

Other strategies we use to support adherence include:

Involving family members or care givers. Making sure that family members or care givers understand what the patient must do, and why, really helps to improve adherence to eye medications, particularly those for long-term conditions such as glaucoma. We always advise elderly patients to come with a care giver if possible. The caregiver is also taught how to apply or instil the medication.

Phone calls. We keep a register of all our glaucoma patients, and we call them within 2–3 months to ask how things are going with the medication. We also try to help solve any problems they have.

Counselling and continuous health education in the community. Peer counselling, via patient groups, is another means to support patients. Clinicians can encourage patients to form associations and share personal experiences with each other. In Ghana, for example, there is an association of patients with glaucoma called the Ghana Glaucoma Patients Association. The GGPA provides education for new patients, invites counsellors

to meetings to address patient concerns, carry out advocacy, and participate in World Glaucoma Week activities to create awareness of glaucoma.

Advocacy for reduction in medication costs. Patients can't be expected to be adherent with medication if the medication is not affordable. In countries with health insurance schemes, it is important to talk to insurance providers and make sure that effective eye medication is included on the list of medicines they cover, or on the national approved list. Another option is to ask for donations from pharmaceutical companies and non-governmental organisations on behalf of those who really need medication but cannot afford to pay for it. Operation Eyesight Universal has set aside funds to support some patients in Ghana who are unable to afford their medication, but this is only a short-term solution. Advocacy is key, and one of the things we are working on right now is advocacy to persuade Ghana's national health insurance agency to add more glaucoma medications to their list.

ADVOCACY



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Inclusion of eye medication in national health care systems

Advocacy for eye medicines is easier with these helpful resources and guidance.



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The World Health Organization (WHO) maintains a model list of essential medicines. The essential medicines include those that satisfy the priority health care needs of a population. The medicines are the most effective, safe, evidence-based available and are comparatively cost-effective. They are intended to be available in health systems at all times. WHO recommends that countries make these medicines available in the appropriate form and dosage, and ensure that they are available, accessible, and affordable to everyone in need. Universal access can only become possible only when medicines are included in a country's essential medicines list and funded by the national health financing system.

The WHO model list of essential medicines includes ophthalmic medicines in section: 14.1 diagnostic agents: ophthalmic medicines; and section 2: ophthalmological preparations. This information needs to be communicated to the policy makers and referred when advocating for universal eye health. The latest list is available here: bit.ly/WHO-em

The WHO's Package of Eye Care Interventions (PECI), launched at the World Health Assembly in 2022, is a set of evidence-based eye care interventions and the resources needed for their implementation. PECI – which includes the list of ophthalmic medicines in the WHO essential medicines list – is designed to support policy makers and technical decision makers to integrate eye care into the health care services system of a country. This tool is an important resource when advocating for the inclusion of essential eye medicines



With so many eye medicines available, the WHO model list provides helpful guidance.

in a national essential medicines list and in health financing benefit packages.

When advocating for eye medicines, also refer to the United Nations' Sustainable Development Goals, target 3.8. This target focuses on achieving universal health coverage, including financial risk protection, access to high quality essential health care services and access to safe, effective, high quality affordable essential medicines and vaccines for all. Without provision for equitable access to essential medicines for eye conditions, achieving universal eye health coverage is not possible.

Access to essential ophthalmic medicines also aligns with the principle of integrated people-centred eye care (IPEC). The IPEC was adopted by the 73rd World Health Assembly resolution in 2020. To know more about advocating for IPEC, check out IAPB's IPEC Advocacy to Action Toolkit. The toolkit includes PowerPoint slides, letter and IPEC policy brief templates that can be adapted and used to approach stakeholders for policy dialogues.

The WHO has also produced guidelines on using the WHO Model List of Essential Medicines to update the national essential medicines list. See <https://bit.ly/useWHOem>



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