

**The Uganda NCD Alliance Strategic Plan  
DRAFT**

**2016-2019**

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## Acronyms and abbreviations

Add more below:

CSO	Civil Society Organisation
GAP	Global NCD Action Plan
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
M&E	Monitoring and Evaluation
LMICs	Low- and middle-income countries
MDGs	Millennium Development Goals
NCD	Non Communicable Diseases
NGO	Non- Government Organisation
SDG	Sustainable Development Goals
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UN	United Nations
UNCDA	Uganda Non Communicable Diseases Alliance
UNMHCP	Uganda National Minimum Health Care Package
WHO	World Health Organisation
MoH	Ministry of Health

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## Chapter 1- Introduction

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This Strategic plan developed by The Uganda NCD Alliance is a xx year framework for the members of the Alliance and its stakeholders, to take coordinated and coherent action, to attain the xx of the nine voluntary global targets, including that of a 25% relative reduction in premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 2025 as stipulated in the Global Action Plan for the prevention of NCDs (GAP). This plan focuses on four types of non-communicable diseases viz cardiovascular diseases, cancer, chronic respiratory diseases and diabetes—which make the largest contribution to morbidity and mortality due to non-communicable diseases, and on four shared behavioural risk factors - tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

### 1.1 About UNCDA

Uganda NCD Alliance (UNCDA) consists of Uganda Heart-Research Foundation, Uganda Cancer Society and Uganda Diabetes Association. It was founded in 2010 as a response to the global NCD epidemic which especially is striking hard in low income countries. These three associations are working together in the alliance, which is organised as an association with a constitution, annual general meetings and an elected board, in order to create synergies, to get more power and to avoid duplications in the combat of NCDs. The Alliance has a logical fundamental basis as these diseases share the same risk factors, and that they are all neglected by the government and their patients need a lot of support.

### 1.2 The Board of the NCD Alliance

The NCD Alliance is lead by a board of 9 representatives, three from each member association elected by the general meeting. As both the NCD Alliance and two of its member associations are rather young it has focussed on capacity building of its organisation since its inauguration in 2010. The structure of the alliance has been developed. The focus has been on governance, membership recruitment, patient support /empowerment, lobbying and fundraising. Each of the associations has put in place a Recruitment Committee as well as a Patient Support Committee. These committees were trained with support from the Danish NCD Alliance as part of first phase of the project. A lobby committee was established under the NCD Alliance Board which equally received training. The lobby committee has had great success in building partnerships in the fight against NCDs especially in Parliament as well as the Ministry of Health (MoH).

### 1.3 Patient support and empowerment

The strength in Patient support and empowerment is embedded in the mixed membership of the Patient Support Committees. About half the members are specialized nurses with a broad knowledge about the diseases, their prevention and control and patients reaction to the diseases. The other half, are survivors or people living with the diseases. They have been involved in patient support organised by their local organisations (now members of the Cancer Society) or the Diabetes Association for years and they have received additional training during this project. These volunteers contribute knowledge and personal commitment to peer counselling and organisation of awareness campaigns throughout the country.

## **1.4 Awareness campaigns**

The volunteers from the Cancer Society and the Diabetes Association and heart research foundation have gained broad experience from organising awareness campaigns throughout the country in collaboration with various partners including private sector (mainly pharmaceutical industry), the hospitals and local health providers, faith based organisations, secondary schools and other health NGOs. All the associations have members with experience from working with media. Organising a broad mass media campaign will though need support from professionals from media and a strengthened secretariat.

## **1.5 Organisational growth and capacity building**

Both the board and the committees have a number of members with skills in organizing new branches. The Diabetes Association in particular has experience from running and starting up branches all over the country. To date, UDA has got 19 braches. The cancer Society also has a broad experience in starting up small organizations countrywide.

## **1.6 The NCD Secretariat**

The NCD Secretariat is fully established, run by a CEO, 3 permanent staffs based at the Secretariat and up to 250 volunteers spread within the 10 UNCDA's districts. The secretariat is located in the suburbs of Kampala within the vicinity of the National Referral Hospital- Mulago at Plot 731 Mawanda Road, Kamwokya. Main activities include; Awareness campaigns implemented in 10 districts. Patient support, counseling at the head quarter and during outreaches alongside screening and health education, Membership recruitment basically integrated in campaigns and outreaches, advocacy and lobbying by working with members of parliament, Ministry of Health (MoH) and other stakeholders including the press, Fundraising and Continuous development of UNCDA's own capacity.

## **1.7 Rationale for the UNCDA Strategic plan**

In February 2016, UNCDA was evaluated by external consultants. The evaluation report notes that UNCDA had become a strong voice on NCDs in Uganda, with a functional governing Board and strong three association executive committees. The Alliance had been strengthened by district branch structures and local NCD committees in 10 districts within Uganda. It had developed a strong capacity building program and as a result the Alliance membership has increased tremendously through massive recruitment campaigns and public awareness drives. The Alliance has as a result of the project enhanced partnerships with MoH, Uganda NCD Parliamentary Forum and Mulago and Nsambya Hospitals, and contributed to the National NCD STEPS survey. The report however notes several challenges key of which is the lack of strategic plan, which has on many occasions seen conflict in prioritising activities to meet organisational objectives. This has made monitoring and evaluation of project activity difficult.

This strategic plan is meant to address this challenge so as to provide a strong overall direction for the organisation in order to fulfil its mandate in relation to the Global NCD Framework and the national priorities related to the fight against NCDs.



According to UBOS (2009), Non-Communicable Diseases (NCDs) and their risk factors are now an emerging problem in Uganda. The increase in NCDs is attributed to multiple factors such as adoption of unhealthy lifestyles, increasing ageing population and metabolic side effects resulting from lifelong antiretroviral treatment. The survey results (in Table 1) show that, overall, 91 percent of the population revealed that, they are currently not suffering from any NCDs. This is probably due to the fact that diseases of that nature usually develop over relatively long periods; at first without causing symptoms; but after disease manifestations develop, there may be a protracted period of impaired health. Differentials by respondent characteristics show that high blood pressure and heart disease are more common among females (5%) than males (2 and 3 percent) respectively. Findings further reveal that all the NCDs, increase with age.

**Table 1: Distribution of population aged 10 years and above with Non-Communicable Diseases by Respondent Characteristics (%)**

Respondent Characteristics	Non-Communicable Diseases			
	Diabetes	High blood pressure	Heart disease	None
<b>Residence</b>				
Urban	1.0	4.1	2.3	92.7
Rural	0.7	3.9	4.3	91.1
<b>Sex</b>				
Male	0.8	2.4	2.6	94.3
Female	0.8	5.3	5.3	88.7
<b>Age category</b>				
10-14	0.0	0.1	0.5	99.4
15-19	0.1	0.5	1.4	98.0
20-24	0.1	0.8	3.8	95.3
25-29	0.5	2.6	4.8	92.1
30-34	0.7	4.2	5.3	89.8
35-39	1.1	5.2	6.1	87.6
40-44	1.6	8.9	7.5	81.9
45+	2.7	13.8	8.4	75.2
<b>Uganda</b>	<b>0.8</b>	<b>3.9</b>	<b>4.0</b>	<b>91.4</b>

Source: UBOS, 2009 Uganda National Household Survey Report 2009/2010

In spite of the clear trends and this new evidence about the NCD epidemic in Uganda, NCDs have had scant attention from the government. The government is yet to make a national survey to document the full nature of NCDs in Uganda, and there no strategy and an action plan for NCDs. The first population survey using internationally standardized protocols to report the prevalence of risk factors was done in Kasese district by the NCD Alliance. It has been a milestone in the documentation of the problems and an invaluable tool for the lobbying and advocacy to make the government prioritize the area. The aim is to persuade the government to conduct a national survey and based on that, a national strategy and action plan with sufficient funding on the national budget.

## 3 – The new opportunities for progress against NCDs

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### 3.1 Introduction

This chapter aligns this strategic plan to the existing international, regional and national policies and legal frameworks for UNCD interventions. NCDs are now widely recognized as a challenge for sustainable human development, particularly impacting upon low- and middle-income countries (LMICs) and vulnerable communities. A series of documents and reports have firmly placed NCDs as a priority for human development – including the 2011 UN Political Declaration on NCDs, the Global NCD Action Plan 2013-2020, and of most recent, the Sustainable Development Goals (SDGs).

### 3.2 The UN Political Declaration on the Prevention and Control of NCDs

In September 2011, Heads of State and Government met at the United Nations in New York for the United Nations High-Level Meeting on NCDs. This meeting was only the second time in history that the UN General Assembly has met on a health-related issue, the first being the successful UN Special Session on HIV/AIDS in 2001. As a result of the 2011 NCD Summit, Member States adopted the UN Political Declaration on the Prevention and Control of NCDs, shaping the global political agenda for NCDs. The most significant outcome of the High-level Meeting was the Political Declaration (PD) on the Prevention and Control of NCDs. The PD was negotiated by all 193 UN Member States and adopted unanimously by the UN General Assembly. Although not legally binding, a Political Declaration is one of the most powerful tools within the UN for international cooperation and action.

This PD includes a series of commitments on NCDs, ranging from prevention, treatment, research, surveillance and monitoring. It positions NCDs as priority health and development issue, stating that NCDs are “*one of the major challenges in the twenty-first century,*” pose “*a threat to the economies of many Member States,*” and “*undermines social and economic development.*”

### 3.3 The Global Action Plan for the Prevention and Control of NCDs 2013-2020

The Global Action Plan for the Prevention and Control of NCDs 2013-2020 was developed as a commitment by Heads of State and Government in the UN Political Declaration on NCDs to establish and strengthen, by 2013, multi-sectoral national policies and plans for the prevention and control of NCDs, and consider the development of national targets and indicators based on national situations. The World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 in May 2013. This Action Plan provides Member States, international partners and WHO with a road map and menu of policy options which, when implemented collectively between 2013 and 2020, are expected to contribute to progress on 9 global NCD targets to be attained in 2025, including a 25% relative reduction in premature mortality from NCDs by 2025.

The Global Action Plan whose vision is ‘*a world free of the avoidable burden of noncommunicable diseases*’ and whose goal is ‘*to reduce the preventable and avoidable burden of morbidity, mortality and disability due to non-communicable diseases by means of multi-sectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity at every age and those diseases are no longer a barrier to well-being or socioeconomic development.*’

### **3.3.1 Overarching principles of the Global Action Plan**

- Life-course approach
- Empowerment of people and communities
- Evidence-based strategies
- Universal health coverage
- Management of real, perceived or potential conflicts of interest
- Human rights approach
- Equity-based approach
- National action and international cooperation and solidarity
- Multisectoral action

### **3.4 New global health measures passed by the 65<sup>th</sup> World Health Assembly**

The Sixty-fifth World Health Assembly adopted 21 resolutions and three decisions on a broad range of health issues (Source, WHO, 2012). Some of the resolutions and decisions were on Noncommunicable diseases (NCDs) as below:

- Delegates approved the development of a global monitoring framework for the prevention and control of NCDs, including indicators and a set of global targets. Member States agreed to adopt a global target of a 25% reduction in premature mortality from non-communicable diseases such as cardiovascular disease, cancer, diabetes and chronic respiratory diseases by 2025.
- Another resolution focused on strengthening NCD policies to promote active ageing. The resolution urged Member States to encourage the active participation of older people in society, increase healthy ageing and promote the highest standard of health and well-being for older persons by addressing their needs.
- The building of partnerships at national and global levels are essential components of multisectoral action against NCDs. Member States discussed ways to prevent NCDs through action involving sectors other than health, to prevent premature deaths and to reduce exposure to risk factors for NCDs, mainly tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity.

### **3.5 The Sharjah Declaration on NCDs**

The Sharjah Declaration (2015) on NCDs recognizes that Civil society is at the centre of the response to reduce the global NCD burden . They play important roles in advocacy, accountability, knowledge exchange and service delivery. The signatories who consisted of national and regional NCD alliances from across the world came together support for the 2030 Agenda, and committed to doing their part to accelerate action and increase accountability to prevent and reduce deaths, disability, stigma, and discrimination caused by NCDs. Specifically the resolution urges governments and policy makers at local, national, regional levels to:

- Encourage high-level government authorities across all sectors to champion NCD prevention and control and integrate NCDs into national development plans and frameworks;
- Accelerate the implementation of agreed plans, political commitments, targets and goals and promote evidence-based, affordable and cost-effective, population-wide interventions;
- Allocate adequate, sustained human and financial resources to NCD prevention and control;
- Protect public health policies from interference by vested interests, particularly from the alcohol, tobacco and food and beverage industries, and from legal challenges under international trade and investment agreements;
- Protect the fundamental human right to health and create environments that empower individuals, families and communities to make healthy choices and lead healthy lives;

- Ensure all people living with NCDs have access to affordable, quality NCD services, medicines and technologies, across the entire continuum of care, including palliative care;
- Engage civil society<sup>6</sup> and people living with or affected by NCDs in policy development, implementation, coordination mechanisms and monitoring, and provide capacity-building to NCD alliances and networks, particularly in low and middle income countries;
- Establish robust and transparent monitoring and evaluation systems in order to regularly report on NCD policy progress and health outcomes at national, regional and global level.

### **3.6 The Sustainable Development Goals (SDGs)**

Recognizing the interdependence of health and development, the Sustainable Development Goals (SDGs) provide an ambitious, comprehensive plan of action for people, planet and prosperity and for ending the injustices that underpin poor health and development outcomes. SDG 3 aspires to ensure health and well-being for all, including a bold commitment to end the epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It also aims to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all. SDGs also recognize that Non-communicable diseases (NCDs) impose a large burden on human health worldwide.

“Goal 3 Ensure healthy lives and promote well-being for all at all ages” with the indicator: “3.4 by 2030 reduce by one-third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing”. With the endorsement of the Sustainable Development Goals and inclusion of NCDs in these goals there is hope that there will be increased attention by global, regional and national actors to support the fight against NCDs.

### **3.7 The Uganda National NCD framework**

#### **3.7.1 The Health Sector Strategic Plan 111 2010/11-2014/15**

The HSSP 111 recognises that Non-communicable diseases (NCDs) and their risk factors are increasing in Uganda as in other low income countries. During HSSP II, the MoH established a Programme for the Prevention and Control of Non-Communicable Diseases in 2006. A major challenge of controlling NCDs in the country is lack of local data, inadequate capacity of the health system to address chronic conditions and the high cost of medicines/supplies for treatment. The objective is *to reduce the morbidity and mortality attributable to Non-communicable diseases through appropriate health interventions targeting the entire population of Uganda.*

#### **3.7.2 Strategies and interventions**

*Strengthen the policy environment for the control and prevention of NCDs.*

- Formulate the national policy and medium term strategic plan for the NCD (end of 2011).
- Develop standards and guidelines for treatment of NCDs.
- Disseminate the national policy and strategic plan to all stakeholders.

*Increase and sustain people’s awareness about NCDs.*

- Develop and implement an information and advocacy strategy on the public health importance of NCDs.

- Create community awareness on prevention and control of NCDs using a multisectoral approach.

*Strengthen the capacity of health workers to manage NCDs effectively.*

- Train health workers at all HC IVs and hospitals to correctly manage NCDs so as to prevent avoidable complications.
- Coordinate the different players in NCD control to ensure a comprehensive approach to NCD prevention and control.
- Carry out to determine the burden of disease and main risk factors for NCDs in Uganda.

### **3.7.3 Indicators with targets**

- The burden of disease and main risk factors for non-communicable disease condition in Uganda established by 2012.
- Community awareness on NCDs/conditions increased to 80%.
- All districts implementing social mobilization for the prevention and control of NCD/conditions by 2015.
- NCD prevention and management integrated in the functions of all HC IVs.
- Cervical cancer screening services and activities using VIA and Cryotherapy established in all the Regional Hospitals by 2015.
- The proportion of HC IV with functional NCD clinics increased to 70% by end 2015.
- A comprehensive and integrated work-plan for NCD prevention, control and surveillance developed by 2012.
- A National NCD policy developed by 2012.
- Standards and guidelines for NCD prevention and control set by 2012.

### **3.7.4 The Uganda National Minimum Health Care Package (UNMHCP)**

MoH has designed the Uganda National Minimum Health Care Package (UNMHCP) as a main vehicle for delivery of health services. The UNMHCP highlights prevention, management and control of non-communicable disease as one of its core objectives. Currently, the MoH has only 50% of the positions filled making it impossible to fulfill UNMHCP core objectives making it ill-prepared to handle the emerging epidemic of NCDs. The MoH has emphasized primary health care, focusing on disease prevention as the main strategy for addressing NCDs. It is anticipated that when the national NCD policy is in place, more resources will be made available to support NCD initiatives.

## Chapter 4 – Strategic Direction

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### 4.1 Introduction

In this Chapter, the vision, mission and strategic objectives of the NCD Strategic Plan are presented.

### 4.2 Vision

The vision of this strategic plan is '*A society free from preventable NCDs*'.

### 4.3 Mission

The UNCDA mission is to '*lead the CSO response against NCDs by placing people's health at the centre of the national agenda through advocacy, empowering and inspiring the population*'.

### 4.5 Overall Goal

The overall goal of this Strategic plan is to '*steer the civil society response in prevention and control of Non-communicable Diseases in Uganda in order to achieve the global target of 25% relative reduction by the year 2025*'.

### 4.6 Strategic Objectives

This strategic plan contains 4 strategic objectives as outlined below:

- Objective 1: To advocate development and implementation of the NCD policy and practice in Uganda
- Objective 2: To create increased understanding and awareness about NCDs through an NCD communication strategy
- Objective 3: To provide comprehensive Patient support package for people living with NCDs
- Objective 4: Develop and implement an organizational development plan for UNCDA as a lead Non-communicable Diseases civil society organization.

### 4.7 Detailed objectives and outputs

#### **Objective 1: To advocate development and implementation of the NCD policy and practice in Uganda**

The UNCDA is to scale up the national advocacy efforts to generate increased action on NCDs by the government and other stakeholders so as to shift the focus from national commitment to implementation. Already the GoU has made commitments towards this as stipulated by the HSSP 111 indicators below:

- A comprehensive and integrated work-plan for NCD prevention, control and surveillance developed by 2012.

- A National NCD policy developed by 2012.
- Standards and guidelines for NCD prevention and control set by 2012.

Already, these targeted dates have been overtaken by events and hence UNCDA will take lead in mobilizing other stakeholders to coordinate with MoH to fulfill these targets. Under this objective, UNCDA will work with other civil society organizations to promote the adoption and implementation of a national multisectoral NCD plan that has resources assigned to it and is incorporated into the long-term national planning priorities. This process will be in line with the Global NCD Framework such the UN General Assembly and the World Health Assembly which agreed that change has to be delivered at the national level through NCD Action plans. The process will also be used to generating multisectoral support and consensus around policies and plans; and producing and promoting case studies and recommendations.

Key activities under objective 1:

- Take lead in convening and facilitating coordination and collaboration processes among the multi-sectoral stakeholders in government, civil society and the private sector
- Establish and support expert working groups to research and develop policy recommendations and good practice guidelines.
- Participate in relevant national and regional meetings
- Participate through government consultations and working groups, in the development and implementation of a national NCD plan and disease specific plans for the 3 NCDs which is in line with the Global NCD commitments
- Advocate for inclusion of evidence-based policies and programmes across different sectors;
- Collect and disseminate data, evidence and policy research on the 3 NCDs
- Track progress by disseminating CSO NCD Status reports to highlight government commitment to implementation of the NCD policy.

**Objective 2:** *To create increased understanding and awareness about NCDs through an NCD communication strategy*

In order to achieve a fundamental change in the long-term, in how NCDs are understood by individuals and communities, and how NCDs are integrated into government policy-making, about the scale of the NCD epidemic, the inequities reflected in the burden of the disease, the human suffering caused by the lack of adequate access to treatment, and the causes behind the modifiable risk factors. Raising the voice and the rights of people living with NCDs will be critical to putting a human face to the problem. Popular demand will provide leverage to support the political and technical approaches to changing policy and resource allocation while popular understanding will sustain the changes.

In order to meet this objective, UNCDA will develop and implement a communication strategy which will focus on raising awareness and promoting solutions for NCDs country-wide. Through this strategy, UNCDA will build demand for action on NCDs at national and lower levels. The communication strategy will have three main components that will build the demand for action. The first, is promoting wider understanding of the scale of the epidemic and the inequities it imposes on communities by highlighting the human stories of people affected by NCDs to be more widely understood by the public. The voices of people living with NCDs – patients, survivors, carers, and those who have been bereaved – provide a powerful pressure in any

campaign for change and important lessons learnt and experience sharing. The second is about issues surrounding access to diagnosis and treatment while the last will promote wider understanding of the modifiable risk factors behind the rise of the NCD epidemic.

Key activities under objective 2:

- Develop and implement the UNCDA communication strategy
- Develop and distribute IEC materials on NCDs based on researched messages
- Conduct targeted community-based trainings and NCD outreaches to highlight NCD risk factors
- Conduct grassroots research into personal stories of people affected by NCDs and offer access to media outlets of personal stories
- Develop and conduct media campaigns on various national and regional platforms including open days, press releases and public dialogues to promote compelling stories to support the delivery of key NCD policies and programs
- Publish a quarterly/bi-annual NCD Newsletter, telling the story (patient perspectives) highlighting achievements, challenges and sharing best-practices in the NCD response
- Develop a website and a social media strategy via Facebook, Twitter or Whatsapp.

**Objective 3:** To provide comprehensive Patient support package for people living with NCDs

NCDs affect all groups in society though there is a distinct social disadvantage for the poor sections of society whom as patients, face more fatal problems owing to the poor health system in Uganda. It is characterised by treatment facilities which are lacking; inadequate health workers, poor accessibility to health units and often long distances to access them; compounded by high costs for transportation. Drugs are often out of stock and must therefore be purchased on the private market causing extra burden for the patients. There are no regular health checks and the monitoring is inadequate. Health literacy is low and awareness about healthy foods, importance of physical activity and healthy living is very limited among the growing number of patients. The patients are left in a vacuum with no support in place. There is a high rate of ignorance among the population about NCDs resulting in stigmatization of the patients. Patient support is a completely neglected area.

Under previous projects, patient support has been a key intervention for UNCDA. It was supposed to be a joint activity, but it turned out during the project period that it was an activity better fitted to the member associations. These associations have therefore been offering specific group support to disease specific groups of patients. During a strategic review of division of roles and responsibilities between UNCDA and the associations it was decided to implement patient support through associations and in the branches.

Key activities under objective 3:

1. Provide free screening for the 3 NCDs
2. Set up counseling and referral services for NCD patients
3. Lobby for improved access to essential medicines and technologies for the 3 main NCDs
4. Conduct continuous trainings for health workers, patients and volunteers on treatment and care for NCD patients

Objective 4 Develop and implement an organizational development plan for UNCDA as a lead Non-communicable Diseases civil society organization

According to findings contained in the UNCDA evaluation report by M & E external Consultants<sup>1</sup>, UNCDA had become a strong voice on NCDs in Uganda, with a functional governing Board and 3 strong member associations and district branch structures and local NCD committees in 10 districts. The report also notes that UNCDA had a strong capacity building program which contributed to increased membership and public awareness on NCDs. UNCDA also has developed partnerships with external stakeholders such as MoH, Uganda NCD Parliamentary Forum and Mulago and Nsambya Hospitals. The report also highlights challenges such as lack of a strategic plan; lack of a clear communication plan; inadequate internal controls and procedures; inadequate data management systems for monitoring and evaluation. This resulted into to poor oversight by the board. In 2015, the Board recruited a new CEO mandated to revamp the organisational structures, processes and systems. In order to deliver the programs outlined in this strategic pan, the UNCDA to put in place an organizational strategy that will enable it increase its own capacity and effectiveness, supported by organizational planning, monitoring and evaluation.

Key activities under objective 4:

- Set up internal organizational and financial systems, policies and structures for UNCDA
- Implement the Human Resource Management policy including staffing structure, recruitment, training and deployment of staff and volunteers
- Develop membership criteria including recruitment, rules for participation and contribution to the Alliance
- Set up functional UNCDA branches in 11 districts
- Develop and implement a resource mobilization strategy to sustain all core activities of UNCDA and partners
- Support establishment of and participate in multisectoral NCD coordination mechanisms at national and district levels
- Develop detailed work plans and budgets income and expenditure forecasts.
- Work plans including objectives, activities and budgets for all areas of activity.
- Monitoring and evaluation plans.

#### 4.8 Framework of Strategic Outcomes

**Overall goal:** ‘To steer the civil society response in prevention and control of Non-communicable Diseases in Uganda in order to achieve the global target of 25% relative reduction by the year 2025’.

Impact indicator:

#### Objective

#### Outcomes

**Objective 1 To advocate development and implementation of the NCD policy and practice in Uganda**

<sup>1</sup> The evaluation conducted in in February 2015 was done by external consultants, namely Bruce Kisitu and Nicholas Mugabi.

**Outcome 1.1** A multi-sectoral NCD plan and policies costed and integrated in all sectors

**Outcome 1.2** Civil society capable to engage in policy-making and planning process.

**Outputs**

- Multi-sectoral coordination processes for government, civil society and the private sector convened
- Expert working groups to research and develop policy recommendations and good practice guidelines formed
- Participation of UNCDA in national and regional meetings
- Full participation in the development and implementation of a national NCD plan
- Data evidence and policy research on NCDs collected and disseminated
- CSO NCD Status reports to highlight government commitment to implementation of the NCD policy disseminated.

**Objective 2:** To create increased understanding and awareness about NCDs through an NCD communication strategy

Outcome 2.1: Increased media coverage of NCD epidemic and key campaign demands.

Outcome 2.2: Increased public recognition of the issues facing people living with NCDs, their causes, and need for solutions.

**Outputs**

- A comprehensive UNCDA communication strategy developed and mainstreamed into UNCDA workplans
- IEC materials (posters, bill-boards, leaflets, banners) on NCDs based on researched messages developed and distributed in xx districts
- xx targeted community-based trainings and NCD outreaches to highlight NCD risk factors conducted
- Media-friendly reports, feature stories, press releases and opinion columns on monthly basis, appear in leading dailies (Monitor and New Vision) and in vernacular papers on the NCD epidemic
- A quarterly/bi-annual NCD Newsletter, telling the story (patient perspectives) highlighting achievements, challenges and sharing best-practices in the NCD response published
- Active social network sites and pages (via Facebook, Twitter or Whatsapp) providing updates and links to campaign issues and activities within Uganda and the global level.
- People living with NCDs recruited by partners for participation in national advocacy campaigns
- People living with NCDs requested by media and other contacts for inclusion in articles and events.

**Objective 3:** To provide comprehensive Patient support package for people living with NCDs

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**Objective 4** Develop and implement the UNCDA organizational development plan as a lead Non-communicable Diseases civil society organization

- **Outcome 4.1:** UNCDA management implements 80% of set out obligations and targets as approved by the board
- **Outcome 4.2:** Financial stability attained by raising xx% of budget from donors and xx% from local partners.

**Outputs**

- Internal organizational and financial systems, policies and structures for UNCDA set up and approved by the Board
- Human Resource Management policy including staffing structure established
- Membership criteria developed
- Fully functional UNCDA branches in xx districts
- Resource mobilization strategy to sustain all core activities of UNCDA and partners
- A multisectoral NCD coordination mechanisms at national and district levels established

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## Chapter 6 – Partnerships and coordination framework

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### 6.1 Introduction

One of the resolutions adopted by The Sixty-fifth World Health Assembly was in recognition that building of partnerships at national and global levels are essential components of multi-sectoral action against NCDs. The resolution points to ways of prevention of NCDs through action involving sectors other than health, to prevent premature deaths and to reduce exposure to risk factors for NCDs, mainly tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity. This chapter presents the key stakeholders and stipulates the roles they play in implementation of the UNCDA Strategic Plan. It also describes the implementation and coordination frameworks for this plan.

The partnership proposed in this strategic plan is a Professional partnership which builds on elements from previous frameworks built under auspices of both the Danish and the Ugandan partnerships which gave rise to the UNCD Alliance. The framework for this partnership was 5- 6 years (starting 2010) after which the Ugandan partners were supposed to have developed their organisation to be less dependent on their Danish Partner. UNCDA was thereafter expected work with the local partners and other donors identified during the previous phase. The table below summarizes the roles and responsibilities of UNCD and the associations under this partnership.

#### Roles and responsibilities of UNCDA and Associations

Activities	UNCDA	Associations/Branches
Patient support	Supervisory	Implementation
Membership recruitment	Supervisory	Implementation
Awareness campaign	Coordination/strategic role	Implementation
Advocacy/lobbying	Implementation/Strategic role	Technical/Supportive
Fundraising	Core role	Technical role
Research/surveys	Core role	Technical role
Capacity development	Core role	Technical role

#### The character of the partnership under this strategic plan

The partnerships in this strategic plan was initially aimed at developing the capacity of UNCDA and its member associations through twinning activities and to work together in the global and national fight for awareness and political prioritisation of NCDs. The time horizon for the initial partnership activities was about 7 years (Starting 2010) after which the Ugandan partner was supposed to have developed a sustainable organisation. By the end of 2017, UNCDA is supposed to have developed into a solid organisation which works independent of DNCDA. It is also envisaged that DNCDA will be one of several partners and UNCDA will work with a number of partners and donors relevant for their strategy.

#### Partnering as a strategic tool

The composition of the member groups and volunteers is an important basis for the success of UNCDA. Volunteers at all levels are represented by both highly skilled experts within NCDs, patients, relatives and people concerned about NCDs. UNCDA sees itself as a **patient organisation** fighting to secure the right

to health, treatment and patient support. Prevention and secondary prevention is an important issue in relation to this.

Building alliances is part of the strategy. First of all UNCDA is working closely together with Health facilities at all levels, the Ministry of Health NCD desk, local health authorities and with the NCD Parliamentary Forum and its individual members. From the beginning doctors and nurses from the major hospitals were instrumental in starting up the member associations and in recruiting patients from their wards to work as volunteers alongside the professionals. Members of UNCD Parliamentary Forum supported the process of starting up branches first of all by helping with prioritisation of districts to roll out the first 10 branches. Secondly by helping to identify core volunteers to take the lead of starting up the branches. They also contributed to getting publicity to start the process by participate in the opening events. UNCDA benefited from this partnering by bringing on board skilled people with ability to network and organise the branches in the initial phase. The local health facilities were also important stakeholders owing to the skilled professionals to back up the activities in the branches and also in relation to engagement of patients in the work and in relation. The result is that the branches are run by patients, health professionals and local leaders.

Members of UNCDA Parliamentary Forum have also been important for advocacy at a central level. UNCDA developed a number of platforms for strengthening this collaboration. Firstly it offers specialist knowledge to the Members of Parliament (MoPs), secondly it gathers evidence through research (Kaseke STEPS and the bench mark survey for implementation of Global Action Plan) and finally it offers a platform for debate and dissemination of knowledge at the annual multi stakeholder meetings. These meetings are backed with press campaigns which increase the profile of the issue and public support for political action. These meetings have attracted an increasing number of stakeholders. In 2013, 12 MoPs participated, and in 2014, 28 MoPs participated. The meeting in 2014 also attracted larger group representatives from other ministries and other CSOs who presented papers about how they could contribute to the prevention of NCDs. In total 106 participated against 70 in 2013 and it was backed by a comprehensive press coverage.

Partnering with MoH and WHO Uganda has been essential. Their resources are very few. By partnering about the activities we create synergy. UNCDA make MoH stronger by giving it a platform for advocacy and we add legitimacy to our activities by making them in collaboration with MoH and WHO Uganda. MoH are co- hosting the annual stakeholder meetings, and MoH partner with us about the national awareness campaigns. Opening the 10 branches is the beginning of organising a national movement of patients, relatives and professionals fighting for the right to health including diagnostics, treatment, control and prevention. The means for the branches mirrors the central organisation by organising members from all the member associations and by organising capacity development, awareness campaigns, membership recruitment and advocacy at local level.

The awareness campaigns which have been designed so they could be undertaken by the branches have been important instruments in both gathering local stakeholders in the efforts and in advocating to the stakeholders. The campaigns consist of a screening event combined with educational activities where the branch together with local health professionals and local leaders talk about prevention and control of NCDs. This is being backed by press campaigns and a cascade of information activities in local clinics. Local leaders have through their participation in these campaigns committed them to the political cause of increasing the response to NCDs and they have learned about the severity of the diseases impact on people and communities in the process. This helps UNCDA to make allies in the call on government to allocate resources to NCDs.

Collaboration in general is very important. More and more groups focus their work on NCDs. UNCDA sees them self as a broad platform and support all these initiatives and support them by inviting them to partner with them.

## 6.2 Roles of Key stakeholders

### **The Uganda Initiative for Integrated Management of Non-Communicable Diseases (UINCD)**

In 2013 a group of doctors, researchers and government officials representing Uganda Ministry of Health, Makerere University College of Health Sciences, and Mulago National Referral Hospital together with colleagues from Yale School of Medicine formed The Uganda Initiative for Integrated Management of Non-Communicable Diseases (UINCD). Their work was catalyzed in 2013 by an Innovation Award and administrative support from the Yale Global Health Leadership Institute. UINCD was officially registered as a limited liability corporation in Uganda on February 25, 2014. UNICDA collaborate closely with this initiative. The main focus is to find better ways to address chronic diseases through an integrated approach to prevention, disease management, health services and healthcare worker training. The focus is to develop innovative models of training healthcare workers and caring for patients and communities- all focused on NCD integration.

**The medical colleges** in Uganda have received funding from various sources such as the US National Institutes of Health to support the training of more professionals in the NCD specialties. The heart specialty received the MEPI-CVD award which has supported 1 Ph D student and trained 3 fellowship students. It is currently training 2 PhDs students and 20 students in Masters of Medicine in the specialized management of heart disease.

**The undergraduate medical students at Makerere College of Health Sciences** have formed a NCD group and they organize periodic public activities where specialists are invited to talk about the diseases followed by screening for risk factors. The NCD study group was formed in the School of Public Health at Makerere College of Health Sciences which is assisting with the epidemiological survey and compiling of data on NCDs in the country. The NCD Alliance is merging up with these groups to form a strong concerted effort. **Ashipty Denmark**, a group of medical students under IMCC from Aarhus has been granted from DUFs Project Fund to starting up a NCD pilot project together with medical students in Uganda. This collaboration has been supported by UNICDA and DNCDA and collaboration is being planned.

**Uganda Diabetes Association** has via MoH received a considerable support from World Diabetes Foundation for development of its outreach through out Uganda and as a result it managed to reach 15.000 in 2014. An indept cleaning of the membership register in 2015 reveiled that only 8600 of these had been able to pay the subscription fee. The official number of members are therefore 8600 now.

**Uganda Cancer Society** is in its final negotiations with American Cancer Society and will most likely receive core funding including office at the cancer institute in the near future.

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## **Chapter 8 Costing and Financial Framework**

### **8.1 Introduction**

This chapter presents the costing and financial framework of the UNCDA Strategic Plan. It outlines the funding sources, costed interventions as well as conditions for successful implementation.

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