ACKNOWLEDGEMENTS

This NCD Alliance report on the Advocacy Institute 2020-2023 is based on contributions from the 16 national NCD alliances that participated in the Seed and Accelerator Programmes during this period. We are grateful to alliance representatives who responded to the online evaluation survey and shared information for the case studies showcased in this report. This report was conceptualised, compiled and edited by the NCD Alliance’s Capacity Development team: Jessica Amegee Quach, Linda Senk Markova, Lorena Allemandi, and Cristina Parsons Perez. Prachi Kathuria contributed as a consultant. Alena Matzke (external consultant) analysed the survey data, developed the case studies and wrote the report. Editorial coordination was conducted by Sairica Rose and Jennifer Bajdan and graphic design and production was performed by Mar Nieto.

The implementation of the second phase of the Advocacy Institute was possible thanks to NCDA’s partnerships with the Norwegian Agency for Development Cooperation, the Swedish International Development Cooperation Agency, Viatris, Sanofi, Access Accelerated, and The Leona M. and Harry B. Helmsley Charitable Trust.
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The second phase of the Advocacy Institute (2020-2023) supported a total of 16 geographies as part of a Seed programme and two thematic Accelerator programmes (one focused on prevention and one focused on NCDs and UHC). The programmes supported alliances via a combination of grants; technical assistance; peer-to-peer learning, training and capacity building workshops; and ensuring linkages between global, regional and national advocacy work.

The second phase of the Advocacy Institute demonstrated the vital role of NCDA’s capacity development work. Ninety-three per cent of the participating alliances reported to have strengthened their governance and undertaken a strategic planning process to identify clear organisational objectives and advocacy priorities. Similarly, 86% indicated that they had gained a clear understanding of national NCD policies and processes, and 73% of alliances highlighted positioning their alliances as a legitimate, respected, credible and strong civil society voice on NCDs.

By guiding nascent alliances through a structured process of organizational capacity building, the Seed programme has helped establish national and regional alliances with a clear vision, strategy, governance and organizational design. It resulted in stronger NCD alliances with foundations for effective advocacy, including four NCD alliances (Senegal NCD Alliance, Malawi NCD Alliance, Nepal NCD Alliance, and Africa NCDs Network) formally registering as legal entities, 80% developing Strategic Plans, and all alliances drawing up advocacy and communications plans to increase their visibility and map advocacy activities and strengthen engagement with relevant government and civil society stakeholders and people living with NCDs. Grounded in these foundations, alliances are able to convene effective advocacy coalitions, promote people living with NCDs to participate in shaping NCD policies and interventions, and lay the groundwork for policy change in their countries.

The Accelerator programme encourages innovative and responsive advocacy campaigns based on the latest evidence and implemented with people living with NCDs at their very centre. The Second Phase resulted in four advocacy wins in national NCDs plans and programmes in Kenya, Ghana, Rwanda and India. 100% of the alliances participating in the NCD Prevention Accelerator programme and 90% of the alliances participating in the NCD and UHC Accelerator programme reported advocacy gains, incremental steps towards achieving their overall advocacy goal. Alliances have become established household names and are respected partners of Ministries of Health and other agencies, recognised for their ability to set agendas, produce primary data, conduct situational analyses, and build political and societal buy-in for the causes they champion.

In terms of challenges during this second phase, the alliances had to adapt their practices and navigate in uncertain conditions to face the COVID-19 pandemic and its devastating impact on people living with NCDs, changes in national landscapes including restriction of the civil society space but also limited financial resources. Lessons learned from the second phase Advocacy Institute include: the value of supporting alliances to root their advocacy in the communities they are serving by linking with NCD Alliance’s Our Views, Our Voices initiative; building alliances’ technical expertise in locally identified policy priorities; delivering trainings online and using in-person opportunities to coincide with global meetings such as the World Health Assembly; providing technical assistance to alliances to support effective implementation of their advocacy work; and building in strategies for ensuring long-term sustainability of alliances to diversify their funding bases beyond the NCD Alliance.

Thanks to the achievements and the lessons learned during both the first (2017-2019) and second phase (2020-2023), the Advocacy Institute remains a flagship initiative of the NCDA’s capacity development work with demonstrated impact for NCD alliances in low- and middle-income countries. Looking ahead, the NCD Alliance will continue building capacity and strengthening advocacy efforts towards more advocacy gains and wins during an upcoming third phase.
SECTION I

The NCD Alliance Advocacy Institute

Introduction

Investing in the prevention and control of noncommunicable diseases (NCDs) is essential to ending extreme poverty, reducing inequality, and improving health and well-being. Political momentum around numerous global health and sustainable development issues has demonstrated the critical role of civil society organisations and affected individuals and of community-led efforts in driving action from local to global levels.

A strong and coordinated civil society movement, with the active involvement of people living with NCDs, builds the demand for action and accountability, and ensures that policies and programmes are relevant, appropriate and sustainable.

In order to intensify national and regional NCD responses, the NCD Alliance (NCDA) works to strengthen the capacity of NCD alliances at national and regional levels, particularly in low- and middle-income countries (LMICs) and promotes the meaningful involvement of people living with NCDs in the response.

Significant progress has been made over the last decade, with impressive growth in the number of national and regional NCD alliances and growing political recognition of the need for and benefit of meaningful involvement of civil society and people living with NCDs. The NCD Alliance’s Strategic Plan 2021-2026 recognises that a concerted and increased effort is required to capitalise on this momentum, in order to strengthen both the capacity and capabilities of civil society and people living with NCDs. The Advocacy Institute is NCDA’s flagship capacity-building programme, geared towards strengthening the leadership and expertise of national and regional alliances in NCD advocacy.

This report examines the achievements of national and regional NCD alliances during the second phase of the Advocacy Institute (2020-2023).

The Advocacy Institute

The Advocacy Institute comprises Seed and Accelerator Programmes reflecting alliances’ different levels of readiness and respective capacity development needs. The programmes support selected geographies via a combination of grants, technical assistance, peer-to-peer learning, and training.

The Seed Programme supports organisational capacity-building and helps nascent or new alliances to lay the foundations for effective NCD advocacy. The Seed Programme aims to foster:

- Functional NCD alliances with effective and sustainable organisational design and inclusive governance, and basic strategic, advocacy and communications plans.
- NCD alliances that understand national policy gaps and advocacy opportunities, build effective advocacy coalitions and engage people living with NCDs in their activities.
The **Accelerator Programme** is tailored to the needs of more experienced NCD alliances pursuing advocacy campaigns towards specific policy change. The Accelerator Programme aims to achieve:

- NCD alliances with increased capacity for evidence-based advocacy and innovative campaigns, involving non-health actors and communities including people living with NCDs and youth.
- Advocacy gains and policy wins, including constructive relationships with policymakers, increased political commitment, and tangible progress in policy development.

The Advocacy Institute was originally built upon the experiences and lessons learned from the NCDA ‘Strengthening Health Systems Supporting NCD Action’ Programme, which supported coalition-building and advocacy efforts in Brazil, the Caribbean, India and South Africa, from 2013-2017. The first phase of the Advocacy Institute (2017-2019) supported a total of 14 countries. The second phase of the Advocacy Institute began in 2020 with a new Seed Programme and a thematic NCDs and UHC Accelerator Programme. In 2021, thanks to NCDA’s partnerships with the Swedish International Development Cooperation Agency (Sida) and the Norwegian Agency for Development Cooperation (Norad), the Advocacy Institute was expanded to support a new set of national NCD alliances. These geographies and alliances were selected based on an extensive scoping exercise undertaken between December 2020 and February 2021, with desk research and interviews, assessing country landscape and needs, civil society capacity, as well as opportunities for NCD advocacy. This exercise served to inform the expansion of the Seed (with Least Developed Countries Nepal, Bangladesh, and continued support to Senegal) and NCDs and UHC Accelerator programmes (with Ethiopia, and continued support to Ghana), and the launch of a new thematic NCD Prevention Accelerator Programme (India, Philippines, Mexico and India). A total of 16 geographies were supported.

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<thead>
<tr>
<th>2020</th>
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<tr>
<td><strong>NCDA launched the second phase of the Advocacy Institute (2020-2023):</strong></td>
<td><strong>NCDA launched a new thematic NCD Prevention Accelerator Programme and added additional countries to its existing programmes:</strong></td>
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<td><strong>Seed Programme</strong></td>
<td><strong>Seed Programme</strong></td>
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<td>Senegal, Malawi, and the pan-African region (Africa NCDs Network)</td>
<td>Nepal and Bangladesh, renewed support to Senegal</td>
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<td><strong>Accelerator Programme</strong></td>
<td><strong>Accelerator Programme</strong></td>
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<td>NCDs and UHC</td>
<td>NCDs and UHC</td>
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<td>Mexico, Rwanda, Tanzania, Ghana, Kenya, India, Malaysia, Vietnam, and Egypt</td>
<td>Ethiopia, renewed support to Ghana</td>
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<td><strong>NCD Prevention</strong></td>
<td><strong>NCD Prevention</strong></td>
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<td>India, Ghana, Mexico, and the Philippines</td>
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“Our experience has been great: among all of the stakeholders we’ve worked with (as an alliance and as individual organisations), NCD Alliance has the best grasp/understanding of what actually happens on the ground, including the challenges of managing an alliance, of civil society organisations, and of people living with NCDs.”

NCD Alliance Malaysia, Accelerator Programme

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1 The Impact Report of phase 1 can be found [here](#).
2 The implementation of the second phase of the Advocacy Institute in Ethiopia and Ghana was possible thanks to NCDA’s partnership with the Norwegian Agency for Development Cooperation. Implementation of the Seed Programme in Nepal, Bangladesh, Senegal (2021-2023), and of the Prevention Accelerator Programme in India, Philippines, and Mexico was possible thanks to NCDA’s partnership with the Swedish International Development Cooperation Agency. Support to Egypt and Malaysia was possible thanks to partnership with Viatris. Support to Senegal (in 2020) was possible thanks to partnership with Sanofi. Support to Ghana (in 2020), additional support to Malaysia and support to India, Kenya, as part of the NCDs and UHC Accelerator Programme was possible thanks to Access Accelerated. Support to Malawi, the African region, Tanzania, Rwanda and Mexico (for the NCDs and UHC Accelerator Programme) was possible thanks to The Leona M. and Harry B. Helmsley Charitable Trust.
Meet the alliances

During the second phase, the Advocacy Institute supported work in a total of five geographies in the Seed Programme and 11 geographies in the NCDs and UHC, and NCD Prevention Accelerator Programmes.

Advocacy Institute (2020 – 2023)

**Seed Programme**
Africa NCD Network (ANN), Bangladesh, Malawi, Nepal, Senegal

**Accelerator Programme**

**NCDs and UHC**
Egypt, Ethiopia, Ghana, India, Kenya, Mexico, Malaysia, Rwanda, Tanzania, Vietnam

**NCD Prevention**
Ghana, India, Mexico, Philippines
Seed Programme

Africa NCDs Network

Year formed: 2015

About the alliance

The Africa NCDs Network (ANN) brings together 14 national NCD alliances and 23 civil society organisations to accelerate implementation of the NCD Agenda on the African continent through promotion of national, sub-regional and regional policy advocacy. As part of the Advocacy Institute, ANN developed a Strategic Plan for 2022-2027, and works to develop the capacity of national alliances; ensure locally-led high-quality advocacy and research on NCDs in Africa; facilitate policy engagement with development partners, governments and African governmental bodies; increase universal, equitable and affordable access to quality and affordable NCD treatment; promote adequate financing for the NCD response in Africa; and institutionalise mechanisms for meaningful involvement of people living with NCDs. The ANN engages regional, sub-regional and national public health agencies, coordinating civil society advocacy towards the African Region Office of the World Health Organization, the Africa Centres for Disease Control, and national governments.

Bangladesh Non-Communicable Diseases Forum

Year formed: 2009

About the alliance

The Seed Programme supported the Bangladesh Non-Communicable Diseases Forum (BNCDF) in organisational capacity-building, strategic and advocacy planning, and expansion of its activities across urban and rural areas of Bangladesh. Aligned with its Strategic Plan for 2021-2027 and based on the findings of an NCD policy assessment, the alliance developed an Advocacy Plan for 2021-2023 focused on financing NCDs and meaningful involvement of people living with NCDs. As part of the 2022 Global Week for Action on NCDs, BNCDF sent an open letter to its government calling for increased investment in NCDs, presenting several strategies to achieve this. As part of the grant, in collaboration with people with lived experiences, BNCDF organised outreach sessions to remote areas of Bangladesh to raise awareness of NCDs and introduce communities to its work. The alliance produced videos documenting the experience of people living with different NCDs, a range of stakeholders’ views on the country’s NCD response, and NCD management suggestions by physicians for people living with NCDs.

NCD Alliance Malawi

Year formed: 2017

About the alliance

Founded in 2017, NCD Alliance Malawi (MWCNDA) comprises seven organisations, most of which are patient organisations. During the Seed Programme, the alliance formally registered as a legal entity, developed a Strategic Plan for 2022-2025, and an accompanying communications and advocacy strategy which outlines its advocacy goals and strategies structured around human rights, treatment and care, prevention, and meaningful involvement. MWCNDA has positioned itself as a reliable partner to the Ministry of Health, following a widely successful 2021 community conversation with people living with NCDs, and has contributed to the development of several plans and sets of guidelines, including Malawi’s National NCD Action Plan. MWCNDA is part of a group called the Universal Health Coverage Coalition, which unites several organisations, including NCD and HIV advocates. Together, the group has been examining financing strategies to boost the country’s health budget, including taxation of unhealthy commodities. The alliance has also led a national Civil Society Engagement Mechanism for UHC 2030 consultation, the results of which fed into the UHC 2030 Progress reports.
**Nepal NCD Alliance**

**Year formed:** 2013

**About the alliance**

The Nepal NCD Alliance was first founded as an informal alliance in 2013, carrying out limited activities until its inclusion in the Seed Programme 2021-2023. The alliance undertook a stakeholder mapping and an assessment of the policy landscape and developed its first-ever Strategic Plan for 2022-2026, including a detailed implementation framework. A major step forward for the alliance was its registration as a legal entity in 2022, towards which its members had worked for several years. With structured governance in place, the alliance has expanded its membership through new individual and organisational members, and has attracted journalists, medical students and young doctors to join its ranks, contributing to activities such as informal training for Nepal’s female health volunteers. The alliance also participates in the SAFER Nepal partnership, led by the Government of Nepal and WHO, in close collaboration with local and SAFER partners, to develop and implement a multi-agency and multisectoral roadmap for implementation over 12 – 24 months to accelerate the national alcohol control response.

**Senegal NCD Alliance**

(Alliance Sénégalaise de lutte contre les Maladies Non-Transmissibles)

**Year formed:** 2022

**About the alliance**

The Senegal NCD Alliance was officially launched in October 2022 marking the establishment of the first francophone national NCD alliance. With the support of the Seed Programme, the alliance has established transparent governance mechanisms and a clear organisational framework. The alliance’s work is guided by a Strategic Advocacy Plan based on a situational analysis conducted prior to its establishment. The alliance concentrates its efforts on the prevention of common NCD risk factors with a focus on salt reduction. The young alliance contributed to organising Senegal’s first NCD Symposium as a member of the event’s coordination committee. The Symposium was funded by WHO, led by the Ministry of Health and aimed to raise awareness of NCD prevention and control.

“The Africa NCDs Network does not have francophone representation and these countries have a critical lack of financing, access to resources, opportunities and information. It’s a great opportunity for the newly formed Senegalese alliance to mobilise the francophone region.”

Senegal NCD Alliance, Seed Programme

Press conference to officially launch the Senegal NCD Alliance, October 2022
Accelerator Programme

**Consortium of Ethiopian NCD Associations**

Year formed: 2012

About the alliance

The Consortium of Ethiopian NCD Associations (CENCDA) has been instrumental in the passing of stringent tobacco and alcohol laws in Ethiopia. It has also helped bring about the provision of cervical cancer screening and treatment in more than 1,300 public health facilities at virtually no cost to patients and a nationwide HPV vaccination programme for 14-year-old girls. CENCDA joined the NCDs and UHC Accelerator Programme in 2021 and launched an advocacy campaign on financing access to quality NCDs services to ensure Universal Health Coverage by 2030. The alliance developed the Ethiopia NCD Situation Assessment in the Context of Universal Health Coverage Report and hosted a workshop to discuss its findings with the Ministries of Health and Finance, the Health Insurance Agency, and national and international civil society organisations. The workshop was attended by several media outlets, including the Ethiopian Broadcasting Corporation (ETV), which covered the event on national television.

**Egyptian NCD Alliance**

Year formed: 2017

About the alliance

The work of the Egyptian NCD Alliance focused on strengthening the NCD health workforce during the 2020-2022 period. In order to tackle the challenge of health workforce retention within the public health sector in Egypt, the alliance conducted its own quantitative and qualitative research to better understand what motivates and discourages physicians, nurses and paramedical staff with regards to practicing in the public sector. The outcome of this research was a report with recommendations to policymakers on how to address the situation also including the perspective of people living with NCDs on the quality of care they are receiving in the public sector. Through relationships with journalists and media outlets, as well as their own social media channels, the work of the Egyptian NCD Alliances was covered through radio, television and printed media.

**Ghana NCD Alliance**

Year formed: 2017

About the alliance

The Ghana NCD Alliance was founded through the NCD Alliance Seed Programme 2017-2019. The alliance consequently participated in both the NCD Prevention, and the NCD and UHC Accelerator Programmes 2020-2023 building a diverse portfolio of activities that position NCDs as a development issue and focus on becoming a trusted partner of the Ministry of Health. With support of the NCD Alliance’s Our Views, Our Voices initiatives, Ghana NCD Alliance has trained close to 80 people living with NCDs in five regions of the country. Their lived experience is central to the alliance’s advocacy work at community and national policy levels. They have been involved in the alliance’s successful advocacy for proposed Ghana alcohol control regulations that have now been submitted to the Attorney General Department, as well as in empowering rural communities to demand accountability for NCD service provision. As a testament to their work, in 2020, the Ghana NCD Alliance received an award from the UN Interagency Task Force for NCDs.
Healthy India Alliance

Year formed: 2015

About the alliance

The Healthy India Alliance (HIA) was founded as part of NCD Alliance’s ‘Strengthening Health Systems, Supporting NCD Action’ programme and participated in the 2017-2019 Accelerator Programme. During the NCD Prevention and NCDs and UHC Accelerator Programmes 2020-2023, the alliance’s major focus areas were meaningful engagement of people living with NCDs, integration of NCDs with HIV/AIDS services, and mitigation of the health impact of air pollution. In 2020, the alliance undertook a situational analysis mapping the UHC landscape in India. This analysis led to the development of an information package, charting the existing health systems’ capacity to prioritise NCDs within the ambit of UHC. In 2022, HIA produced a situational analysis and policy brief on air pollution and NCDs spotlighting recent data on air pollution and detailing opportunities and challenges for action. Based on its findings, HIA launched a comprehensive social media campaign calling for prioritisation of air pollution as a major contributor to NCD morbidity and mortality, and generating momentum. In 2023, HIA led a national civil society consultation on air pollution as a health issue resulting in the identification of recommendations, including proposed targets for multisectoral action.

Kenya NCD Alliance

Year formed: 2012

About the alliance

The Kenya NCD Alliance (NCDAK) has been involved with the Advocacy Institute since 2017, including participating in the NCDs and UHC Accelerator Programme 2020-2023. The alliance is recognised by the Kenyan government as a key stakeholder in the NCD response and has built a diverse portfolio of activities positioning NCDs as a development issue and encompassing the spectrum of NCD prevention and control at national and county levels. Guided by their Advocacy Agenda of People Living with NCDs, NCD Alliance Kenya is strengthening participation of people living with NCDs in policy review, social accountability, and budgeting at national and county levels.

NCD Malaysia

Year formed: 2018

About the alliance

In 2020, NCD Malaysia developed a National Advocacy Agenda of People Living with NCDs, followed in 2021 by a comprehensive report including a survey with 500 people to expand on the issues addressed in the Agenda. Through its participation in the NCDs and UHC Accelerator Programme, the alliance has also worked to advance the healthcare workforce agenda in the country. In 2020, NCD Malaysia developed a detailed policy analysis report on NCDs and healthcare workers calling for an increase of permanent positions. The Ministry of Health heeded the call by significantly increasing positions. The Head of the NCD Unit at the Ministry of Health initiated joint training programmes for healthcare workers to learn how to approach treatment and care from the perspective of a person living with an NCD. The alliance also successfully defended legislation on smoke-free public areas and got a comprehensive tobacco control bill tabled in parliament in 2022.
Mexico Salud-Hable Coalition (Coalición México Salud-Hable)

**Year formed: 2012**

**About the alliance**

Mexico Salud-Hable has been supported by the Advocacy Institute’s Accelerator Programme since 2017. During the 2020-2023 NCD Prevention Accelerator Programme, the alliance prepared two Civil Society Reports on Harmful Use of Alcohol and a rigorous analysis of the regulatory framework on alcohol beverages, including federal/municipal laws. It consequently carried out a communication and public advocacy campaign and promoted the issue with the Senate, PAHO, the National Commission against Addictions and the National Institute of Psychiatry. Efforts culminated in a High-Level Meeting on alcohol control held within the Senate in February 2023. As part of the NCDs and UHC Accelerator Programme, the alliance conducted an in-depth policy and legislative mapping on the fragmentation of the Mexican health system and organised three High-Level Hearings on Universal Health Coverage in the Senate. The last hearing in December 2022, with the participation of the Presidents of the Health Commissions of the Chambers of Senators and Deputies as well as PAHO representatives, consolidated the alliance’s advocacy efforts and ensured the commitment of deputies and senators to support progress towards UHC.

Healthy Philippines Alliance

**Year formed: 2018**

**About the alliance**

The Healthy Philippines Alliance (HPA) was founded with the support of the Seed Programme 2017-2019 and consequently participated in the NCD Prevention Accelerator Programme 2020-2023. Reflecting HPA’s successful advocacy, the UHC Act, which automatically enrolls all Filipino citizens in the National Health Insurance Program, was signed into law in 2019. The alliance has been monitoring its implementation and is advocating on how to allocate health promotion funds budgeted as part of the UHC Act in the community. Under the prevention-related grant, HPA commissioned three research studies on the food policy environment in the Philippines to highlight the need for proactive public health policies and programmes to reverse the upward trend of chronic NCDs. The studies make detailed recommendations to policymakers and inform the development of the 2023-2028 Civil Society Agenda on Food, Nutrition and Healthy Eating, a process which was kicked off in March 2023 with a Civil Society Workshop led by the alliance.
Rwanda NCD Alliance

Year formed: 2016

About the alliance

The Rwanda NCD Alliance (RNCDA) has conducted strategic advocacy efforts as part of the NCDs and UHC Accelerator Programme. After performing a detailed situational analysis, the alliance found that promoting multisectoral action and advocacy for increased/alternative NCD financing mechanisms are its priority areas for action. The alliance has supported the involvement of its members, including people living with NCDs, in developing an expanded package of health insurance currently awaiting approval. The alliance has also been instrumental in the development of the National Strategy and Costed Action Plan for the Prevention and Control of NCDs 2020-2025 and has been recognised as a key implementation partner by the Ministry of Health. Priority advocacy objectives as part of the NCDs and UHC Accelerator Programme included the establishment of a High-Level NCD Multisectoral Coordination Committee and expansion of the NCD benefit package of Rwanda’s community-based health insurance. RNCDA organises large-scale public NCD awareness and screening activities and will soon launch a workplace screening programme in collaboration with the Ministry of Labour. RNCDA also organised a national and a regional NCD conference in 2021 and 2022 respectively.

Tanzania NCD Alliance

Year formed: 2012

About the alliance

The Tanzania NCD Alliance (TANCDA) participated in the 2020-2022 NCDs and UHC Accelerator Programme, with the aim of mobilising support for the inclusion of NCDs with UHC from key decision-makers, including the Ministry of Health, the President’s Office for Regional Administrative and Local Government, and the National Health Insurance Fund. TANCDA rolled out a strategic communications campaign to position NCD financing and investment in UHC within public discourse, prepared policy briefs, held capacity-building sessions for policy makers and the media, and convened stakeholder meetings. In collaboration with Muhimbili University for Health and Allied Sciences, TANCDA also launched a National NCD Research Agenda. Under the umbrella of Our Views, Our Voices, TANCDA is exploring the needs and priorities of people living with NCDs and HIV. As part of this process, the alliance has conducted several focus group discussions and in-depth interviews with people living with NCDs and HIV and has developed a database of stakeholders working on HIV in Tanzania.

Vietnam Technical Working Group of Non-Communicable Diseases Prevention and Control (NCDs-VN)

Year formed: 2015

About the alliance

NCDs-VN participated in the first and second phases of the Accelerator Programme, contributing to the passing of the Law on Alcohol Related Harm Prevention and Control in 2019, as well as the issuing of a Ministry of Information and Communication document to foster the implementation of the WHO Framework Convention on Tobacco Control. Despite the shifting political discourse in the country, NCDs-VN, along with people living with NCDs, achieved inclusion of recognition of non-profit healthcare providers in the draft Law on Medical Examination and Treatment during the 2020-2022 NCDs and UHC Accelerator Programme. This lays the foundation for creating a fairer, more competitive market with the aim of increasing the quality of medical examination and treatment. In 2022, NCDs-VN successfully delivered a training programme to engage researchers and students at the Hanoi University of Public Health in NCDs and UHC policy research to promote integration of NCDs in Vietnam’s UHC response.
SECTION II

The Advocacy Institute 2020-2023

Our achievements

To help assess the impact of the Advocacy Institute Seed and Accelerator Programmes 2020-2023, the NCD Alliance conducted an evaluation survey in February 2023, collecting responses from 15 of the 16 participating alliances. Data compiled from the survey, reporting documents and interviews with selected alliances helped to inform this report.

Training and technical assistance address capacity needs

The Advocacy Institute’s core focus is on capacity-building delivered through thematic training, on-going direct technical assistance and peer-to-peer learning.

The Advocacy Institute programmes 2020-2023 offered a total of 9 training programmes delivered across 31 modules. All programmes took place online in different formats relevant to the course including pre-recorded expert presentations, panel conversations or case study interviews, live sessions for interactive discussion and peer exchanges, quizzes and group activities, and course assignments.

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<th>Accelerator Programme Training</th>
<th>2020</th>
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<tr>
<td><strong>NCDs and UHC Accelerator training</strong></td>
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<tr>
<td>1. Global and regional NCD and UHC agendas</td>
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<td>2. Building blocks of health systems; opportunities for civil society advocacy</td>
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<td>3. Strengthening the healthcare workforce in the NCD and UHC response</td>
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<td>4. Advocating for access to NCD medicines, supplies and care</td>
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<td><strong>NCDs and UHC Accelerator training</strong></td>
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<td>1. Conducting Strategic Advocacy for Achieving UHC for NCDs</td>
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<td>2. Integrating NCDs with broader health agendas under UHC</td>
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<td>3. Advocacy for financing NCDs and UHC</td>
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<td>4. Promoting good governance for NCDs and UHC</td>
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<td><strong>NCD Prevention Accelerator training</strong></td>
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<td>1. Global and regional NCD landscape and opportunities for civil society advocacy</td>
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<td>2. Global governance frameworks and opportunities to advance national NCD prevention</td>
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<td>3. Addressing the social determinants of NCDs</td>
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<td>4. Forging strategic partnerships for better NCD prevention outcomes</td>
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<td>5. Tackling the commercial determinants of NCDs</td>
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<td><strong>NCD Prevention Accelerator training</strong></td>
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<tr>
<td>1. Advocating for investment in NCD prevention interventions</td>
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<td>2. Strengthening the links between NCD prevention and care agendas</td>
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<td>3. Leveraging technical frameworks and mechanisms when engaging with national regulatory agencies to advance NCD prevention</td>
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Participating alliances reported that the training helped improve their knowledge and skills in advocacy and campaign planning; allowed them to learn from and integrate the experiences and best practices of other alliances; and increased their skills and abilities in coalition-building – significantly increasing their level of knowledge and confidence in applying what they had learnt.

Interaction with and learning from other alliances, including different opportunities for knowledge exchange activities were deemed particularly helpful. The interactive nature of training, though mostly virtual due to the COVID-19 pandemic, was equally welcomed.

### Seed Programme Training

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<tr>
<th>2020</th>
<th>2021</th>
<th>2022-2023</th>
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<tr>
<td>1. Promoting accountability through NCD civil society</td>
<td>1. Connecting the dots between global, regional, national NCD advocacy</td>
<td>Peer Learning Advocacy Networks session</td>
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<td>2. Advocating in an online environment</td>
<td>2. Financial management and sustainability</td>
<td>1. Invest to protect: Creating momentum ahead of the Global Week for Action on NCD Financing and Investment</td>
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<tr>
<td>3. Strengthening financial management of NCD civil society</td>
<td>3. WHO Best Buys 101</td>
<td>Grant writing and project management</td>
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<td>4. Promoting meaningful involvement of people living with NCDs</td>
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<td>1. Project development</td>
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<td>3. Project delivery and closure</td>
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Access to context-specific, tailored technical support throughout the programmes was deemed to have worked particularly well for the alliances during the Advocacy Institute programmes. Participants highlighted that NCD Alliance staff were consistently available to guide them through regular catch-up calls, online training, resource materials, and on-going monitoring and supervision. Thematic learning facilitated by the grant enabled alliances to gain a deep level of understanding of topics, such as NCDs within the Universal Health Coverage agenda, something which at the beginning of the programme had been perceived as a somewhat daunting, highly complex and technical topic for some of the alliances.

“The work of the NCD Alliance team has been characterised by their empathy, positive willingness to support our coalition, and patience in explaining to us aspects we cannot understand, either due to challenges in language management or in the content of the concepts themselves. On-going and measured communication from NCD Alliance officers instils confidence and makes us feel that we matter.”

Mexico NCD Alliance, Accelerator Programme
The Advocacy Institute achieves core objectives

During an evaluation of the Advocacy Institute Programme, 93% of alliances reported that the Advocacy Institute had helped strengthen their governance and helped them undertake a strategic planning process to identify clear organisational and advocacy objectives. Seed and Accelerator alliances unequivocally agreed that their alliance had established clear advocacy priorities as a result of participating in the Advocacy Institute. Similarly, 86% indicated that they had gained a clear understanding of national NCD policies and processes, significantly strengthening their advocacy efforts and strategic multisectoral relationships with decision-makers putting them in a better position to influence NCD policy and/or legislation processes in their countries.

Across both Seed and Accelerator Programmes, 73% of alliances highlighted positioning their alliances as a legitimate, respected, credible and strong civil society voice on NCDs among their top three achievements, with the highest number of alliances (40%) ranking it as their number one achievement.

### Table 1. Top three achievements selected by alliances in the evaluation survey

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<th>#</th>
<th>Achievement Description</th>
<th>Percentage</th>
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<tr>
<td>1</td>
<td>Alliance POSITIONED as a legitimate, respected, credible and strong civil society voice on NCDs</td>
<td>73%</td>
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<tr>
<td>2</td>
<td>EXPANDED and stronger network of civil society organisations mobilised for joint action</td>
<td>53%</td>
</tr>
<tr>
<td>3</td>
<td>INCREASED involvement of people living with NCDs and/or youth in NCD prevention and control</td>
<td>33%</td>
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Across both programmes, just over half of all participating alliances reported having expanded and strengthened their network among their top achievements, with 86% of them affirming that the programme had contributed to significantly improving coalition-building efforts and further mobilising and involving networks of people living with NCDs and youth. Collaborative approaches involved a wide range of organisations and individuals throughout the health, nutrition and development space e.g., people living with NCDs, organisations representing people living with HIV/AIDS, youth groups including medical students, academic institutions, consumer rights groups and UN agencies. In order to build broad consensus for greater investment in NCDs, the Malawi NCD Alliance conducted a series of policy engagements with civil society, media, people living with NCDs, people living with HIV, community groups and the Ministry of Health. In 2022, Malawi NCD Alliance also led the Civil Society Engagement Mechanism for UHC 2030 consultation by bringing together national stakeholders from across the health and development sectors, which informed the development of the global UHC 2030 report assessing the state of UHC commitment. The Healthy Philippines Alliance developed and disseminated a position paper on the Regional NCD Framework on NCD prevention and control during the WHO Regional Committee Meeting in October 2022, which further strengthened their relationship with the WHO country and regional offices. The Ghana NCD Alliance built a broad base of stakeholders in support of its advocacy for alcohol regulations and successfully mobilised communities, organisations and individuals that were not traditionally focused on alcohol. NCD Malaysia positioned itself as the health ‘arm’ of the All-Party Parliamentary Group Malaysia on the Sustainable Development Goals (APPGM-SDG) gaining direct access to the parliamentary select committee for health, science, and technology. This facilitated the adoption of indicators on health as a part of the APPGM-SDG’s work on the ground.
The second phase of the Advocacy Institute also saw increased engagement with the HIV/AIDS community. NCD alliances in India and Kenya rallied networks of people living with HIV and as a result of Kenya NCD Alliance’s engagement, HIV/AIDS groups joined NCD technical working groups at county level to drive progress on integration. Moreover, as part of the NCD Alliance’s Our Views, Our Voices initiative, alliances in Tanzania, Rwanda and Malawi published national reports on the Integration of NCD and HIV/AIDS interventions at primary care level. This work was the first of its kind in all three countries, engaging communities living with HIV and NCDs to ensure a bottom-up approach in exploring a shared agenda.

“Over the period 2020-2022, NCDs-VN took a new approach to policy advocacy, emphasising the meaningful involvement of people living with NCDs rather than just approaching policymakers with evidence-based research.”

NCDs-VN, Accelerator Programme

Alliances also underlined how the Institute’s emphasis on meaningful engagement of people living with NCDs in governance, advocacy, and policy development has become part of their organisation’s DNA. Six alliances were actively supported by the Our Views, Our Voices initiative and created their national advocacy agenda of people living with NCDs (Rwanda, Malaysia, Vietnam, Tanzania in 2021; Malawi in 2022; Africa NCDs Network in 2023). Going a step further, alliances in Ghana and Kenya leveraged their National Advocacy Agendas created in 2018-2019 in their respective advocacy efforts. Learning how to leverage lived experiences and personal stories to build a public narrative and call for action on NCDs has been a game changer for many alliances. As a result, a majority of alliances (86%), observed the involvement of people living with NCDs in official decision-making processes on NCDs. Increasingly, alliances are also striving to access harder to reach areas beyond the capitals of their countries. The Bangladesh NCD Forum organised outreach sessions to remote areas of the country to raise awareness of NCDs and introduce communities to its work. The alliance produced 20 videos documenting the experience of people living with different NCDs, different stakeholders’ views on the country’s NCD response, and NCD management suggestions by physicians for people living with NCDs.

Re-envisioning NCD civil society in the face of a pandemic

NCD alliances proved the value and ingenuity of a vibrant NCD civil society movement navigating the COVID-19 pandemic. In the midst of a nationwide lockdown, the Rwanda NCD Alliance initiated a virtual fitness programme broadcast on national and private television to support physical fitness and mental health. The Kenya NCD Alliance ensured that people living with NCDs were included in NCD subcommittees and successfully advocated for continued access to NCD clinics during lockdown. NCD Malaysia rallied members to call schools in every district and speak to parliamentarians and the media when the Malaysian government paused school-based human papillomavirus vaccinations for teenage girls during the pandemic. Their actions prompted the Ministry of Health to reinstall the programme. In the wake of the pandemic, alliances such as the Healthy Philippines Alliance are calling on governments to increase taxation of unhealthy commodities to respond to pandemic-induced budget deficits, while others use the moment to call on their governments to increase coverage of NCD interventions as part of Universal Health Coverage.

“The post-pandemic period forces us to reinvent ourselves, to be more accurate, selective and inclusive. You and we must convince global entities and national governments that health is central to economic progress and sustainable development, something which must be reflected in the allocation of the budgetary and political weight it deserves. And for this, we require renewed and more ambitious advocacy actions.”

Mexico NCD Alliance, Accelerator Programme
The Seed Programme lays the groundwork for successful NCD advocacy

The Seed Programme 2020-2023 supported nascent NCD alliances in Bangladesh, Nepal, Malawi, Senegal and the regional Africa NCDs Network in consolidating their governance and organisational design.

Outstanding outcomes from the Seed programme

The Seed Programme resulted in stronger NCD alliances with foundations for effective advocacy including:

- **4 NCD alliances** (Senegal NCD Alliance, Malawi NCD Alliance, Nepal NCD Alliance, and Africa NCDs Network) formally registered as legal entities, a significant milestone enabling them to build effective relationships with decision-makers and engage in advocacy efforts.
- **80% of the alliances developed Strategic Plans**, helping to focus their activities and resources and consulting people living with NCDs in the process.
- **100% of the alliances drew up advocacy and communications plans to increase their visibility** and map advocacy activities based on policy landscape assessments and engagement with relevant government and civil society stakeholders, people living with NCDs, and international organisations.

All alliances built upon their coalition efforts and engaged in advocacy activities; their achievements are further detailed in the section below.

The Nepal NCD Alliance undertook a critical analysis of the Multisectoral Action Plan for Prevention and Control of NCDs in Nepal from a civil society and patient perspective, which helped inform its Strategic Plan and accompanying Implementation Framework. With their strategic plans and advocacy priorities in hand, alliances scheduled structured meetings with representatives from the Ministry of Health and other relevant agencies and organisations and addressed complex technical topics such as NCD financing and Universal Health Coverage, integration of NCD services within primary healthcare, and NCD prevention.

“It aided alliances in executing efficient and long-lasting organisational design, administration, and fundamental strategic plans; and encouraged and supported national coalition-building and laid the groundwork for successful NCD advocacy.”

Bangladesh Non-Communicable Diseases Forum, Seed Programme

A majority of alliances that participated in the Seed Programme (75%) ranked successful coalition-building efforts as their number one achievement, undertaking stakeholder mapping to identify allies across the health and development community. As a result, alliances felt that they positioned themselves as a legitimate, respected, credible and strong civil society voice on NCDs recognised by national and regional governments and international organisations. The Africa NCDs Network established a close working relationship with the Africa Centres for Disease Control, with whom it is co-authoring a policy brief on NCD Financing in Africa and delivered statements at three WHO Regional Committee Meetings. The Nepal NCD Alliance was invited to participate in the WHO SAFER mission Nepal, and the Senegal NCD Alliance was invited to the national multisectoral commission on NCDs to advise on the NCD national strategy, while helping to organise Senegal’s first NCD Symposium in collaboration with the Senegal Ministry of Health and the WHO. In the interest of building effective, broad-based advocacy partnerships, the Malawi NCD Alliance convened major umbrella NGOs active across the health and development space to discuss common strategies for achieving Universal Health Coverage.

“This programme helped the ANN to position itself to advocate more effectively for the needs of African people living with NCDs and engage with key stakeholders at regional and global levels.”

Africa NCDs Network, Seed Programme
Aligned with their strategy, the Nepal NCD Alliance also rolled out advocacy activities to consolidate their coalition-building efforts. The alliance brought together people living with NCDs, representatives of the MoH, the WHO country office and other stakeholders to sensitise on the importance of involve people living with NCDs in decision-making platforms and to discuss the role of patients and civil society in the implementation of the national NCD Multisectoral Action Plan. The event resulted in an agreement from all stakeholders to organise a national workshop to gather perspectives of a broader group of stakeholders by the end of 2023.

Senegal NCD Alliance leveraged a weekly health radio show, which took place in a local market, in collaboration with health professionals and local leaders, in order to interact with the population by raising awareness on NCDs, promoting healthy diet and salt reduction, and conducting screening activities.

As part of a national roundtable led by Eminence-BD on hypertension, cardiovascular diseases and diabetes, gathering national decision-makers, health professionals and media, Bangladesh NCD Forum led a session on the meaningful involvement of people living with NCDs, to position the alliance, raise awareness on multisectoral action and promote the Global Charter on Meaningful Involvement of People Living with NCDs. The alliance received a positive response from stakeholders who showed interest in learning more about the alliance and its activities.

Building on the foundations of its newly formulated constitution, advocacy and strategic plan as well as on its detailed policy mapping, Africa NCDs Network mobilised its members around the WHO Regional Committee Meetings, organising advocacy webinars, developing constituency statements and spotlighting relevant agenda items discussed at the meetings.
The Accelerator Programme scales up evidence-based advocacy efforts

Successful advocacy and an organisation’s ability to influence policy-making processes depends on its ability to build trust with decision-makers and command respect as a credible voice of people living with NCDs. Accelerator alliances emphasised that their ability to make policy based on concrete evidence, and to unite a diverse range of stakeholders around a common goal, has helped raise awareness and readiness among policymakers to act on NCDs.

Box 3. Outstanding outcomes from the Accelerator Programmes

The implementation of the two thematic Accelerator Programmes resulted in four advocacy wins, ultimate accomplishments resulting from advocacy efforts from NCD alliances, as follows:

• **Kenya NCD Alliance** co-developed Kenya’s National Strategic Plan for the Prevention and Control of NCDs 2020/21-2025/26 as part of their continued efforts to build on their successful advocacy results, such as their participation (including two people with lived experience) in the Ministry of Health’s NCD Strategy Development technical working group. Furthermore, and as a testament to their commitment to putting people first, the alliance facilitated the meaningful involvement of people living with NCDs in the NCD Inter-sectoral Coordination Committee, playing a critical role in the strategy implementation. In addition, as part of the commitment to establish NCD technical working groups in all 47 counties, NCDAK facilitated the participation of people living with NCDs in the development of Integrated Development Plans in six counties, with resulting plans reflecting their asks. These achievements demonstrate the essential role of civil society and people living with NCDs in Kenya to gradually change the NCD landscape, instilling the importance of listening to community voices across multiple levels of the decision-making arena.

• **Ghana NCD Alliance** contributed to the development and launch of the National NCD Policy and Strategy (2022-2026) and supported the planning of the National Strategic Dialogue on NCDs and the International Strategic Dialogue on NCDs, co-hosted by the government of Ghana, Norway and the World Health Organization, where the NCD Compact 2022-2030, and the first Presidential Group Meeting were both launched. As advocated for by the alliance, the National Policy includes text on financing health by taxing health-harming products and incorporates plans to expand the National Health Insurance Scheme benefits package.

• **Rwanda NCD Alliance** co-hosted Rwanda’s first national conference on NCDs, providing a platform for the launch of two major reports, including the alliance’s Advocacy Agenda of People Living with NCDs and Rwanda’s new National Strategy for the Prevention and Control of NCDs 2020-2025, the development of which was supported by the Rwanda NCD Alliance. The new strategy expands on the commitments made in the previous one, aiming to advance health system strengthening for NCDs and UHC. It includes additional funding commitments for the coming five years, in line with key advocacy demands of the Rwanda NCD Alliance. Listed as a key implementing partner, the alliance is a member of the National Multi-Stakeholder NCDs Coordination Committee, representing civil society.

• **Healthy India Alliance** has been working towards meaningful involvement of people living with NCDs in national and sub-national multi-pronged action to prevent and control NCDs. In 2023, the Ministry of Health and Family Welfare, Government of India (MoHFW, GoI), realigned the National NCD Programme and released updated **Operational Guidelines of NP-NCD (2023-2030)**. One of the critical components under these guidelines is Advocacy and Network with People Living with NCDs. This landmark development is a testament to the efforts made by HIA and its member organisations to involve multiple stakeholders and platforms to steer attention and garner buy-in with a specific focus on ensuring that lived experience champions are recognised as experts and key stakeholders in the national and sub-national NCD response in India.

Beyond these advocacy wins, 100% of the alliances participating in the NCD Prevention Accelerator Programme and 90% of the alliances participating in the NCD and UHC Accelerator Programme reported advocacy gains, incremental steps towards achieving their overall advocacy goal, described in the section below.
Alliances participating in the 2020-2023 Accelerator Programmes have become household names and respected partners of Ministries of Health and other agencies, recognised for their ability to set agendas, produce primary data, conduct situational analyses, and build political and societal buy-in for the causes they champion. A selection of strategies and achievements including advocacy gains is described below:

**NCD Malaysia** contributed to health reform under new Ministry of Health leadership through a detailed policy analysis of NCDs and healthcare workers in Malaysia, calling for an increase in permanent positions. The Ministry of Health heeded the call by significantly increasing available posts.

In the midst of the COVID-19 pandemic, with the active participation of people living with NCDs acting as media spokespersons and interlocutors of legislators, **Mexico Salud-Hable** organised three High-Level hearings on Universal Health Coverage in the Senate. As a result, five senators and deputies emerged as new health champions in support of the alliance’s efforts to remedy the fragmentation of the Mexican public health system. In addition, the alliance disseminated their analysis of the national regulatory framework on alcoholic beverages, the most comprehensive legal research to date, and launched a strategic communication and advocacy campaign aimed at decision-makers in the Congress. On this basis, they subsequently held a High-Level Forum on the impact of alcohol consumption in the Senate of the Republic in collaboration with powerful allies such as Senators Margarita Valdez Martinez and Ernesto Pérez Astorga, Presidents of the Health and Finance Commissions, respectively. This High-Level Meeting marked a milestone for public advocacy for legislators, authorities of the Executive Branch, researchers, health professionals, people living with NCDs and caregivers, to promote the country’s first general law on alcohol use.

**The Healthy India Alliance** produced a situational analysis and policy brief on NCDs and air pollution spotlighting recent data and detailing opportunities and challenges for action. Based on its findings, HIA launched a comprehensive social media campaign calling for prioritisation of air pollution as a major contributor to NCD morbidity and mortality, and to generate momentum in the country. As part of the campaign, produced a micro-documentary highlighting the linkages of NCDs and air pollution and disseminated it directly to government representatives and via social media during World Environment Day. In March 2023, the alliance led a national civil society consultation on NCDs and air pollution with representation from the Ministries of Health and Environment, UN Agencies, CSOs, academia and people living with NCDs. This consultation was a rare opportunity to break silos and bring the health and environment sectors together to discuss air pollution as a health issue. The event resulted in the identification of specific recommendations, including proposed targets for multisectoral action.

**The Healthy Philippines Alliance** commissioned research studies on the NCD and Food Policy environment in the Philippines highlighting the need for – and making – recommendations on proactive public health policies and programmes to reverse the upward trend of chronic NCDs. In support of this aim, the alliance led a civil society sensitisation session on air pollution for school children organised by the Healthy India Alliance
workshop on Food, Nutrition, and Healthy Eating to foster in-depth discussions with representatives of Department of Health, National Nutrition Council, the Union of Local Authorities of the Philippines and academia to analyse the policy gaps and determine the solutions that CSOs can support and gather commitments to effectively reduce NCDs in the country. The alliance is finalising the outcome document, a 2023-2028 Civil Society Agenda on Food Policy to Reduce NCDs, which will serve as a key advocacy tool towards government agencies, including Congress.

The **Consortium of Ethiopian NCDs Associations** launched an advocacy campaign on financing access to NCD services within Universal Health Coverage. The alliance developed a situational assessment and hosted a workshop to discuss its findings with the Ministries of Health and Finance, the Health Insurance Agency, and national and international civil society organisations, which was covered on national television by the Ethiopian Broadcasting Corporation.

The **Ghana NCD Alliance** were central actors in developing alcohol control regulations in Ghana, a process led by the legal department of the Ministry of Health. Through the active advocacy efforts of its Network of People Living with NCDs, the alliance gained the expressed interest of several Members of Parliament to support the alcohol regulations once submitted to Parliament. For more on the Ghana NCD Alliance, see the case study in Section III.

**NCDs-Vietnam** and allied health civil society organisations successfully called for adding provisions for non-profit health protection to Vietnam’s Amended Law on Medical Examination and Treatment. The provisions aim to increase the quality of the public healthcare system by creating a fair and competitive market that includes non-profit providers.

**Tanzania NCD Alliance** steered their advocacy efforts to advance NCDs as part of UHC and promote integration within other health agendas. The alliance has advocated for multisectoral action. In July 2021, the existing national Parliamentary Forum, mostly focused on HIV and TB, was expanded to include substance abuse and control of NCDs. The Committee, under the Prime Minister’s Office has been assigned to oversee multisectoral efforts to prevent and control NCDs.

Named as one of the key implementing partners of the new national NCD Strategy, **Rwanda NCD Alliance** has formalised its relationship with MoH by signing a Memorandum of Understanding in May 2022. Following on from the government’s commitment to funding NCD prevention and care, as highlighted in the NCD Strategy, the alliance has developed an alternative financing proposal, which has been presented to key government stakeholders. In recognition of its efforts to encourage greater multisectoral collaboration on NCDs, Rwanda NCDA received the 2022 UN Interagency Task Force and WHO Special Programme on Primary Health Care Award.

Launch of the Tanzania NCD alliance’s advocacy strategy on UHC and NCDs
What challenges did alliances face?

The COVID-19 pandemic and its devastating impact on people living with NCDs

Coinciding with the COVID-19 pandemic, the Advocacy Institute’s second phase was shaped by nationwide lockdowns, travel restrictions, health budget cuts and disproportionate risk faced by people living with NCDs. Like much of the rest of the world, most alliances had to adapt to life and work mediated through digital platforms, while learning how to best support their members and communities, as highlighted in Box 1. As access to policymakers became more difficult and national health budget priorities radically shifted, some organisations were called upon by their governments to serve national interests, such as by helping to promote mental health during lockdown or administering COVID-19 vaccines in the community. One alliance shared that several of its spokespersons had died during the pandemic and that their irreplaceable loss represented a huge challenge for the coalition. This unprecedented and disruptive global tragedy also implied major challenges for the second phase of the Advocacy Institute including, for instance, moving to a complete digital modality with no in-person exchanges, while demonstrating readiness to creatively support national NCD alliances in keeping momentum around the importance of NCD prevention and control despite the fact that priority given to this agenda had been significantly reduced.

Restriction of the civil society space

At least two alliances were confronted with a changing political context, which impacted civil society representatives and journalists and significantly limited their ability to safely conduct policy advocacy activities. Alliances adjusted by avoiding direct advocacy with policymakers and opted instead to develop community interventions and raise community awareness for NCD policies until political windows of opportunity became available.

Overburdened staff and volunteers

For many alliances, limited staff capacity is a big challenge. Volunteers are juggling salaried professions with social activism, at times leading to bottlenecks in implementation. Many alliances rely on the staff of member organisations and external experts to support their advocacy efforts, and some depend on members to help cover expenses. Overall, lack of full-time staff within alliances is a central issue leading to overreliance on a handful of active members and volunteers.

Limited financial resources

Over half of the alliances supported as part of the second phase of the Advocacy Institute rely on the global NCD Alliance as its sole or main funder. Limited financial resources restrict alliances’ flexibility and responsiveness. This is particularly frustrating when successful campaigning requires implementation of a previously unplanned activity to complement a planned activity for greater impact. Limited funding also hampers alliances’ ability to undertake primary research, limiting evidence collection to often scarcely available local data. While many alliances find creative and resourceful solutions to these problems, additional support to build up and diversify alliances’ funding bases is needed.
SECTION III

Case studies of Advocacy Institute alliances

SEED PROGRAMME

CASE STUDY 1

Nepal NCD Alliance

From investing in organisational capacity-building to contributing to changing Nepal’s alcohol control policy landscape

The Nepal NCD Alliance (NNCDA) was founded in 2013 as an informal alliance of the Nepal Diabetic Society, Nepal Hypertension Society, and the Nepal Heart Foundation. As a participant in the Seed Programme, NNCDA expanded its coalition and registered as a legal entity in 2022.

When the members of the NNCDA came together at the beginning of the Seed Programme, the volunteer-run alliance had been mostly dormant for several years due to lack of resources and competing priorities. With the support of the Seed Programme, the alliance moved through a structured process of analysing the gaps in Nepal’s NCD response, identifying where they could best contribute value, setting a clear strategic direction, systematically mapping NCD stakeholders with the view of expanding the alliance, developing advocacy and communications plans, and evaluating its engagement with people living with NCDs.

Planning meeting for a national level workshop on “Nothing For Us, Without Us”: with people living with non-communicable disease (PLWNCDs), civil societies and government representatives.
Coalition-building beyond the 4x4 model

In 2022, NNCDA conducted a stakeholder mapping. The objective was two-fold: to develop a directory of stakeholders relevant to the NCD response – both non-governmental and governmental – and to lay the ground for evolving NNCDA into a broader platform for coordinated and coherent action across the multitude of organisations and individuals working on NCDs in Nepal. Since the alliance has been formally registered, NNCDA has begun to invite new members to join their alliance, which now includes journalists, young medical professionals, civil society organisations across the health and development space, and people living with NCDs.

Developing a five-year strategic plan 2022-2026

Based on several rounds of consultations with people living with NCDs, with representatives of the Ministry of Health, and with its members, NNCDA developed a strategic plan, including a detailed implementation framework, to guide the organisation in its mission to unite and strengthen NCD civil society. The plan was informed by a policy landscape assessment conducted to systematically analyse the gaps and challenges in Nepal’s NCD response and the role the alliance can play in addressing them.

Meaningful engagement of people living with NCDs

Similar to NCD alliances elsewhere, NNCDA came into existence through the initiative of medical doctors in response to patients’ lack of access to NCD prevention and treatment. While some of NNCDA’s founding members are patient organisations, the alliance has begun to rethink meaningful engagement of people living with NCDs recognising that it has not yet been able to engage more vulnerable segments of Nepalese society. This introspection has encouraged the alliance to strategise on how it can overcome barriers to representation of less-affluent, rural, and marginalised populations in the future. The alliance took the lead in gathering the Ministry of Health, the WHO country office and people with lived experience to discuss the importance of meaningful engagement of people living with NCDs in the policy making processes. Planning is now underway for a national-level workshop co-organised by patient-led organisations, the Ministry of Health and the WHO country office.

“I feel that we have not yet been able to capture patient members that represent the average patient in Nepal. The patients we engage are better off than the average patient in Nepal. The effort in the coming days will be about how to engage poor patients, marginalised groups, patients from outside of Kathmandu. We are still young, and as we mature we will be able to include those groups as well.”

Prof Abhinav Vaidya, Vice-President, NCD Alliance Nepal

Orienting Female Health Volunteers towards their role in health promotion

Nepal has a system of female health volunteers who are active across urban and rural areas. In rural areas, these volunteers are often the first point of contact with the health system with hospitals predominantly located in urban areas. Training these health workers in NCD prevention and control had been identified in the National NCD Action Plan as a priority action but had not been implemented. On World Diabetes Day 2022, NNCDA and allied senior doctors from across a broad range of disciplines hosted around 70 health volunteers from the Kathmandu metropolitan area to provide basic training on NCDs and introduce them to their role in health promotion. The successful event highlighted the untapped potential of female health volunteers all over Nepal and emphasised their training as a low-cost, highly effective intervention for NCDs.
Building capacity for fact-based reporting on NCDs

Napal national Centre for Disease Control (NNCD) organised a recent Media Orientation Workshop to build the capacity of 25 journalists for in-depth reporting on NCDs, increased focus on people living with NCDs in the media, and fact-based reporting as a tool for awareness-raising and policy advocacy.

Multisectoral collaboration to enforce alcohol control laws

While the majority of people in Nepal do not consume alcohol, it is widely available and the number of people consuming alcohol has grown steadily. Of those who consume alcohol, more than a third engage in heavy use. While there are some alcohol-related laws in place, few are enforced. To address this situation, the Nepalese Government partnered with the WHO-led SAFER Initiative to strengthen implementation of cost-effective alcohol control interventions in Nepal. In 2022, the Ministry of Health and Population convened a group of national and international experts, including NNCDA representatives, to join the so-called SAFER Nepal Mission. The mission reviewed relevant policies, evidence, data and literature, and jointly developed the SAFER Nepal Roadmap, which lays out objectives and actions for the next two years tailored to Nepal’s specific socio-economic, cultural and religious setting. Being a partner in the SAFER initiative has enabled the alliance to strengthen its relationship with these key actors at the national and global levels.
CASE STUDY 2

Africa NCDs Network

Building a regional NCD alliance rooted in the communities it serves and equipped to mobilise for action on NCDs across the African continent

The idea of the Africa NCDs Network (ANN) was conceived in 2015, advanced in 2016 following an African regional civil society consultation meeting organised by the WHO Regional Office for Africa and NCD Alliance, and took off in 2020 with the support of the Advocacy Institute Seed Programme. A major aim of the ANN is to accelerate implementation of the NCD Agenda on the African continent through promotion of national, sub-regional and regional policy advocacy.

When the Africa NCDs Network was selected for the Advocacy Institute Seed Programme it was operating as a loose network without a clear organisational framework. Offering the ANN structured technical and financial support, the programme accompanied the alliance as it moved through a series of steps to consolidate its governance, set its strategic direction, define a membership and stakeholder engagement model, elaborate advocacy and communications plans, build relationships with regional governmental bodies, and put down its roots with a physical secretariat in Cameroon.

“Without the institutional capacity development aspect, there would have been no proper achievement with respect to any work of the ANN. So, the major evolution of the ANN has been to move from a loose network to a physical secretariat. We know where we are coming from, we know where we are going to, and we have partnerships that are truly meaningful. These developments have really positioned ANN as a credible entity among stakeholders of the NCD response in Africa.”

Mr. Ferdinand M. Sonyuy, Chair, Africa NCDs Network

Defining a collective vision: Strategic Plan development

In 2020, the ANN commissioned the development of a stakeholder mapping to understand the profile, capacity needs and priorities of NCD actors in Africa. The mapping also served to explore existing strategies that had been effective in advancing work on NCDs at national and sub-regional levels. The findings of the mapping, focus group discussions, and a survey of ANN members went on to inform the development of a Strategic Plan organised across five strategic pillars. The five-year plan focuses on capacity-development of national NCD alliances; locally led high-quality and relevant research on NCDs; policy engagement with development partners, governments and African governmental bodies; universal, equitable and affordable access to quality and affordable NCD care; adequate financing for NCDs; and formalised mechanisms for meaningful involvement of people living with NCDs and other vulnerable populations.

Building an inclusive network and investing in partnerships

The ANN’s membership model aims to accommodate national NCD alliances and a broad range of civil society organisations (CSOs) from across Africa whose work contributes to the vision of the network. Currently, the network comprises 14 national alliances and 23 CSOs. In addition, the ANN is establishing partnerships with international organisations and foundations working on NCDs in Africa that are positioned to offer technical or financial assistance to the network or that wish to collaborate in the pursuit of shared advocacy goals.
Putting down roots: from virtual collaboration to physical Secretariat

Administratively, the ANN was initially managed by a virtual secretariat with shared decision-making by consensus, and task-sharing between four representatives of national NCD alliances based in four sub-regions of Africa. In 2023, ANN transitioned to setting up a physical secretariat, in order to officially register the network as a legal entity. Undertaking a democratic selection process, the network chose to base itself in Cameroon, where it is supported by the Cameroon NCD Alliance. The transition has allowed the ANN to streamline governance and day-to-day decision-making processes and has enabled it to operationalise its programmes and initiatives more effectively.

Influencing regional and national policy through targeted engagement

Through engagement with bodies such as WHO AFRO, Africa Centres for Disease Control (Africa CDC), and PEPFAR, the ANN has strengthened the voice of NCD civil society at consultations ranging from access to diagnostics to integration of people-centred care for NCDs and HIV/AIDS. Over the past three years, the network has participated in WHO Regional Committee Meetings, collaborating with a variety of partners, e.g., Partners in Health and the Union for International Cancer Control, on topics such as the WHO PEN-Plus Strategy, the framework for implementation of the WHO AFRO Region Mental Health Action Plan, and Financial Risk Protection towards Universal Health Coverage in the WHO AFRO Region. The network also launched a collaboration with the Africa CDC on a joint policy brief on Financing for NCDs and is in the process of formalising its relationship with the public health agency.

At national level, the ANN has seized several opportunities to establish relationships with Ministries of Health and other relevant bodies in several African countries including Cameroon, Ghana and Tanzania. Participation in regional training of ministry focal persons conducted by the Africa CDC allowed the network to consequently hold focused advocacy meetings with representatives of several Ministries of Health.

Making the invisible visible: Destigmatising mental health in Africa

According to a recent One Young World Survey, mental health is a topic of particular interest to young people in Africa. However, it receives little to no attention in public discourse despite the rise in incidence of mental health conditions. Launching a campaign to raise awareness of mental health on social media, ANN embarked on the production of a video addressing the topic with lived experience at its centre. In the clip, a person living with an NCD relates their experience with mental health issues. The video calls on African NCD stakeholders, including public health leaders, to destigmatise and prioritise mental health on the continent. The video included sign language in order to include viewers with hearing impairments.

“The ANN has a unique position as a network of national alliances and CSOs, rooted strongly in the members that are in the communities that they serve. That means understanding what is needed, and our capacity to understand is very deep. Through internal consultations with members, we can bring out the voice of people living with NCDs and populations and communities in Africa. By bringing together national alliances and CSOs, the ANN is able to facilitate not just local responses but some sort of cross-national/continental sharing of best practices and learning that can inform the development of High-Level Strategies. I believe that governments and other key stakeholders across the continent can really draw from this.”

Mr. Ferdinant M. Sonyuy, Chair, Africa NCDs Network
ACCELERATOR PROGRAMME

CASE STUDY 3

Ghana NCD Alliance

Championing evidence-based alcohol control and financing NCD prevention and control within Universal Health Coverage

The Ghana NCD Alliance (GhNCDA) was launched in 2017 as part of the Seed Programme and participated in the Accelerator Programme 2020-2023. The alliance received an award from the UN Interagency Task Force for NCDs in 2020 for its contributions towards the NCD-related Sustainable Development Goals (SDGs) and multisectoral action on NCDs.

Alcohol consumption in Ghana is increasingly becoming a public health concern. While compared to the regional average, consumption levels are still low, the prevalence of alcohol use disorders is higher than the WHO AFRO regional average and consumption is rising. This trend is driven by various factors including lack of awareness of the risks of alcohol consumption and ubiquitous marketing of alcoholic beverages, especially to younger segments of the population.

The 2012 Ghana Public Health Act (Act 851) first recognised alcohol as a public health concern, mandating the Minister for Health to develop regulations on the harmful use of alcohol. As a result, a National Alcohol Policy was launched in 2017, developed by the Ministry of Health with support from the WHO and civil society organisations such as Vision for Alternative Development. The policy paved the way for the Ministry of Health to commence development of a legislative instrument to enforce the production, distribution, sale, advertisement, and consumption of alcohol. Since 2017, GhNCDA has played a central role in the development of the Alcohol Control Regulations, which are currently being reviewed by the Attorney General's Office.

Building an effective advocacy coalition

In order to identify allies that could help build broad support for stringent alcohol control regulations, GhNCDA conducted a stakeholder mapping in 2020. The exercise resulted in the creation of a loose coalition of civil society organisations, youth groups, community-led organisations, people living with NCDs, and tax and finance experts.
GhNCDA facilitated information-sharing and trained civil society colleagues and people living with NCDs on key issues related to alcohol control and the SDGs, including current best practices in other countries. The coalition also collaborated with international alcohol experts and organisations such as MOVENDI International.

**Planning an evidence-based advocacy campaign**

Building the evidence to successfully argue its case with concrete data on hand has been central to GhNCDA’s campaign. An in-depth situational analysis of alcohol use in Ghana, three policy briefs including on youth exposure to alcohol, alcohol use in Ghana, and on alcohol taxation and health financing, alongside the use of infographics on social media and awareness-raising initiatives in schools and communities, helped to spread the message and proved to be useful tools to share with policy and decision-makers.

**Promoting taxation of unhealthy commodities**

GhNCDA has linked its alcohol control advocacy to financing of Universal Health Coverage through increases of taxes on alcohol and other unhealthy commodities. In order to provide policymakers with concrete evidence of the benefits of such an approach, GhNCDA based its advocacy on a modelling exercise of different scenarios for the taxation of tobacco, sugar-sweetened beverages and alcohol products which had been conducted by WHO and UNDP, in collaboration with researchers from the University of Cape Town and GhNCDA’s member organisation Vision for Alternative Development.

**Collaborating with decision-makers**

Investing in collaborative relationships and building mutual trust with government agencies, including the Ministry of Health, the Mental Health Authority, the Food and Drugs Authority, and the National Road Safety Authority has replaced previously antagonising dynamics between civil society and the Ghanaian government. As a result, GhNCDA was invited to be a member of the technical working group tasked with the development of Ghana’s alcohol control regulation. Led by the Legal Department of the Ministry of Health, this group reviewed the alcohol regulations, followed by a formal proposal submission to the Attorney General’s Department for legal wording. The alliance directly shaped the content of the regulations, by providing critical and constructive inputs and spurring debates to ensure the quality and comprehensiveness of the regulations.

**Mobilising local communities**

Having trained networks of people living with NCDs in regions and districts including the Ashanti, Western, Northern and Eastern regions, and the Greater Accra region, GhNCDA was able to embark on a targeted campaign to seek the support of Members of Parliament. Equipped with policy briefs and factsheets developed by the alliance, constituents used parliamentary recess periods to meet their MPs back home and continued the engagement once parliamentary sessions resumed. The meetings were covered by local media as public records of policymakers’ expression of support for the regulations.

**Engaging the media on alcohol**

Given the media’s reliance on advertisement revenue, ensuring objective media coverage of the proposed alcohol regulation has not been without challenges. GhNCDA organised a two-day training for journalists on the health, social, and economic consequences of alcohol. Continuous engagement with the media has been critical. An additional boost to GhNCDA’s messaging was a public WHO statement in January 2023 clarifying that when it comes to alcohol consumption, there is no safe amount that does not affect health. Beyond traditional media, using social media to share information and engage policymakers has been an important campaign tool.

**Anticipating the alcohol industry**

A nuanced understanding of its political environment, careful research into alcohol industry tactics and proactive community mobilisation, helped the alliance in pre-empting industry arguments and staying one step ahead of lobbyists. Likewise, GhNCDA plans to issue press releases and alert the media and parliamentarians to be wary of industry interference once the alcohol regulations are presented to parliament.
CASE STUDY 4
Rwanda NCD Alliance

Rwanda NCD Alliance. Accelerating multisectoral collaboration for strengthening NCD prevention and care within Universal Health Coverage

The Rwanda NCD Alliance (RNCDA) was formally launched in 2016, having engaged with the country’s NCD response since the lead-up to the 2011 UN High-Level Meeting. The alliance participated in the NCDs and UHC Accelerator Programme 2020-2022 and received the 2022 UN Interagency Task Force and WHO Special Programme on Primary Health Care Award for encouraging greater multisectoral collaboration on NCDs in Rwanda.

Its commitment to high-quality, evidence-based policy advocacy has allowed RNCDA to become a trusted stakeholder in the country’s NCD response. Over the course of the Accelerator Programme 2020-2022 the alliance consolidated its close collaborative relationship with the Ministry of Health and Rwanda Biomedical Center through a joint Memorandum of Understanding affirming the alliance’s role as implementing partner in the country’s first-ever National Strategy and Costed Action Plan for the Prevention and Control of NCDs 2020-2025.

The National Strategy acknowledges that the burden of NCDs has increased tremendously in Rwanda, as NCDs have now overtaken communicable diseases as the main cause of death. As a testament to RNCDA’s advocacy, the Strategy also calls for a shift in financing NCD prevention and care, highlighting the need for innovative, sustainable and equitable financing mechanisms to ensure NCD services are included in UHC packages. To date, however, the budget allocation for NCDs remains low, approximately 0.8 to 2% of the health budget 2015-2016, compared to 57% for HIV/AIDS.

Advocating for expansion of the package of NCD interventions covered within UHC

In order to gain a nuanced understanding of the extent to which universal coverage of NCD interventions has been realised within the healthcare system, RNCDA conducted a comprehensive situational analysis in 2020. The analysis was based on desk reviews and extensive interviews with stakeholders representing government, civil society, private sector, international organisations, community health workers and people living with NCDs from every district of the country. The detailed assessment reaffirmed that Rwanda’s community-based health insurance (CBHI) and commitment to integrated and decentralised health services are effective vehicles towards attaining UHC. However, the analysis also revealed gaps in the response, e.g., a low level of ownership of stakeholders of implementation and financial barriers to accessing specialised care such as dialysis, heart surgery or cancer treatment due to mandatory co-payments required by the otherwise aspirational CBHI. Consequently, RNCDA advocated for an increased package of NCD interventions within CBHI, which is currently awaiting approval. In addition, the alliance collaborated with the Ministry of Labour and Public Service to launch a nationwide workplace wellness programme screening for NCDs at the workplace.
Setting up infrastructure for effective multisectoral coordination

Following the findings of the landscape assessment, RNCDA with the support of the Rwanda technical working group on NCDs co-chaired by the WHO, developed terms of reference for a High-Level Multisectoral Coordination Committee and presented it to the Ministry of Health and Office of the Prime Minister. The ToR have been approved by the Ministry of Health and are being considered by the Office of the Prime Minister. Seizing a further opportunity for improving multisectoral coordination, in 2021 RNCDA organised an annual NCD conference in collaboration with the Ministry of Health. The conference was attended by more than 700 delegates representing a wide variety of sectors, including international development partners. It served as a knowledge exchange and coordination hub for implementation of the National NCD Strategy from the national to the community level. The national conference also served as the launch of the National Advocacy Agenda of People Living with NCDs, which was presented to the Minister of Health at the event but also the re-launch of Rwanda’s new National Strategy for the Prevention and Control of NCDs 2020-2025. The strategy includes objectives covering four pillars: prevention, health system strengthening, surveillance and increased multisectoral coordination. Being part of National Multi-Stakeholder NCDs Coordination Committee, responsible for rolling out the fourth pillar, new opportunities will arise for the alliance to advise on NCD policies in the country.

“The Advocacy Institute has built our capacity at different levels: one being the Rwanda NCDA staff, but also at the level of our member organisations. We now have very well-trained people living with NCDs across different organisations who have all benefitted from the programme’s training. Even if we have other partners, this is the result of this particular programme.”

Prof Joseph Mucumbitsi, Chairperson, Rwanda NCD Alliance
SECTION IV

Conclusions and lessons learnt from the Advocacy Institute 2020-2023

The second phase of the Advocacy Institute has demonstrated the vital role of NCDA’s capacity development work.

By guiding nascent alliances through a structured process of organisational capacity-building, the Seed Programme helped establish national and regional alliances with a clear vision, a clear strategy, clear governance and organisational design. Grounded in these foundations, participating alliances were able to convene effective advocacy coalitions, empower people living with NCDs to participate in shaping NCD policies and interventions, and lay the ground for policy change in their countries. Assisting established alliances with tailored technical assistance, thematic training and providing a platform for peer-to-peer learning and knowledge exchange, the Accelerator Programme encouraged innovative and responsive advocacy campaigns grounded in the latest evidence and implemented with people living with NCDs at their centre.

Ahead of the third phase of the Advocacy Institute, NCDA looks to adapt and further evolve its programmes to fit the needs of the national and regional alliances it supports.

In Kenya, the value of including people living with noncommunicable diseases (NCDs) in decisions that affect their health is recognised by government and non-government stakeholders.

Guided by the Advocacy Agenda, NCD Alliance Kenya is strengthening participation of people living with NCDs in policy review, social accountability, and budgeting at National and County levels.
Lessons learnt from the second phase include:

**Putting people at the centre**
The Advocacy Institute has helped operationalise the engagement of people living with NCDs encouraging alliances to root their advocacy in the communities they are serving. An important development in this regard is the confluence of the Advocacy Institute with NCDA’s Our Views, Our Voices. Six alliances created Advocacy Agendas of People Living with NCDs as key tools to unpack and operationalise the meaningful involvement of people with lived experience. As alliances mature and their capacity grows, this engagement is growing to include rural and marginalised populations outside urban centres of influence. Supporting alliances to devise engagement strategies for those hardest to reach, and building capacity to effectively communicate people-centre narratives has added great value to the work of national NCD alliances.

**Evidence-based policy advocacy**
Compelling policy advocacy is based in local evidence and offers policymakers solutions to the challenges they are faced with. As such a core function of the Advocacy Institute is helping to build the expertise of national and regional alliances according to the policy priorities they have identified. Unpacking how global policy recommendations relate to national and local contexts, facilitating sharing of best practices, and encouraging collaborations with local researchers and subject matter experts on complex technical issues are among the strategies that have yielded results.

**Virtual vs in-person training**
Digital platforms replaced in-person training and global meetings during the pandemic and have changed how the world conducts business and international meetings. While their virtual nature can enable broader access to training, participants emphasised the unique value of in-person training coinciding with global meetings such as the World Health Assembly. A hybrid model with some training online and some in-person may prove effective in the future.

**Continuity of support**
The Advocacy Institute allocates a dedicated grant manager to each participating alliance. Having a reference person to consult on strategic and technical matters, or questions pertaining to grant management or training ensures effective communication and increases responsiveness. Regular catch-up calls and the comprehensive nature of the support provided by the Advocacy Institute have been identified by alliances as positive factors supporting effective implementation of their programmes.

**Long-term sustainability and financial support**
The financial support of the Advocacy Institute is essential to enabling nascent national and regional NCD alliances to build a strong organisational foundation and for established alliances to expand their capacity to deliver successful advocacy campaigns which translate into policy change. Diversifying their funding bases beyond NCDA is vital to alliances’ long-term sustainability and requires dedicated training in grant-writing and fundraising.