of Hungary, and Mr. Macharia Kamau, Permanent Representative of Kenya. Below is the full list of members in their groupings. If your country is listed, we encourage you to organise a meeting with your government to influence their position at the Open Working Group and on Post 2015 more generally.

1. Algeria/Egypt/Morocco/Tunisia	17. Guyana/Haiti/Trinidad and Tobago
2. Ghana	18. Mexico/Peru
3. Benin	19. Brazil/Nicaragua
4. Kenya	20. Argentina/Bolivia (Plurinational State of)/Ecuador
5. United Republic of Tanzania	21. Australia/Netherlands/United Kingdom of Great Britain and Northern Ireland
6. Congo	22. Canada/Israel/United States of America
7. Zambia/Zimbabwe	23. Denmark/Ireland/Norway
8. Nauru/Palau/Papua New Guinea	24. France/Germany/Switzerland
9. Bhutan/Thailand/Viet Nam	25. Italy/Spain/Turkey
10. India/Pakistan/Sri Lanka	26. Hungary
11. China/Indonesia/Kazakhstan	27. Belarus/Serbia
12. Cyprus/Singapore/United Arab Emirates	28. Bulgaria/Croatia
13. Bangladesh/Republic of Korea/Saudi Arabia	29. Montenegro/Slovenia
14. Iran (Islamic Republic of)/Japan/Nepal	30. Poland/Romania
15. Colombia/Guatemala	
16. Bahamas/Barbados	

How to Approach Lobbying on Post 2015:

- **Networking and inputting into consultations**

Try to establish whether health/ disability or other networks, such as development networks in your country are involved in lobbying on the MDGs/ post 2015 processes. If there are any, get involved or organise new alliances. In many countries national consultations have been held and will be held, so it is important to find out if there is a consultation in your country, and to participate, advocating on the key messages in the briefing. Check also what other IAPB members in your country are doing, as networks can have a greater impact in advocacy.

- **Organising a briefing meeting with government representatives**

Below is some detailed guidance on lobbying government representatives to influence the Open Working Group, it is hoped that it can help aid your preparation:

1. Identify the person/s who will participate at the Open Working Group in New York (perhaps meeting/ contacting the person responsible for health/ disabilities/ blindness for example, a representative on the national prevention of blindness committee, whoever you have the closest relationship with/ or is most influential to help you to establish contact with the relevant person). NB for smaller countries it is likely that participants will attend only from the permanent mission in New York, in that case meet with the most relevant person and ask them to share the information from the meeting with the respective person in New York.
2. Organise a meeting with the most relevant person.
3. If possible establish prior to the meeting the role of your country in the process (Co-convener/ member etc) and general positioning (means to this include reading their country reports/ and statements/ press on the process).
4. Depending on who you speak with the person may lack knowledge on the MDGs/ Post 2015 process, it may help to start the meeting by asking about their involvement and if they appear to lack knowledge on the subject to provide some context about post 2015 and its relevance.
5. Ask the government representative about their governments' policies, plans on the Millennium Development Goals and SDGs/ post 2015.
6. Express gratitude/ support for areas of commonality and discuss any differences, try to identify causes of concerns.
7. Stress the importance of inclusion of the priority issues into the relevant report/s, asking them to raise questions/ make statements at the Open Working Group when they participate.
8. You can share the briefing in this pack with the government representative.
9. Follow up your meeting with a thank you message, if the delegate has agreed to promote some of the issues to the mission in New York, it may be helpful to ask for any feedback (and thus politely reminding them to pick up the phone or contact the relevant representative).
10. We suggest you make a note of the discussions and contact's details and share with IAPB (you can email zgray@iapb.org), so we can endeavour to follow-up with the respective country delegation in New York/ take into account in other responses/ lobbying.

Brief introduction to the SDGs and MDGs/Post 2015 and the Open Working Group

One of the main outcomes of the United Nations Conference on Sustainable Development (Rio+20), held in Rio de Janeiro in June 2012, was the agreement by Member States to launch a process to develop a set of sustainable development goals (SDGs). The Open Working Group (OWG) of the General Assembly is tasked with preparing a proposal on the SDGs. [These goals should contain environment/ economic/ human development aspects, the three dimensions of sustainable development and according to the Rio +20 outcome document these should be integrated with the MDG/ post 2015 framework].

Meanwhile efforts are being continued to reach the goals of the Millennium Development Goals (deadline 2015), and to develop the new framework generally known as 'post 2015' to carry on from the current MDGs.

Although the 'current' MDGs provided some coherence and impetus to donors and governments to move forward on certain specific development goals, with considerable progress across some goals, particularly poverty eradication, the MDGs are widely considered to be flawed: they don't uphold the Millennium Declaration principles of equality and equity, thus not always reaching the poorest or most marginalised people, with no mention at all of persons with disabilities; and health goals and targets are mainly vertical, focusing on specific diseases, rather than taking the more sustainable approach of strengthening health systems. It is hoped that the new MDGs/ post 2015 will be more transformative with equality and rights having a central place.

In terms of the developing the new Post 2015 framework, there are a number of important inputs:

- the High Level Panel Report published in May 2013³
- the Secretary General's annual MDG report to be presented by the Secretary General at the special event in September⁴
- the Outcome Document for the Special Event on MDGs at the UN General Assembly on the 25th September 2013 (currently in draft stage). The event convened by South Africa and Ireland should review progress on the current MDGs but will mainly focus on developing the new 'post 2015' framework. By the end of the meeting the outcome document of the Special Event should be finalised.
- the reports from the Open Working Group (more information on the Open Working Group below)⁵

³ <http://www.post2015hlp.org/the-report/>

⁴ http://www.un.org/en/ga/search/view_doc.asp?symbol=A/68/202

- Sustainable Development Solutions Network Report. Led by Jeffrey Sachs, the SDSN is a global, independent network of research centres, universities and technical institutions that works with stakeholders including business, civil society, UN agencies and other international organizations.⁶
- The Global Compact: The UN Global Compact has been actively involved in ensuring that the views and contributions of businesses and the private sector feed into the post-2015 process.⁷
- National and thematic consultations: There have also been consultations across various themes, and national consultations which have helped inform the reports⁸.

The reports make recommendations on the possible content for the new framework. **However countries, including those who are members of the Open Working Group, will have the main role to determine what actually goes in the new framework.**

As mentioned above the plan is that these two processes will come together. Currently the work on the SDGs falls under the Commission on Sustainable Development. This Commission had a shelf life of 20 years and so will be dissolved and replaced by the High Level Political Forum (the first meeting of the High-level Political Forum on Sustainable Development will be held on Tuesday, 24 September 2013). The expectation is the High Level Political Forum will become the lead on the MDG/SDGs/ Post 2015 framework.

So far, the reports vary greatly in emphasis on issues of relevance to persons with disabilities including, the vision impaired, and for people threatened by/ at risk of visual impairment. In particular the Secretary General's draft report and the interim report on the Open Working Group have a number of weaknesses relevant to this. **There is great competition to get interests accounted for, but much more needs to be done to create the space for eye health and disability rights in the Post 2015 process.**

⁵ <http://sustainabledevelopment.un.org/content/documents/1927interimreport.pdf>

⁶ <http://unsdsn.org/>

⁷ <http://www.unglobalcompact.org/>

⁸ <http://www.worldwewant2015.org/>

Background on the asks and entry points on eye health

Mainstreaming persons with disabilities, including the vision impaired.

In the current MDGs there is not one mention of disability. This means persons with disabilities including the vision impaired, were largely bypassed, and for the most part the MDGs did not tackle inequality. This time around it needs to be different or development cannot be successful, it will not reach the poorest and the most marginalised. The disability community has been successful in getting attention to disabilities in the High Level Panel report HOWEVER there is little or no mention of disabilities in some of the other reports drafted as inputs for the framework⁹. More needs to be done to maintain and increase attention to disability rights. The Open Working Group is a key target now to ensure attention to these issues. Poverty eradication and equality cannot be achieved without direct attention to persons with disabilities. IAPB/ members have an important role to promote access to health (including eye health) for those with disabilities including vision impairment, and to help them to live their lives more fully, by promoting their rights across the framework.

There should be a specific target on achieving Universal Health Coverage (UHC)¹⁰.

Although there is mention of universal health coverage or access to primary health care in some of the reports to inform Post 2015, it is essential that there is a target in the final post 2015 framework to ensure action. Universal health coverage is a means to advance health equality and requires attention to health systems strengthening. Thus progressing towards UHC can have major implications on the health and wellbeing of those at risk of vision impairment or who are vision impaired, in particular those most vulnerable. There are clear links here with the new Global Action Plan¹¹ which has the title 'Towards Universal Eye Health'. The 'GAP' advocates for incorporating eye health within strengthened health systems, and within universal health coverage. In some countries, such as Philippines, eye care is integrated into their minimum package of health care under their national insurance schemes. Successfully advocating for universal health coverage in post 2015, and also emphasising the importance of health systems, gives IAPB/ members' entry points to then lobby on eye health at national level when national priorities are set.

NCDs and the NTDs should be incorporated into the MDGs

Given the extent of the burden on health across the world and of the priority NCDs, diabetes, cardiovascular diseases, cancers, chronic respiratory diseases, and considerable lobbying efforts worldwide, considerable attention is being given in the post 2015 discussions and reports to NCDs. It is important that this focus is maintained, as greater attention to diabetes, will reduce the risk of diabetic retinopathy and further the focus on it at national level provides scope to promote attention to eye health to diabetic retinopathy.

⁹ the draft outcome document for the special event on the 25th September, or the interim report on the Open Working Group

¹⁰ The WHO defines universal health coverage (UHC) as "ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services".

¹¹ http://www.iapb.org/sites/iapb.org/files/A66_11-en.pdf

Neglected Tropical Diseases are also getting a reasonable amount of attention but nothing is guaranteed. It is important to advocate to ensure that NTDs are in the post 2015 framework, to help to maintain and build on the momentum regarding recent successful efforts to combat the diseases onchocerciasis (riverblindness) and trachoma.