

# NCD CIVIL SOCIETY ATLAS

NATIONAL AND REGIONAL NCD ALLIANCES IN ACTION





# **NCD CIVIL SOCIETY ATLAS**

National and Regional NCD Alliances  
in Action





Visit us

[facebook.com/ncdalliance](https://facebook.com/ncdalliance)

[twitter.com/ncdalliance](https://twitter.com/ncdalliance)

[linkedin.com/company/ncd-alliance](https://linkedin.com/company/ncd-alliance)

[youtube.com/c/NCDAllianceOrg](https://youtube.com/c/NCDAllianceOrg)

[instagram.com/ncdalliance](https://instagram.com/ncdalliance)

 **NCD Alliance, November 2017**

Edited by the NCD Alliance

Design and layout: Mar Nieto

NCD Alliance  
62, route de Frontenex  
1207 Geneva, Switzerland

[www.ncdalliance.org](http://www.ncdalliance.org)

# Contents

ACRONYMS AND ABBREVIATIONS	7
ACKNOWLEDGEMENTS	8
<b>EXECUTIVE SUMMARY</b>	<b>9</b>
<b>NCD CIVIL SOCIETY ATLAS INITIATIVES AROUND THE WORLD</b>	<b>10</b>
<b>I. BACKGROUND</b>	<b>12</b>
<b>National and regional NCD alliances</b>	<b>14</b>
<b>The NCD Civil Society Atlas</b>	<b>17</b>
<b>Sharjah Awards for Excellence in NCD Civil Society Action</b>	<b>17</b>
<b>II. METHODOLOGY</b>	<b>18</b>
<b>III. OVERVIEW AND EMERGING TRENDS</b>	<b>19</b>
<b>IV. KEY SUCCESS FACTORS</b>	<b>21</b>
1. Leveraging member strengths	21
2. Embedded programming: engaging with existing national systems	21
3. Involving people living with NCDs	22
4. Designing joint interventions	22
5. Maximising media outreach	22
6. Building sustainable resourcing models	22
<b>V. INNOVATION</b>	<b>24</b>
<b>VI. NCD CIVIL SOCIETY CONTRIBUTIONS</b>	<b>25</b>
<b>NATIONAL AND REGIONAL NCD CIVIL SOCIETY INITIATIVES</b>	
<b>ADVOCACY</b>	<b>29</b>
<b>Rapid Regional Response to Strengthen and Defend National NCD Policies in Latin America</b>	<b>30</b>
Coalición Latinoamérica Saludable (CLAS)	
Latin America	
<b>Reaching Multisectoral Consensus on Actions to Meet NCD Goals in Finland</b>	<b>32</b>
Finnish NCD Alliance (FNCDA)	
Finland	

<b>Multi-Stakeholder Advocacy for Sugar-Sweetened Beverages Tax in Colombia</b>	<b>34</b>
Mesa Colombiana de incidencia frente a las Enfermedades Crónicas (MECIEC)	
Colombia	
<b>Joining Forces for an Improved Food Labelling System in Australia</b>	<b>36</b>
Australian Chronic Disease Prevention Alliance (ACDPA)	
Australia and New Zealand	
<b>Setting the Stage for Regional CSO Collaboration and Capacity Building in the Eastern Mediterranean</b>	<b>38</b>
Eastern Mediterranean Region NCD Alliance (EMRNCDAl)	
Eastern Mediterranean	
<b>Crafting a Collective Advocacy Agenda in Support of a Sugar-Sweetened Beverages Tax in South Africa</b>	<b>40</b>
South African NCDs Alliance (SANCDAl)	
South Africa	
<b>Securing High-level Political Support for Global NCD Advocacy</b>	<b>42</b>
Alianza ENT Uruguay	
Uruguay	
<b>Supporting National Alcohol Policy Development in Nepal</b>	<b>44</b>
Nepal NCD Alliance	
Nepal	
<b>Speaking Up About NCDs as a Women’s Rights Issue at the Global Level</b>	<b>46</b>
Taskforce on Women & NCDs	
United States of America	
<b>High-level Advocacy for NCD Prevention Through Tobacco Control in Bangladesh</b>	<b>48</b>
Bangladesh Network for NCD Control and Prevention (BNNCP)	
Bangladesh	
<b>Collaborating with Government to Improve Healthy Eating Opportunities in Zanzibar</b>	<b>50</b>
Zanzibar Noncommunicable Diseases Alliance (ZNCDA)	
Zanzibar	
<b>Working to Strengthen the Implementation of FCTC Article 14 in Mexico</b>	<b>52</b>
Coalición México Salud-Hable and Coalición Latinoamérica Saludable (CLAS)	
Mexico	
<b>Standing Up to Industry to Secure Higher Sugar-Sweetened Beverage Taxes</b>	<b>54</b>
Healthy India Alliance (HIA)	
India	
<b>Litigation and Public Mobilization to Demand Healthy Food Regulation in Peru</b>	<b>56</b>
Alianza ENT Perú	
Peru	
<b>Turning Members of Parliament into NCD Advocates through Screenings and Seminars</b>	<b>58</b>
Tanzania NCD Alliance (TANCDAl)	
Tanzania	

<b>Rallying Support for NCD Prevention in Parliament through a Cross-Party Group</b>	<b>60</b>
ScotHealth 2021 Coalition Scotland	
<b>Speaking with one Voice to Rally Support for a Sugar-Sweetened Beverages Tax in Mexico</b>	<b>62</b>
ContraPESO, the Alianza por la Salud Alimentaria, and the Coalición México Salud-Hable Mexico	
<b>Advocating to Integrate NCDs into Ethiopia's Health Sector Programme</b>	<b>64</b>
Consortium of Ethiopian NCD Associations (CENCDA) Ethiopia	
<b>ACCOUNTABILITY</b>	<b>67</b>
<b>Benchmarking to Track and Advance Regional NCD Action in East Africa</b>	<b>68</b>
East Africa Non-Communicable Diseases Alliance (EANCDA) East Africa	
<b>Exposing Tobacco Industry Participation in Development Initiatives in Latin America</b>	<b>70</b>
Alianza ENT Perú Peru and other Latin American countries	
<b>Working to Ensure Accountability on NCD Commitments Across the Caribbean</b>	<b>72</b>
Healthy Caribbean Coalition (HCC) Caribbean Community (CARICOM)	
<b>Ensuring Government Accountability and Action on Obesity Through Civil Society Shadow Reporting</b>	<b>74</b>
Rede ACT de Promoção da Saúde (ACT+) Brazil	
<b>AWARENESS</b>	<b>77</b>
<b>Creating a Journalists' Forum to Raise Awareness About NCDs</b>	<b>78</b>
Tanzania NCD Alliance (TANCDA) Tanzania	
<b>Using a Media Campaign to Spread Public Awareness About Jordan's Smoking Ban</b>	<b>80</b>
Jordan NCD Alliance (JNCDA) Jordan	
<b>Adopting a Community Participation Strategy for NCD Prevention and Control</b>	<b>82</b>
Non-Communicable Diseases Alliance Kenya (NCDAK) Kenya	
<b>Ensuring High Quality Palliative Care by Educating Hospital Volunteers and Staff</b>	<b>84</b>
Healthy India Alliance (HIA) India	
<b>Celebrating Healthy Lifestyles at an NCD Festival in Aqaba City</b>	<b>86</b>
Jordan NCD Alliance Jordan	

<b>Strengthening Alliance Membership to Inspire Action on NCDs in Burundi</b>	<b>88</b>
Burundi NCD Alliance (BNCDA)	
Burundi	
<b>Using Online Tools and Support Services to Prevent Arterial Diseases in Finland</b>	<b>90</b>
Finnish NCD Alliance	
Finland	
<b>Protecting Children’s Health by Involving Paediatricians, Teachers and Students in NCD Prevention</b>	<b>92</b>
Healthy India Alliance (HIA)	
India	
<b>Facilitating Provincial Action to Implement South Africa’s National NCD Framework</b>	<b>94</b>
South Africa NCD Alliance (SANCDA)	
South Africa	
<b>Promoting NCD Awareness and Screening at Car-Free Day Events in Kigali</b>	<b>96</b>
Rwanda Non Communicable Diseases Alliance (RNCDa)	
Rwanda	
<b>Creating Risk Factor Peer Educators by Training Children and People Living With NCDs</b>	<b>98</b>
Healthy India Alliance (HIA)	
India	
<b>Turning High-level Government Leaders into Physical Activity Champions</b>	<b>100</b>
Tanzania NCD Alliance (TANCDA)	
Tanzania	
<b>Working Together to Stage Public Events for Stroke Awareness</b>	<b>102</b>
Noncommunicable Diseases Alliance Kenya (NCDaK)	
Kenya	
<b>ACCESS</b>	<b>105</b>
<b>Building Civil Society Capacity to Improve Access to Cancer Services for Underserved Populations</b>	<b>106</b>
Healthy Caribbean Coalition (HCC)	
Caribbean Community (CARICOM)	
<b>Leveraging Member Capacity to Improve Access to NCD Services in Rural Areas</b>	<b>108</b>
NCD Alliance Malawi	
Malawi	
<b>Expanding Access to Nutritious Food and Health Services Among Vulnerable Urban Communities</b>	<b>110</b>
Non-Communicable Diseases Forum	
Bangladesh	
<b>ANNEX 1: Directory of contributing national and regional NCD alliances</b>	<b>114</b>
<b>ANNEX 2: Resourcing and donor acknowledgements</b>	<b>118</b>

## ACRONYMS AND ABBREVIATIONS

<b>CSOs</b>	Civil society organisations
<b>CSSA</b>	Civil society situational analysis
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>GAP</b>	WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020
<b>GCM</b>	Global Coordination Mechanism on NCDs
<b>HICs</b>	High-income countries
<b>LICs</b>	Low-income countries
<b>MoH</b>	Ministry of Health
<b>NCDs</b>	Noncommunicable diseases
<b>NCDA</b>	NCD Alliance
<b>NGOs</b>	Nongovernmental organizations
<b>PAHO</b>	Pan American Health Organization
<b>SDGs</b>	UN Sustainable Development Goals
<b>STEPS</b>	STEPwise approach to Surveillance
<b>SSBs</b>	Sugar-sweetened beverages
<b>USA</b>	United States of America
<b>WHO</b>	World Health Organization

## ACKNOWLEDGMENTS

The NCD Civil Society Atlas presents the initiatives of national and regional NCD alliances around the world. Thanks to all contributors for sharing their valuable work.

The NCD Alliance sincerely thanks the four independent reviewers who helped score the initiatives and select the winners of the Sharjah Awards for Excellence in NCD Civil Society Action: Rachel Nugent, Loyce Pace, Joseph Kibachio and Ehsan Latif.

The atlas was conceptualised and edited by Josianne Galea Baron, Cristina Parsons Perez and Katie Dain. Case study collection, synopsis and writing were performed by Shoba John (an external consultant)\* and Josianne Galea Baron.

The graphic design and editorial production were led by Jimena Márquez and Mar Nieto.

*\*Shoba John is a health and development consultant who has been working on a range of national and international policy initiatives, including NCD prevention, for over two decades.*

# EXECUTIVE SUMMARY

An effective whole-of-society approach to the NCD response requires a vibrant and mobilized civil society capable of delivering on its main roles. National and regional NCD alliances bring together civil society organisations to work together towards a shared agenda to create awareness, improve access, advocate for action and ensure accountability.

In 2015, to coincide with the first Global NCD Alliance Forum in Sharjah, UAE, the NCD Alliance produced the *Situational Analysis of National and Regional NCD Alliances* to help characterize the basic structure, evolution to date, priorities, challenges and support needs of national and regional NCD alliances.

At the time, there were 43 regional and national NCD alliances. The situational analysis revealed that a significant number of alliances had been formed in response to global political NCD events, such as the 2011 UN High-level Meeting on NCDs and the SDGs approved in 2015. It also showed that NCD alliances provide platforms for joint action and advocacy coordination.

Since 2015, the NCD civil society movement has continued to flourish, with 55 regional and national alliances at the latest count. *The NCD Civil Society Atlas: national and regional NCD alliances in action* captures a snapshot of how this cohort of NCD civil society organisations is making a concrete contribution to the NCD response.

Drawing from submissions received from across the globe, the atlas presents 38 initiatives falling within the four categories of civil society action drawn from the work of 22 national and four regional NCD alliances. It reflects the power of united alliances and coalitions to generate action on NCDs and shows how NCD alliances, especially those from low-income countries (LICs), are now embarking on an expansion phase by forging diverse partnerships. Advocacy and awareness appear to be the most common initiatives among alliances, particularly when compared with the number of accountability and access initiatives received.

The atlas provides an analysis of the emerging trends, key success factors and civil society contributions to the NCD response as well as an illustration of how civil society is delivering on its commitments as stated in the landmark *Sharjah Declaration on NCDs: civil society united towards 2030*. It aims to share good practice among national and regional NCD alliances and help make the case for the critical role played by NCD civil society in the NCD response. Finally, it will help underpin advocacy efforts in this area including, but not limited to, efforts capitalising on the 2018 UN High-level Meeting on NCDs.

With the input of an independent review panel made up of four experts, the top initiative in each of the categories of action will be presented with a *Sharjah Award for Excellence in NCD Civil Society Action* at the second Global NCD Alliance Forum.

# NCD CIVIL SOCIETY ATLAS INITIATIVES AROUND THE WORLD

## Initiatives

- ★ ADVOCACY
- ★ ACCOUNTABILITY
- ★ AWARENESS
- ★ ACCESS

## African Region

East Africa ★

## Eastern Mediterranean Region

Eastern Mediterranean Region NCD Alliance ★  
(Egypt, Jordan, the Kingdom of Saudi Arabia, and the United Arab Emirates)

## European Region

## The Americas

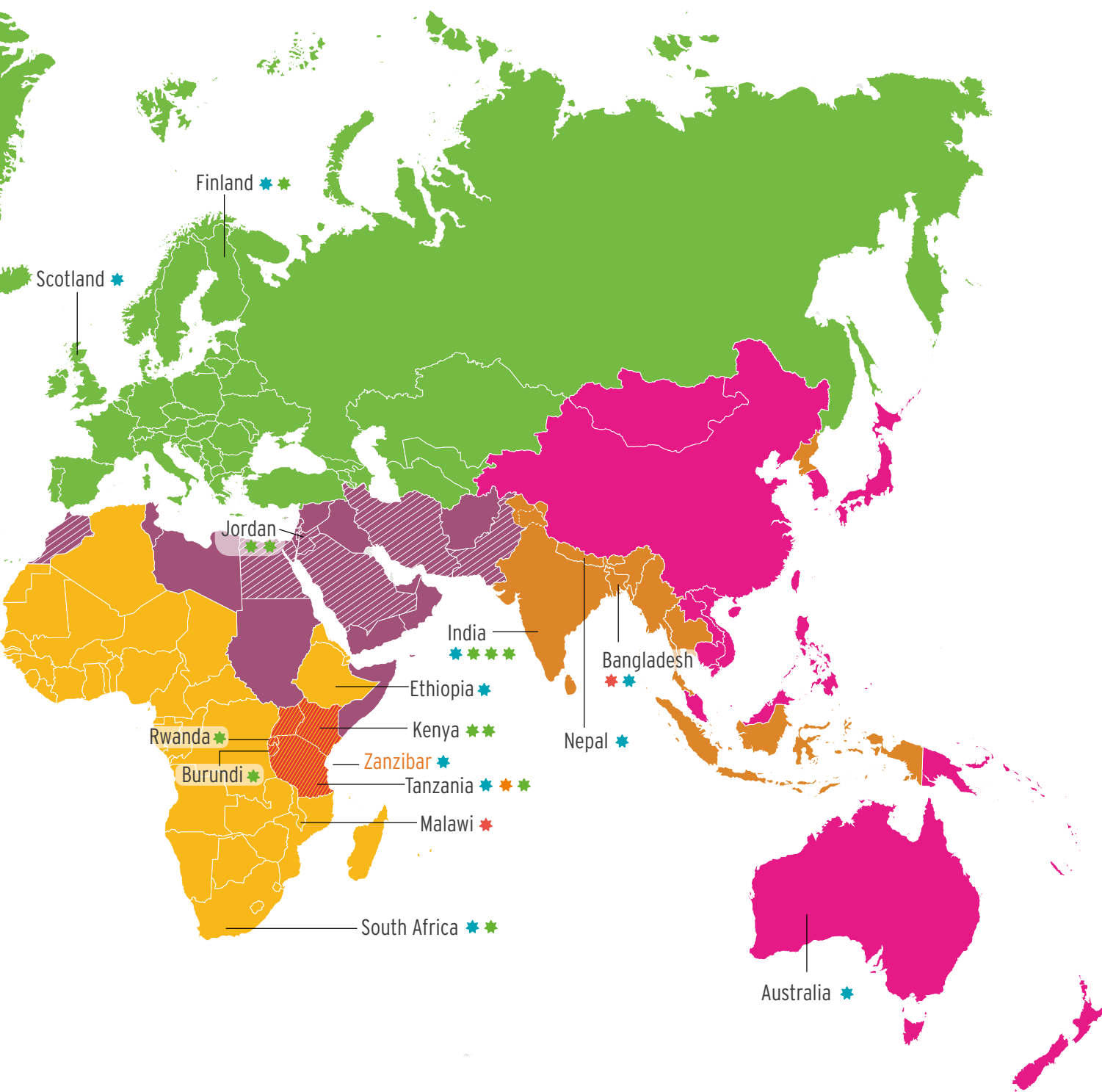
Latin America ★

Caribbean ★★

## Southeast Asia Region

## Western Pacific Region





# I. BACKGROUND

Since 2010, NCDs have been elevated onto national and global health and development agendas through a series of political commitments, including the landmark **2011 UN Political Declaration on NCD Prevention and Control**, the WHO **2025 Global NCD Targets** and the **WHO Global NCD Action Plan 2013-2020**. NCDs were also included as a target in the **2030 Agenda for Sustainable Development** adopted at the 70<sup>th</sup> UN Global Assembly in 2015 which prioritizes health as a central factor in promoting and achieving sustainable social, economic and environmental development.

Consequently, there is now a global agenda for the prevention and control of NCDs in place, with shared responsibilities for all countries based on concrete targets. However, progress at the national and regional levels has been too slow and political will is needed for action. The **2018 UN High-level Meeting on NCDs** presents a key opportunity to galvanize the NCD community, as member states will be taking stock of progress, identifying and assessing gaps and reaffirming political commitment.

A whole-of-society approach is essential to the success of the NCD response, and civil society in particular plays a critical role. To clarify, the NCDA adopts the World Bank definition of civil society as the:

“Wide array of non-governmental and not-for-profit organisations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. Civil Society Organisations (CSOs) therefore refer to a wide of array of organisations: community groups, non-governmental organisations (NGOs), labour unions, indigenous groups, charitable organisations, faith-based organisations, professional associations, and foundations” (World Bank).

The NCDA believes that a vibrant and strong NCD civil society movement is essential to accelerate and sustain progress at national and regional levels. Civil society plays a critical role in the NCD response by creating awareness, improving access to services, advocating for action and ensuring accountability.



## ADVOCACY

Driving systemic change such as through influencing legislation, funding, or policy for NCD prevention and control.



## ACCOUNTABILITY

The cyclical process of monitoring, review, and remedial action. A crucial force for political and programmatic change and a key to tracking progress on NCDs. Examples include tracking national action and the progress of governments and the private sector against commitments.



## ACCESS TO SERVICES

Including the delivery of health services, medications, patient support, and legal or practical advice.



## AWARENESS CREATION

Such as educational campaigns targeting the general public or specific populations aimed at increasing knowledge and changing attitudes or behavior.

Lessons from other global health and development movements, notably HIV/AIDS, have demonstrated the importance of strong CSOs and community-based efforts in accelerating action. Thanks to their close connection with communities, CSOs provide the public and people living with NCDs with an essential voice in decision-making processes. They also have the ability to mobilize public opinion and apply pressure on governments to ensure that resources and services reach and benefit affected communities. Crucially, these organisations hold governments and other sectors to account to make sure they fulfil their duties and deliver on their promises.

The NCD civil society movement is relatively young, particularly in low-income and middle-income countries. Although many professional societies and disease-specific or risk factor-specific associations have been active for many years, the decision to unite with other like-minded organisations across the NCD spectrum is relatively new. The NCDA was formed in 2009 and has been convening the NCD civil society community to advance action since then.

Coalition building – working together and pooling leadership, technical expertise, resources and networks based on a common agenda – is central to the NCD movement. Testament to both the demand for, and effectiveness of, this unified approach to NCD advocacy is the emergence of a network of national and regional NCD alliances around the world. Over the past seven years, this network has grown dramatically. Major triggers for the formation of these civil society alliances have included global political NCD events, such as the 2011 UN High-level Meeting on NCDs and the SDG process.

In recognition of the importance of this growing network of alliances and the need to build capacity for the NCD movement to address the gap in implementation, the NCDA convened the national and regional NCD alliances for the first time at the Global NCD Alliance Forum in Sharjah, UAE, in November 2015.

The Global NCD Alliance Forum in 2015 brought together national and regional NCD alliances and partners to strengthen civil society advocacy. More than 200 civil society representatives from six continents adopted the landmark **Sharjah Declaration on NCDs: civil society united towards 2030**, a global expression of the NCD civil society's commitment to advance the NCD response by delivering on its four key roles. The Sharjah Declaration signals an important shift in focus to translate global commitments into national action and establishes civil society as a critical component of the NCD response.

Ahead of the Global NCD Alliance Forum in 2015, the NCDA commissioned an independent civil society situational analysis (CSSA) entitled *Situational Analysis of National and Regional NCD Alliances\**. This analysis aimed to understand how NCD alliances develop and how their growth can be accelerated and sustained; obtain a snapshot of national and regional priorities for action and advocacy; and identify key challenges and support needs.

The CSSA instead of 'situational analysis' highlighted the significant number of national and regional alliances that emerged between 2010 and 2015 around the world. The findings of the report demonstrated that, although alliances are extremely diverse, they share a common focus and, despite being young, play an important role in stimulating government action on NCDs by providing a platform for coordinated advocacy.

The CSSA also showed that alliances from low-income countries tended to prioritize early diagnosis, access to treatment and mobilising civil society in their work, whereas alliances in high-income countries prioritized securing policies to reduce risk factor exposure, civil society participation in official NCD mechanisms and supporting national NCD plans. Finally, the CSSA showed that many alliances face common challenges (including financial and human resource constraints) and capacity needs (such as strategic and advocacy planning).

\*Achieving 25 x 25 Through Civil Society Coalitions: A situational analysis of national and regional NCD alliances. NCD Alliance. 2015. Available online: [https://ncdalliance.org/sites/default/files/resource\\_files/CSSA\\_fv1Dec2015.pdf](https://ncdalliance.org/sites/default/files/resource_files/CSSA_fv1Dec2015.pdf)

# National and regional NCD alliances

Since the CSSA and the first Global NCD Alliance Forum in 2015, the NCD civil society movement has grown from 43 national and regional NCD alliances to 55 at the latest count (a full list is available below). It is worth noting that most alliances operate in low- or middle-income countries.

Through this atlas, the NCDA has sought to delve into and explore the activities of national and regional NCD alliances with a view to capturing their contributions to the NCD response and sharing lessons from national and regional alliances diverse initiatives. This is partly a response to the significant demand for sharing NCD civil society good practices set out in the 2015 CSSA as well as NCD civil society mapping surveys of the African, Southeast Asian, Eastern Mediterranean and European regions.

## African Region

Name	Country or region	Initiatives
Africa NCDs Network	Africa	
<b>Burundi NCD Alliance</b>	Burundi	★
Consortium for NCD Prevention and Control in Sub-Saharan Africa	Sub-Saharan Africa	
<b>Consortium of Ethiopian NCD Associations</b>	Ethiopia	★
<b>East Africa NCDs Alliance</b>	East Africa	★
<b>NCD Alliance Malawi</b>	Malawi	★
<b>NCD Alliance Kenya</b>	Kenya	★ ★
Nigerian NCD Alliance	Nigeria	
<b>Rwanda NCDs Alliance</b>	Rwanda	★
<b>South African NCDs Alliance</b>	South Africa	★ ★
<b>Tanzania NCD Alliance</b>	Tanzania	★ ★ ★
Uganda NCD Alliance	Uganda	
Zambia NCD Alliance	Zambia	
<b>Zanzibar NCD Alliance</b>	Zanzibar	★

## Eastern Mediterranean Region

Name	Country or region	Initiatives
Egypt NCD Alliance	Egypt	
<b>Eastern Mediterranean Region NCD Alliance</b>	Eastern Mediterranean	★
<b>Jordan NCD Alliance</b>	Jordan	★ ★
Saudi NCD Alliance	Saudi Arabia	

## European Region

Name	Country or region	Initiatives
Danish NCD Alliance	Denmark	
European Chronic Disease Alliance	Europe	
<b>Finnish NCD Alliance</b>	Finland	★ ★
Die Deutsche Allianz Nichtübertragbare Krankheiten	Germany	
Norwegian NCD Alliance	Norway	
Richmond Group	United Kingdom	
<b>ScotHealth2021 Coalition</b>	Scotland	★
Svenska NCD-nätverket	Sweden	

## The Americas

Name	Country or region	Initiatives
<b>Rede ACT de Promoção da Saúde</b>	Brazil	★
Alianza Enfermedades no Transmisibles Chile	Chile	
<b>Alianza ENT – Uruguay</b>	Uruguay	★
Chronic Disease Prevention Alliance of Canada	Canada	
<b>Alianza ENT Perú</b>	Peru	★ ★
<b>Coalición Latinoamérica Saludable</b>	Latin America	★
Frente por un Chile Saludable	Chile	
<b>Healthy Caribbean Coalition</b>	Caribbean	★ ★
<b>Mesa Nacional por las Enfermedades Crónicas No Transmisibles</b>	Colombia	★
<b>México Salud-Hable</b>	Mexico	★ ★
NCD Alliance Argentina	Argentina	
NCD Roundtable	USA	
<b>Taskforce on Women &amp; NCDs</b>	USA	★
Trinidad and Tobago NCD Alliance	Trinidad and Tobago	

Initiatives ★ ADVOCACY ★ ACCOUNTABILITY ★ ACCESS ★ AWARENESS

## Southeast Asia Region

Name	Country or region	Initiatives
ASEAN NCD Network	Southeast Asia	
Asia Pacific NCD Alliance <sup>1</sup>	Asia Pacific	
<b>Bangladesh Network for NCD Control and Prevention</b>	Bangladesh	★
<b>Healthy India Alliance</b>	India	★ ★ ★ ★
Maldives NCD Alliance	Maldives	
Myanmar NCD Alliance	Myanmar	
NCD Alliance Indonesia	Indonesia	
NCD Alliance Lanka	Sri Lanka	
<b>Nepal NCD Alliance</b>	Nepal	★
<b>Non-Communicable Diseases Forum</b>	Bangladesh	★
Thai NCD Alliance	Thailand	

## Western Pacific Region

Name	Country or region	Initiatives
<b>Australian Chronic Disease Prevention Alliance</b>	Australia	★
Japan NCD Alliance	Japan	
NCD Alliance Malaysia	Malaysia	
Vietnam NCD Alliance	Vietnam	

Initiatives ★ ADVOCACY ★ ACCOUNTABILITY ★ ACCESS ★ AWARENESS

<sup>1</sup> The Asia Pacific NCD Alliance also works in countries of the Western Pacific region.

# The NCD Civil Society Atlas

The second Global NCD Alliance Forum will be taking place from 9-11 December 2017 in Sharjah, United Arab Emirates (UAE). The forum will provide an opportunity to mobilize the NCD community ahead of the 2018 UN High-level Review on NCDs, furthering the Sharjah Declaration on NCDs, uniting around priorities and strategising to deliver on civil society's main roles, apply pressure to meet ambitious global targets and deliver national progress. It also presents an opportunity for national and regional alliances to share their accomplishments and learn from other alliances.

The atlas, which will be launched at the second Global NCD Alliance Forum, seeks to document initiatives by national and regional NCD alliances around the world and celebrate the diversity of experiences as well as maximise opportunities for knowledge sharing.

## The atlas aims to:

Document and track civil society's activity as committed to in the Sharjah Declaration on NCDs

Provide a snapshot of the current state of global NCD civil society in different regions and across a variety of thematic areas

Share good practices among existing and potential national and regional NCD alliances to foster knowledge exchange and innovation

The *NCD Civil Society Atlas* focuses on accountability, access, advocacy and awareness, in accordance with the four key roles of NCD civil society echoed in the Sharjah Declaration on NCDs.

The atlas is designed to promote the sharing of experiences among NCD CSOs. It can also serve to inform key stakeholders interested in strengthening or leveraging the contributions of NCD civil society. It is intended to serve as an advocacy tool to argue the case for the critical role played by NCD civil society in the NCD response.

## Sharjah Awards for Excellence in NCD Civil Society Action

With the input of an independent review panel made up of four experts, each initiative was given a score for performance based on four key criteria (see methodology below). The highest-rated initiative in each of the categories of action will be presented with a Sharjah Award for Excellence in NCD Civil Society Action, including a 5,000 USD prize, at the second Global NCD Alliance Forum.

## II. METHODOLOGY

In July 2017, the NCDA invited all national and regional NCD alliances to submit up to four of their NCD initiatives pertaining to accountability, access, advocacy or awareness. The 54 submissions received were screened by the NCDA team for eligibility based on five requirements. To be eligible, submissions had to:

1. Be relevant to NCD prevention and/or control.
2. Fall within one of the four categories of action (accountability, access, advocacy and awareness).
3. Be conducted by a national or regional NCD alliance.
4. Include a declaration by implementing organisations that the initiative was not funded by the alcohol, tobacco, food and beverage or arms industries.
5. Be active or less than five years old.

The NCDA team and external consultant subsequently worked with the submitters to develop the qualifying 38 initiatives into fully-fledged case profiles.

An independent review panel made up of four experts ranked the submissions by assessing them on the basis of four equally weighted criteria:

### 1. COORDINATION

Case illustrates the power of networks, partnerships or coalitions in NCD prevention and control.

### 2. RESULTS

Case presents qualitative and/or quantitative data illustrating its impact and successes.

### 3. INNOVATION

Case displays an element of creativity in the way it approaches programme design, implementation or resourcing.

### 4. REPLICABILITY

Case incorporates techniques or lessons that can be applied in other contexts or by other alliances.

The highest-scored initiative in each of the four categories will be presented with a **Sharjah Award for Excellence in NCD Civil Society Action** along with a 5,000 USD grant in support of its work.

Although great care has been taken to accurately represent each initiative, the NCDA team relied on input from the submitters to gather information about the projects.

# III. OVERVIEW AND EMERGING TRENDS

The atlas presents the NCD initiatives of 22 national alliances as well as the alliances of the Caribbean, East Africa, Eastern Mediterranean and Latin American regions. A directory of contributing alliances is provided in Annex 1.

While the atlas does not claim to present conclusive trends on the civil society response to NCDs, the profiled initiatives do present several notable similarities and differences. Analysis of the initiatives showcases significant innovations, key achievements, several gaps and the way forward for the NCD civil society response.

These initiatives show some interesting convergence in terms of priority approaches, duration, partnerships, key themes and target audiences.

## 1. Priority approaches

Most of the submissions received fell within the advocacy and awareness categories. Awareness initiatives came mostly from Asia, Africa and the Eastern Mediterranean regions, with only the Finnish NCD Alliance reporting an initiative from the high-income countries (HICs). Most of the African initiatives weave together awareness and access components. One possible explanation for the low number of awareness and access interventions from HICs is the fact that, relatively speaking, governments provide adequate health promotion and access initiatives in these countries.

Notably, no initiatives falling squarely within the awareness category were reported from Latin America. The alliances in the region appear to continue their focus on NCD risk factor advocacy, as reported in the 2015 CSSA. It would be worth examining the impact of such concerted advocacy for macro-level NCD prevention policies on reducing the high NCD prevalence in the region.

Accountability initiatives are yet to see significant uptake, with only two regional alliances and two national alliances from Latin America presenting submissions in this category. However, several of the advocacy initiatives presented do have clear accountability components, which highlights how the four areas of action often overlap. The civil society alliances from HICs also mostly presented advocacy initiatives.

## 2. Duration of initiatives

The atlas presents the work of alliances established from as early as 2001 to 2016, although all featured initiatives are either ongoing or ended less than five years ago.

Between the 14-year-long efforts of the Australian Chronic Diseases Prevention Alliance (formed in 2001) advocating interpretive labels on food packaging and the six-month-old initiative of the Jordan NCD Alliance (formed in 2016) to improve compliance with the country's smoke-free laws, the initiatives display the staying power of CSOs and illustrate the growth of the movement.

Notably, submissions were received from six alliances whose formation was confirmed after the 2015 CSSA (those in East Africa, the Eastern Mediterranean, India, Jordan, Malawi and Bangladesh).

## 3. Partnerships

While the CSSA showed the emergence of several new alliances in relation to the 2011 UN High-level Meeting on NCDs, the atlas reflects the fact that the NCD alliances, especially those from LICs, are now embarking on an expansion phase by forging diverse partnerships.

The Burundi NCD Alliance, for instance, is attempting to do so through a member recruitment drive among CSOs and those affected by NCDs. Since the CSSA, national alliances have also coordinated to form broader regional alliances in East Africa and the Eastern Mediterranean region.

Meanwhile, NCD alliances in Colombia, Mexico, Brazil, Peru and Australia have forged ties with food, nutrition and consumer networks to advance their work on unhealthy food and beverages. In addition, Nepal's alcohol network has joined up with the Nepal NCD Alliance to advocate for the country's alcohol policy.

This growing trend among alliances from LICs could in part be enabling them to draw on one other's strengths and use available resources more efficiently to maximise outcomes.

## 4. NCD issues in focus

Among the NCD risk factors, labelling, taxation and marketing of unhealthy food and beverages seem to be emerging areas of focus among featured initiatives, with alliances in Latin America and the Caribbean leading the trend while at least one alliance in Asia (India) and one in Africa (South Africa) is displaying interest.

Notably, physical activity efforts are slowly picking up momentum across East Africa (in Rwanda, Tanzania, Malawi and Kenya), mostly in conjunction with environmental action and NCD awareness initiatives.

Disease-focused action occurs to a greater extent in Africa and the Caribbean. In Africa, the efforts appear to synergize services across NCDs, whereas the Caribbean initiative is currently focused on cervical cancer, given its high prevalence in the region.

## 5. Target audience

National and sub-national governments and policy-makers constitute a key target audience of CSO initiatives. The approaches vary from collaborative partnerships to demanding accountability from governments. This continuum is also reflected in the Sharjah Declaration on NCDs, which states the importance of supporting action whilst ensuring that decision-makers are being held accountable. Most African access initiatives, for instance, are undertaken in active partnership with governments, while the Alianza ENT Perú undertook a peaceful protest and litigation to press the government for evidence-based nutritional regulations.

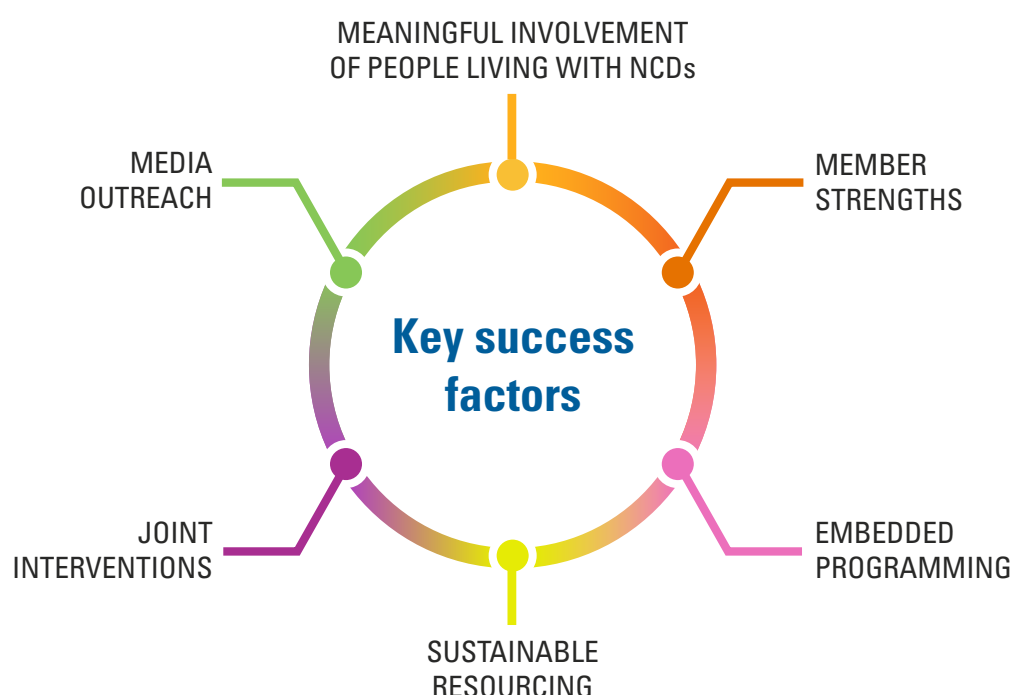
Members of parliament also emerge as a common target of alliances working on NCD advocacy and access initiatives across regions. Alliances in Bangladesh (the Bangladesh Network for NCD Control and Prevention), Tanzania and Scotland have initiated collaborative action with members of parliament by setting up NCD-specific parliamentary forums. The Mexican and Nepalese NCD alliances undertook targeted lobbying of members of parliament to achieve their advocacy goals.

NCD awareness and access initiatives frequently address the public or vulnerable groups in the community. While the Healthy Caribbean Coalition aimed its cervical cancer services and messages at indigenous and other vulnerable women, the “One Life” programme by the Finnish NCD Alliance (FNCD) had multiple constituencies among its target audience, from communities to decision-makers and health, social welfare and education professionals.

Regional agencies such as the CARICOM and WHO AFRO were among the targets of some of the regional NCD initiatives. Intergovernmental agencies such as the UN Commission on the Status of Women (CSW) were an ideal audience for the efforts of the US Taskforce on Women and NCDs to discuss the impact of NCDs on women and girls globally, whereas the Alianza ENT Perú targeted groups such as the UN Global Compact to terminate tobacco industry sponsorship of SDG events.

Media, heads of state, civil society groups and national commissions were among the other target audiences of profiled initiatives. To note, the Sharjah Declaration on NCDs includes a set of recommendations relating to the UN system and other multilateral organisations.

## IV. KEY SUCCESS FACTORS



**Figure 1.** Key success factors of initiatives

**The NCD alliances engaged a broad range of strategies to advance action on NCDs at the national and regional levels, including:**

### 1. Leveraging member strengths

Leveraging member strengths is an essential part of working in an alliance. Several alliances, particularly those working on access, draw on the strengths of members to design and implement NCD initiatives.

For example, most African alliances have pooled the NCD-specific expertise and resources of members to deliver joint NCD screening services to wider geographical areas. Similarly, the Coalición Latinoamérica Saludable utilizes the advocacy skills and expertise of its members to fuel its advocacy efforts.

### 2. Embedded programming: engaging with existing national systems

NCD alliances have been strategic in engaging existing systems and plans to advance action on NCDs. To this end, the Coalición México Salud-Hable engaged the country's national commission against addiction to develop and implement nationwide tobacco dependence treatment guidelines.

Similarly, the Finnish NCD Alliance effectively propelled the country's Health for All 2025 programme forward by developing a consensus statement on its implementation alongside the ministry of health and other stakeholders.

The African and Caribbean initiatives involve extensive health system strengthening for NCD services. The NCD Alliance Kenya, for instance, trains healthcare workers, supplies free NCD equipment for screening and conducts free screenings in government health facilities. The Jordan NCD Alliance initiative displays civil society efforts to promote the community's use of government health facilities by instilling health-seeking behaviour and facilitating referrals.

### 3. Involving people living with NCDs

The involvement of people living with NCDs is the cornerstone of initiatives such as that of the South African NCD Alliance. The voices of people living with NCDs shape its campaign for a sugar-sweetened beverages tax as well as its capacity-building efforts at the provincial level.

The Healthy India Alliance similarly recruited people living with NCDs, their families and recovering alcohol addicts as NCD risk factor peer educators.

Most of the awareness initiatives by African NCD alliances engage people living with NCDs to promote healthy lifestyles, coping with illness and treatment compliance. The Burundi NCD Alliance, for example, shared the experiences of people living with NCDs to support those newly diagnosed.

### 4. Designing joint interventions

NCD alliances are increasingly combining multiple programme goals into a single initiative for enhanced outcomes. The access initiatives across Africa and the Caribbean best demonstrate the impact of including NCD screening services in awareness programmes to attract greater community participation in both.

Similarly, the Jordan NCD Alliance organized a walk at the end of its NCD awareness festival to promote behavioural change to overcome cultural barriers. In a similar vein, the NCD awareness and screening camps at the Burundi NCD alliance serve multiple purposes: to improve service delivery, build visibility and recruit new members to the alliance.

### 5. Maximising media outreach

The featured initiatives display adeptness at using diverse media outlets to disseminate their messages.

The Malawi NCD Alliance revived the use of traditional media such as the radio to reach those not digitally connected.

Mexico's SSB initiative overcame its resource constraints through the extensive use of social media, in particular Twitter.

The Jordan NCD Alliance used "Tweetups" to encourage thought leaders to widely disseminate its tweets. The FNCDAs extensively used a central website and online tools to augment its community awareness programmes.

### 6. Building sustainable resourcing models

Initiatives of NCD alliances indicate increased and conscious efforts to build sustainability into programming through a range of strategies. The NCD Alliance Kenya's microcredit programme, which helps those with hypertension and diabetes to buy medicines or start income generation activities to produce and sell vegetables, is one example.

Similarly, the involvement of donors, healthcare services and health insurance firms is enabling the Bangladesh Non-Communicable Diseases Forum to provide affordable healthcare to communities through a subsidized health card in a sustainable manner.

The Malawi NCD Alliance raises funds for its cancer and hypertension interventions through bake and button sales, while for its diabetes intervention it has managed to secure free radio talk time from corporate social responsibility initiatives.

Notably, the Caribbean coalition has developed a pooled funding strategy to help members from small island nations in the region to access significant development aid that is further supplementing in-country resourcing.

Beyond resourcing individual initiatives, the Zanzibar NCD Alliance is pursuing a dual strategy of integrating nutrition interventions in the plans and budgets of district and state administrations. Meanwhile, the Consortium of Ethiopian NCD Associations successfully advocated the integration of the country's NCD plan into its health sector development programme, thus positioning NCDs for sustainable funding.

## Twinning between the Danish and East African NCD alliances

The Danish NCD Alliance (DNCD) supports NCD alliances in Burundi, Kenya, Rwanda, Tanzania, Uganda, Zanzibar and the East African Community to improve the political response for NCD prevention and control and citizen engagement in NCD health promotion through advocacy and awareness campaigns. Key areas of capacity building include:

### 1 Organizational development and governance

Structures and constitutions were developed for the national alliances in the region following interactive workshops involving the DNCD and national experts in East Africa on good governance principles of legitimacy, transparency and accountability. Activities aimed at membership recruitment and patient involvement have since helped to enlist over 500 members in each national alliance.

### 2 Resource mobilization

Apart from participating in workshops on fundraising, national alliances worked with the DNCD on a grant application to the Danish International Development Agency and pursued local funds. This gathered in-kind resources such as glucose strips for specific events. The national alliances are now seeking to integrate NCDs in funding opportunities for reproductive health, food security and gardening. They are also becoming familiar with post-grant reporting processes and establishing functional relationships with donors.

### 3 Financial management

The national alliances were supported in developing guidelines for financial management. This was supplemented through the employment of accountants and annual external and frequent financial reviews by a financial consultant, followed by review workshops.

The present strength and vibrancy of the East African national and regional NCD alliances is evidenced by the diversity of featured initiatives from these countries. This is a testament to the potential impact and power of such twinning initiatives.

## V. INNOVATION

The initiatives display innovation across the NCD intervention categories.



### ADVOCACY

Advocacy initiatives showed innovation in the engagement of strategic messengers, from people living with NCDs in South Africa and employers in the USA to heads of state in Uruguay and Bangladesh (Network for NCD Control and Prevention), members of parliament in Tanzania and an international expert in Mexico's smoking cessation initiative.

Timing is paramount in advocacy. The Latin American NCD coalition recognized this by establishing a rapid response mechanism for timely action on emerging NCD challenges in Latin America and the Rwanda NCD Alliance built on the political interest in green cities and car-free days to organize its NCD awareness initiative, while alliances in Colombia, India and Mexico seized the opportunity afforded by national tax reforms to initiate dialogue on their SSBs.



### ACCOUNTABILITY

Among the accountability initiatives, Brazil's NCD coalition showed creativity by using shadow reports to demand accountability from the government.

The Caribbean and East African alliances innovated with the NCD Alliance benchmarking tool by adapting it to their respective regional context and frameworks. In both instances, the reports were used simultaneously to stimulate action at regional and national levels in a mutually reinforcing manner.

For instance, the East African NCD Alliance used the benchmarking exercise to raise the profile of NCDs at the WHO AFRO Regional Committee, while in-country action by its members helped create champion governments who raised NCD issues at the regional meeting.

Similarly, the Caribbean Coalition's childhood obesity prevention scorecard received the support of CARICOM health ministers at the regional level while stimulating action on SSB taxation in member countries such as Barbados.



### AWARENESS

Alliances employed several innovative strategies in their awareness-raising initiatives, with the key innovation being the addition of NCD screenings to increase participation in the awareness activities of all African initiatives.

Awareness walks in Kenya, Rwanda and Tanzania involved key community leaders to increase visibility.

Some alliances experimented with multi-stakeholder sensitization programmes involving mixed target groups. For example, the Burundi NCD Alliance organized a single workshop with members of parliament, media representatives, government officials and people living with NCDs to facilitate mutual learning.

Likewise, the awareness sessions of Healthy India Alliance involved students of medicine and social work, schoolchildren, recovering addicts, families living in slums, teachers and volunteers.



### ACCESS

While the NCD Alliance Malawi engages village headmen to build community interest in NCD screenings, the NCD Forum Bangladesh collaborates with local shopkeepers to promote its screening services, using awareness leaflets as concession coupons for NCD screening.

The Burundi NCD Alliance improved the access and visibility of its screening services by holding them in public places such as markets and malls instead of in hospitals or clinics.

The Tanzania NCD Alliance has been strategic in using NCD screening to get political buy-in by offering it to key targets such as policy-makers and government staff.

Data automation of NCD services is helping the NCD Alliance Kenya and its government partners with quick programme decisions and linking diagnosed individuals with health facilities.

# VI. NCD CIVIL SOCIETY CONTRIBUTIONS

The atlas paints a landscape of how NCD civil society is mobilising around the world to deliver impact in innovative and strategic ways. It also provides concrete examples of how NCD CSOs are delivering on their 2015 commitments as set out in the Sharjah Declaration:

## Sharjah Declaration on NCDs: Civil Society United Towards 2030

### JOIN FORCES – WORK TOGETHER

- A** Mobilize and grow strong NCD civil society alliances at national, regional and global levels, and include in our networks non-health and development actors to leverage synergies for NCDs;
- B** Strengthen relationships and partnerships with our governments, relevant UN agencies and other stakeholders towards a whole-of-society response to NCDs;
- C** Engage the grassroots in all NCD advocacy efforts and amplify the voices of people living with and affected by NCDs, in particular the most vulnerable and most at risk.

### ACCELERATE ACTION – ADVOCATE FOR CHANGE

- A** Support the development and implementation of national NCD plans and targets and advocate for evidence-based policies and programmes across sectors;
- B** Encourage the establishment of, and participate in, high-level multisectoral NCD coordination mechanisms at national and regional levels;
- C** Increase awareness of NCDs as a sustainable development priority and support the integration of NCDs into national development plans and frameworks;
- D** Mobilize domestic, bilateral and multilateral resources for NCDs.

### INCREASE ACCOUNTABILITY – MONITOR PROGRESS

- A** Support official monitoring and surveillance processes and mechanisms in collaboration with national governments, the WHO and other regional and international partners;
- B** Hold ourselves, our governments and the private sector accountable to respective commitments, using tools such as benchmarking, shadow reporting and scorecards;
- C** Contribute to a successful UN High-level NCD Review in 2018 and consecutive reviews.

**The initiatives by national and regional NCD alliances present a wide range of civil society contributions to the national, regional and global NCD response, including:**

## 1. Accelerating action on NCD risk factors and health-harming industries

The atlas showcases NCD alliance action on tobacco, alcohol and the food and beverage industries across regions in which they operate.

This ranges from exposing tobacco industry participation in development initiatives in Peru to a direct challenge to food industry behaviour in Mexico, initiating discussion about policies to regulate unhealthy food in Brazil and addressing health-harming industries broadly in Scotland.

Several initiatives have also started taking direct action to tackle obesity (Zanzibar), alcohol (India), physical activity (Rwanda) and tobacco (Jordan).

## 2. Holding governments to account on NCD commitments

The initiatives of NCD alliances indicate concrete responses from governments at sub-national, national and regional levels.

The Ethiopian Government worked with its NCD alliance to integrate NCDs in its health sector development programme. Partly in response to civil society action, African health ministers prioritized NCDs for the first time in the agenda of the WHO AFRO Regional Committee Meeting.

In South Africa, several provincial governments and the South African NCD Alliance co-organized NCD awareness sessions for stakeholders in their jurisdictions.

Moreover, the nutrition commission of Brazil's national health council endorsed civil society recommendations for the taxation and labelling of unhealthy food and beverages.

## 3. Coordinating the civil society response

The 26 national and regional NCD alliances featured in the atlas present a unified civil society response to NCDs across countries and regions.

As the Australian food labelling initiative shows, coordinated action by civil society made its work with the government smoother and more effective.

Such coordination has also facilitated the pooling of expertise and resources, be it for mobilising political and public pressure in the advocacy campaigns in the Americas or for organising comprehensive NCD screenings in Africa.

## 4. Mobilising new allies for multisectoral NCD action

Thanks to national NCD alliances, four countries detailed in the atlas (Mexico, Scotland, Bangladesh and Tanzania) now have NCD-specific forums for members of parliament, while at least another six alliances (Peru, Zanzibar, Uruguay, Finland, Nepal and Brazil) reported active engagement of members of parliament in championing NCD concerns.

Similarly, one country (Tanzania) now has an NCD-specific journalist forum, three other alliances led media sensitization workshops, and all alliances in the atlas actively engage the media in their work.

Public support for NCDs has also been built through awareness, screening and social media mobilization across the initiatives.

## 5. Strengthening NCD service delivery systems

Civil society access initiatives augmented government NCD delivery systems in over one-quarter of the countries in the atlas.

For instance, the NCD Alliance Kenya supplied screening equipment and established NCD clinics in 16 MoH facilities and referred nearly 2,000 detected NCD cases from remote areas to government health facilities for treatment.

Several additional alliances contributed by way of training health workers or securing resources, guidelines and plans for integrated NCD service delivery.

## 6. Attracting additional resources for NCD prevention and control

Alliances have been successful in securing resources for NCD action from a variety of sources. The Danish NCD Alliance and Healthy Caribbean Coalition have effectively tapped into development aid from Denmark and Australia respectively, for sub-granting to national alliances.

The NCDA itself has supported initiatives reported from Brazil, the Caribbean, South Africa and India.

Alliances have also accessed corporate social responsibility resources such as free radio talk time in Malawi, while initiatives in Bangladesh and the USA collaborated with health insurance and mHealth firms for their programmes.

Initiatives of alliances in HICs such as Australia, Finland and Scotland were self-funded by members. LIC initiatives also reported running on pro bono time and equipment from members, along with external resources. More comprehensive notes on resourcing and donor acknowledgements can be found in Annex 2.

### Lessons learned

Engage in strategic multisectoral partnerships to ensure wide stakeholder buy-in, high quality programmes, efficiency and maximal benefit to target groups.

Agree on shared goals and sustain a sense of ownership for lasting collaboration among partners.

Prepare for rapid response and prompt follow-up to seize and fully utilize emerging opportunities.

Streamline interventions to cut cost and maximise outcomes.

Engage with governments constructively to form productive partnerships and accountability.

Utilize and strengthen existing systems to expand reach and avoid duplication.

Prepare to be strategic in countering opposition from health-harming industries.

Use benchmarking exercises to initiate policy dialogue.

Choose appropriate media outlets and spokespersons to build political and public pressure.

Gather data and evaluate interventions to inform programme decisions.

In conclusion, the initiatives of the NCD alliances profiled in the atlas reflect concerted civil society efforts to meet the commitments of the Sharjah Declaration on NCDs. These have strengthened civil society alliances and involved people living with NCDs as well as non-health partners.

These efforts have led to policy successes, increased awareness, improved access to services and more initiatives monitoring progress of action on NCDs. In the run-up to the UN High-level Meeting on NCDs in 2018 and beyond, national and regional NCD alliances are mobilized and ideally placed to advocate for action and drive change.

# **NATIONAL AND REGIONAL NCD CIVIL SOCIETY INITIATIVES**



## ADVOCACY

Advocacy activities are activities that rally support or argue in favour of, for example, a policy, cause or idea. They aim to drive systemic change and influence legislation, funding or policy for NCD prevention and control.

National and regional NCD alliances are actively engaged in such advocacy efforts. Most of the atlas submissions received fell under the advocacy category, spanning regions and resource settings.

As was observed in the 2015 CSSA publication, initiatives of NCD alliances from HICs have a strong focus on advocacy over other types of activities. Building on the lessons learned from tobacco control, unhealthy food appears to be an emerging focus of civil society advocacy initiatives in at least five countries.

The target audiences of most advocacy initiatives are policy-makers, governments and legislators. Sometimes, the initiatives worked in partnership with the government, as the Ethiopian NCD alliance did in developing the country's national NCD plan or as the Jordan NCD Alliance did in promoting the country's smoke-free law. On other occasions, civil society advocacy persuaded policy-makers to take action, which occurred in Colombia, Bangladesh (Network for NCD Control and Prevention) and Mexico.

The advocacy initiatives often include:

- Direct meetings with policy-makers
- Appearing before government committees, commissions and legislative bodies
- Public mobilization through street or online demonstrations
- Using the media to raise the profile of the issue among a diverse target audience
- Litigation to exercise citizens' rights, defend or oppose policies and address action or inaction on the part of governments or industry

A key outcome of the reported advocacy initiatives has been progress with macro-level policies on NCD risk factors. At least two initiatives (Ethiopia and Finland) managed to advance national-level NCD strategies and plans. One initiative helped to recruit a head of state to champion the NCD cause, another raised gender concerns regarding NCD prevention and control at the UN level, and yet another called into question tobacco company sponsorship of SDG events.

### TOP LESSONS LEARNED

---

Generate evidence to inform advocacy efforts

---

Remain vigilant in order to identify windows of opportunity for policy change

---

Design concrete campaign and communication plans

---

Build broad-based coalitions for multisectoral advocacy

---

Leverage awareness, access and accountability interventions to boost advocacy impact

---

# Rapid Regional Response to Strengthen and Defend National NCD Policies in Latin America

## ALLIANCE

Coalición Latinoamérica Saludable (CLAS)

## REGION

Latin America

## DATE

May 2015 to present



Advocacy



Accountability



CLAS members' meeting in Montevideo, Uruguay, June 2017

“

CLAS has been able to convene diverse civil society organisations from Latin America and help synergise their efforts on NCD prevention and control. With limited resources but great commitment from many people, it has been possible to have a significant impact on health policies in several countries through rapid response advocacy.

Dr Eduardo Bianco, Member, Uruguayan NCD Alliance and CLAS

As a regional alliance, the Coalición Latinoamérica Saludable (CLAS) mobilized a rapid response team of members who provide swift advocacy support to national alliances. By writing to heads of state and drawing issues to the attention of media and influential agencies, they help raise the profile of the issues and lend strength to national efforts.

## CASE SUMMARY

The Coalición Latinoamérica Saludable (CLAS) is regional network of national NCD alliances and other organisations in Latin American countries facilitated by the InterAmerican Heart Foundation (IAHF). It has formed a rapid response initiative to promote the adoption of evidence-based policies in line with Pan American Health Organization (PAHO) action plans on NCDs and to protect public policies from interference in the form of commercial interests, conflicts of interest and obstruction.

CLAS advocacy brings together members with expertise in law, economics, epidemiology, health, consumer rights and communication to coordinate virtually with local advocates. An alert, usually by e-mail, from any of the members or allies such as PAHO on an emerging country situation, triggers quick follow-up by the IAHF to gather details.

For example, where a CLAS letter is required, the IAHF prepares and shares the first draft for review and finalization on the CLAS advocacy Listserv. It then sends the final document on to intended targets, such as elected officials and the media.

When the response time is short, the IAHF reviews draft letters from local advocates in line with previous CLAS discussions and its strategic plan. These letters are then swiftly shared with the CLAS advocacy group and archived in a shared location.

For more detailed responses, local advocates and CLAS experts on the given issue, such as lawyers or those with experience of similar situations, develop a strategy over a webinar which is followed up through coordination by the IAHF.

Some of the recent CLAS advocacy activities include:

- Ecuador (August 2016): the Ministry for Industry and Productivity (MIP) of Ecuador proposed to replace the country's 2014 traffic light food package labelling with the Guided Daily Amount (GDA) labels preferred by food companies. The MIP's proposal was to replace the clear, simple and accurate traffic light label information with arbitrary proportions that would make it possible to avoid indicating the high salt, sugar or fat content of ultra-processed products and thus confuse consumers.

In consultation with Ecuadorian advocates and the PAHO, the CLAS sent a letter to the country's then president, Dr Rafael Correa Delgado, copying all ministries, WHO and PAHO leaders and the media. Upon request, international organisations such as the NCD Alliance and International Diabetes Federation also wrote to the president. Following widespread debate in the media, the threat to the traffic light labelling system was overcome.

- Colombia (September 2016): the ministry of industry and commerce suspended EducAR Consumidores' media campaign to inform

consumers about the high sugar content in beverages and related negative effects. The ministry maintained that the campaign was misleading and not evidence-based.

The CLAS once again moved swiftly and wrote a public letter to the president of Colombia, Mr Juan Manuel Santos. In addition to highlighting the health arguments, the letter pointed out how the suspension of the advertisements violated the consumers' right to information, the right to freedom of expression and treaties such as the International Covenant on Economic, Social and Cultural Rights (ICESCR).

Additionally, the organisation presented the issue at the PAHO Directing Council meeting of ministers of health from the Americas able to influence governments from the region to advance health policies. In April 2017, the Supreme Court of Colombia ruled in favour of *Educar Consumidores*, ordering the ministry of industry and commerce to annul the censure.

- Mexico (October 2015): the organisation mounted a campaign in support of *México Salud-Hable* to resist industry efforts to reduce the tax on sugary drinks in the country. A letter was sent to all members of the health and finance commissions of the Chamber of Deputies and the Senate.

The letters sent from the CLAS were used by local CSOs to inform TV news and other media outlets. Additionally, many members of the CLAS used social media to broaden the reach. The tax was retained and evaluation shows that it is reducing the consumption of sugary drinks.

The CLAS intends to organise itself to better respond to more situations that require rapid action from regional civil society. It is recruiting more advocacy-oriented members and patients in countries. It is also embarking on a regional benchmarking survey to help make the case for strong NCD policies.

## ANALYSIS

### Power of Alliances

The organisation is built on the power of collective action at local, regional and international levels. While the national alliances gather information on the situation, the regional alliances jointly craft strategies and tools. International organisations are also consulted to create broader reach and credibility.

This system has enabled individual organisations and country alliances to use the influence of a multi-country pressure group to advance national policies. In achieving this, the initiative has been able to draw on existing collaborative relations and diverse expertise within its network.

For instance, in preparing CLAS letters to decision-makers, legal experts are able to address legal and treaty violations while epidemiologists tackle the health burden.

The organisation was also successful in enlisting PAHO support in countries and regionally to identify issues and implement strategies.

## Innovation

The CLAS has been quite innovative in developing an organized platform from which to mount advocacy efforts involving diverse experts from the region at a relatively low cost. It has been able to pool the collective skills and experience of civil society leaders in each country for national and regional benefit.

The organisation has also spearheaded the exchange of information among many different groups that were fragmented and dispersed. Such exchange is facilitated through virtual meetings such as webinars. In order to respond swiftly in fast-moving situations, the CLAS has set up a document repository with information that is relevant to advocacy actions.

## RESULTS

- Successful defence of public health policies in several countries in the region, including Ecuador, Colombia and Mexico.
- The organisation has come to be recognized as the regional go-to mechanism offering strategic and swift advocacy support to advocates and alliances in countries.
- The PAHO lists the CLAS as one of two organisations contributing to the implementation of its NCD plans.
- A well organized repository of information on regional advocacy campaigns.

## LESSONS LEARNED

- Regional coalitions can contribute to national policy-making by working collaboratively with national and local groups.
- Having experts in health, law and economics on board helps rapid response teams to react swiftly.
- Besides scientific and public health evidence, there is merit in presenting arguments in the context of international and national law.
- Pointing to a country's pride and leadership and building a healthy competitive spirit among countries can mobilize political will.
- External support can be better assimilated when it is perceived to be reflecting the local culture and priorities as is the case with the CLAS.
- Regional coalitions should follow the lead of national organisations to ensure that efforts are harmonized.

# Reaching Multisectoral Consensus on Actions to Meet NCD Goals in Finland

## PROGRAM

Consensus statement on the prevention of NCDs

## ALLIANCE

Finnish NCD Alliance (FNCDCA)

## COUNTRY

Finland

## DATE

November 2016 to present



Advocacy

The Finnish Medical Society Duodecim and the Finnish NCD Alliance organized workshops bringing together experts in diverse sectors from around the country to develop a consensus statement on implementing the country's Health For All 2025 goals. The statement is being disseminated widely through the media and academic journals, as well as among professionals as an advocacy tool to initiate action.

## CASE SUMMARY

In 2015, the Finnish ministry of social affairs and health initiated a process to build a new broad public health programme called Health for All 2025 (HFA 2025) to meet the objectives of the WHO NCD Global Action Plan.

As the country needed comprehensive public health and NCD programmes, the Finnish Medical Society Duodecim, together with the Finnish NCD Alliance (FNCDCA), decided to develop a consensus statement in collaboration with the ministry on the implementation of HFA 2025 by the social and healthcare sectors.

The FNCDCA organized a series of five workshops, which brought together 150 participants from diverse sectors including physicians, epidemiologists, nutritionists, politicians, health educators and physiotherapists from different parts of the country to develop the statement.

One or two members of the alliance's steering group facilitated each workshop with an expert from a relevant member organisation acting as rapporteur. The workshops made use of various techniques, such as brief background presentations, virtual bulletin boards and voting, group work and learning cafes to identify priorities and shared concerns. The statement was finalised following a consultative process within the alliance.

The consensus statement represents the views of a wide range of experts on the means to achieve the 2025 goals. It calls for an approach that encompasses preventive legislation, the promotion of wellbeing across the life course, addressing inequalities with targeted approaches for specific groups and risk factors, and measurable indicators supported by health communication and multisectoral coordination. In particular, it aimed to focus on the opportunities created by upcoming national social and healthcare reform addressing primary and secondary healthcare to tackle NCDs holistically.

The statement was published in an open seminar attended by over 100 scientists, administrators and journalists. This was supplemented with a press release, interviews with key health journalists and an editorial in Finland's leading medical journal.

The statement has been broadly distributed among relevant actors in the social and healthcare sectors such as the minister of health, members of parliament, regional and local health officials and physicians.

Additionally, discussions have commenced with the Finnish Innovation Fund Sitra on the possibility of including some of the suggested actions in impact investment activities. The consensus statement will

“

Finland has great opportunities to show the way to solve global health problems. Our special strength is that many of our healthcare professionals see health promotion as a real opportunity. This was also manifested during the workshops for the consensus statement.

Professor Matti Uusitupa, University of Eastern Finland.

be discussed in an educational seminar during the annual medical congress of Finnish physicians.

The initiative is now entering the next phase of advocacy for the implementation of the recommendations outlined in the consensus statement. The workshop participants who developed the statement have become the primary messengers of these recommendations, partly by disseminating them among their respective networks.

Over the coming days, the aim is to undertake targeted distribution of the statement, leading seminars and workshops for professionals in the social and healthcare sectors, contact and collaborate with provincial and regional health promotion officers, and include the recommended actions in national plans, activities and guidelines. A joint action group with the ministry of social affairs and health has been set up to take the agenda forward.

## ANALYSIS

### Power of Alliances

Alliance members contributed in diverse ways to the development of the consensus statement. While the Finnish Medical Society Duodecim organized and coordinated the workshops and the finalization of the statement, the Academy of Finland and the National Institute for Welfare and Health provided expertise and resources.

The other member organisations participated in the workshops and provided expert assistance in drafting the statement and the workshop reports. The draft of the statement was sent to members for comments and the final version was presented and discussed at an alliance board meeting.

The planning phase of the initiative and the workshops involved representatives of the public and private sectors, NGOs and the government. The workshops also brought together experts from all relevant fields such as the ministry of social affairs and health and the Finnish Innovation Fund Sitra. Such multisectoral collaboration is expected to continue into the implementation phase.

### Innovation

Changing the approach and mode of operation of the social and healthcare systems takes time and buy-in from influential people, who must be well informed of the issues and possible solutions.

Unlike standard vision and action statements, this initiative therefore pursued a consultative process across sectors aimed at developing consensus-based recommendations that would have broad support. This process facilitated discussions between various stakeholders and both current and potential actors.

Broad participation on the part of the FNCDAs, the private sector, the ministry of social affairs and health and the national institute for health and welfare with regard to deciding the theme, planning the approach and most relevant issues and executing the workshops ensured commitment from start to finish.

The workshop used inclusive and engaging techniques such as brief background presentations, virtual bulletin boards and voting, group work and learning cafes, which helped reach consensus on top priorities for action.

## RESULTS

- The initiative resulted in a cross-sectoral consensus statement and road map for action on NCDs in Finland.
- The process facilitated consultative action among the public, private and non-profit sectors.
- Donor interest to invest in health promotion was attracted as a result of this initiative.
- The initiative was built on and leveraged the credibility, expertise and resources of the alliance members.

## LESSONS LEARNED

It is useful to bring together experts from different disciplines to find solutions to shared concerns. Most people are willing to commit if they see that the effort is serious and well organized. This can be achieved if the process involves all the relevant stakeholders at every stage.

The initiative was helped by the fact that the FNCDAs largest member is one of the oldest national scientific societies, the Medical Society Duodecim, which assisted with the leadership of the process and suggested the framework of a consensus statement.



Helsinki Workshop Learning Cafe developing the consensus statement, February 2017

# Multi-Stakeholder Advocacy for Sugar-Sweetened Beverages Tax in Colombia

## PROGRAM

Sugar-sweetened beverages tax advocacy

## ALLIANCE

Mesa Colombiana de incidencia frente a las Enfermedades Crónicas (MECIEC)

## COUNTRY

Colombia

## DATE

December 2015 to present



Advocacy



Awareness



International forum on SSB tax in the Colombian Parliament (11 May 2016)

“

The right to health of consumers is affected by restrictions on information on the consequences of any products on physical and mental integrity.

Supreme Court of Colombia in the SSB counter-advertising case.

The MECIEC brought together CSOs and raised public awareness about SSBs to counter industry tactics and convince members of parliament to approve this crucial public health policy, leveraging a national tax reform process. Its innovative strategies and results provide numerous lessons for other countries.

## CASE SUMMARY

Colombia experienced a surge in obesity and overweight between 2005 and 2010 (according to national health and nutrition surveys), with the consumption of sugar-sweetened beverages (SSBs) soaring and type 2 diabetes becoming one of the top five causes of mortality in the country (ministry of health, 2010).

Since 2014, the country has also been experiencing a serious fiscal deficit due to falling oil prices, which have greatly affected the health sector. The minister of health leveraged the government's tax structure reform and proposed a tax on SSBs and tobacco to help tide the country over during the fiscal and health crises.

The Mesa Colombiana de incidencia frente a las Enfermedades Crónicas (MECIEC) launched a multipronged campaign to convince the Colombian Parliament to approve the proposed tax on SSBs as a cost-effective means of discouraging consumption. It focused on:

- **Building partnerships:** the initiative brought together a multisectoral coalition comprising the MECIEC, the Alliance for Food Health (consisting of 30 national organisations), governments in eight different states, health department secretariats, 125 public officials and more than 1,500 CSO members.
- **Public communication campaign:** a 30-second television advertisement<sup>2</sup> describing the health effects of SSBs was aired for a month to raise public and media awareness and to counter the claims of the beverage industry. The campaign used social media extensively to reach out to the public. It also exposed industry tactics to influence members of parliament in the printed media and generated overwhelming public support for the SSB tax policy through television debates.
- **Using the law to defend consumers' rights:** following a complaint to the superintendent of industry and commerce, the industry forced the campaign advertisements off the air only one month before the debate on the bill in Congress. The campaign organizers appealed to the court and won a favourable judgment that lifted the stay on the advertisements.
- **Lobbying members of parliament:** scientific and health arguments in support of the proposed SSB tax were presented to 268 Colombian members of parliament. Despite the uncertainties within the ministry of finance, civil society (along with the supportive ministry of health) soldiered on to build political momentum in Congress. However, industry manipulation of the parliamentary procedures led to the SSB tax proposal being voted along with initiatives that had lesser consensus, thus scuttling its passage.

<sup>2</sup> The advertisement can be viewed on YouTube at <https://goo.gl/rv9i5e>

<sup>3</sup> The New York Times article is available online at <https://goo.gl/UdFQg7>

New York Times coverage of this advocacy work exposes the extreme nature of the industry pushback encountered by civil society leaders in the process.<sup>3</sup>

Building on its experience, the MECIEC continues its efforts to get SSB tax included in the Colombian Government's next tax reform policy. Simultaneously, it is engaging the forum of members of parliament to advocate for a comprehensive obesity prevention law to address all processed food.

It also intends to use litigation further to address industry malpractices in food labelling. Based on the evidence of 31 of the country's 40 most popular drinks, which shows high levels of sugar and monosodium glutamate (a neurotoxin) in laboratory testing, the alliance is advocating the passage of a comprehensive obesity prevention bill in parliament.

## ANALYSIS

### Power of Alliances

The initiative consolidated the strengths of diverse civil society actors such as NGOs, universities and some media (especially the network of community radio stations in the country) to build community and political support.

It secured the interest of major universities whose research departments contributed evidence to support the advocacy. Various civil society actors came to recognize the prevention of NCDs as an integral part of the fundamental human right to health. This collaborative action by the alliance helped to gain legitimacy in the media and credibility.

All MECIEC members participated in the advocacy and communication activities planned and organised by EducAR Consumidores and the MECIEC secretariat. The rest of the Alliance for Healthy Food contributed to the political analysis, dissemination of the campaign through their national networks and meetings with the broader CSOs in different parts of the country.

Organisations working on the right to health, organic agriculture, peasant markets and rural women food producers also lent their support to the campaign.

### Innovation

The initiative improvised and innovated strategies in response to changing circumstances.

- **Legal innovation:** the campaign improvised and engaged in unexpected but strategic litigation to counter the industry onslaught on its communication and personal threats against members.
- **Building systems:** in response to the low awareness among members of parliament regarding SSB issues and the need for continued work, the initiative advocated and established a cross-party Parliamentary Public Health Forum of elected representatives. Its initial meeting in March 2017 attracted the participation of 15 senators and 12 House representatives.
- **Strategic communication:** during key moments of the campaign, the national newspaper was used to present irrefutable information exposing the industry and members of parliament aligned with its interests. While this did not prevent the latter from selling their vote, it forced mitigated public opposition to the SSB tax.

- **Research for advocacy:** unplanned research on the content of the 40 most consumed SSBs in the country was undertaken to reveal the industry tricks circumventing labelling requirements (such as indicating sugar and monosodium glutamate content) to the public and courts.

## RESULTS

- The initiative brought together CSOs to decisively advocate for a policy that was relatively unknown in the country.
- The initiative helped to launch public discourse on a hitherto neglected issue and turned SSB taxation into a key priority for upcoming tax reform. The public was made aware of the harm caused by SSBs and the need for a tax to reduce consumption. 80% of the audience on a national television debate voted in favour of the arguments raised by the initiative, indicating overwhelming public support.
- The industry's aggressive response in influencing members of parliament following the television debate on SSBs reveals the impact of the campaign's media efforts.
- The industry's emerging attempts to promote products as "sugar-free" has created opportunities to discuss regulation on contents and promotion.
- The public debate was broadened to include all ultra-processed food products and their relation to NCDs.
- Following its initial meeting, the forum of members of parliament has worked to put forward a comprehensive obesity prevention bill for adoption by the parliament.
- The litigation, unplanned as it was, upheld the consumers' right to informed choice and has built CSOs' confidence in using this method as a tool to advance policies.

## LESSONS LEARNED

- The political power of the industry is global and its tactics are repeated from country to country, highlighting the need for global civil society action on SSBs.
- The industry does not play fair and indulges in legal and illegal actions, which need to be considered when planning strategies.
- Exposing industry tactics such as buying the votes of members of parliament and counter-strategies are relevant for other countries as well.
- Strategic litigation must be considered against industry tactics in countries with robust justice systems.

# Joining Forces for an Improved Food Labelling System in Australia

## PROGRAM

Front-of-pack interpretive food labelling advocacy

## ALLIANCE

Australian Chronic Disease Prevention Alliance (ACDPA)

## COUNTRY

Australia and New Zealand

## DATE

2002 to present



Advocacy

Joining forces with broader public health and consumer organisations to develop a common position paper helped the Australian Chronic Disease Prevention Alliance to present the public health arguments in consultations with government and industry to develop Australia's food labelling system.

## CASE SUMMARY

The Australian Chronic Disease Prevention Alliance (ACDPA) has been advocating on the need for an improved front-of-pack food labelling system since 2002. When the Australian Government established a national taskforce to evaluate NCD prevention policy in 2009, ACDPA members were engaged, advising the government internally and campaigning externally for a new labelling regime.

Subsequently, a government-commissioned expert review recommended an easy-to-understand scheme as an alternative to the voluntary industry-led daily intake percentage guide. A lengthy consultation and development process ensued.

As a leading alliance working to prevent chronic disease, the ACDPA brought together a range of public health organisations and consumer groups beyond its members to develop a joint position paper in 2009. It outlined an agreed public health position on the goals and objectives of any front-of-pack labelling scheme, regulatory principles, key elements, development and implementation and monitoring and evaluation.

The position paper presented a unified voice for public health in discussions with stakeholders and advocated for the implementation of a single, clear, consistent and easy-to-understand nutrition labelling system. Public health groups and individuals used the agreed consensus statement to advocate for a front-of-pack labelling system based on agreed principles. The government developed the Health Star Rating system in partnership with public health, industry and consumer groups.

In June 2014, Australia and New Zealand introduced the voluntary Health Star Rating, which is an interpretive front-of-pack labelling system that rates the overall nutritional profile of packaged food and assigns a rating ranging from half a star to five stars. The system is intended to provide a quick, easy and standardized way of comparing similar packaged foods, with more stars indicating healthier choices. The system aims to encourage consumers to choose foods that are higher in positive nutrients and lower in risk nutrients linked to obesity and diet-related chronic diseases.

ACDPA members and contributors continue to be represented on the technical advisory group working on the algorithm for determining star ratings. Members and contributors have continued to conduct research on the Health Star Rating system. They also consider, and report on, industry calculation and display of ratings.

The alliance continues its advocacy for improvements to the system to better reflect the nutritional content of products, to expand the system to incorporate fruit, vegetables and unpackaged foods, and to make the system mandatory if voluntary industry uptake is inadequate.

“

With the rising tide of obesity sweeping this country, and its impact on chronic diseases (...), it is vital that consumers are supported in making healthier food choices. Robust food labelling is an important part of a comprehensive approach to addressing dietary risk factors.

Prof. Greg Johnson, CEO, Diabetes Australia and member of the government project committee overseeing the development of the Health Star Rating system.

The ACDPA also supports the need for sustained government education campaigns to enhance consumer awareness and increase uptake. The National Heart Foundation of Australia, a member of the alliance, has been engaged by the government to evaluate the system in relation to implementation, awareness and use and changes in the food supply.

## ANALYSIS

### Power of Alliances

This ACDPA initiative brought together public health organisations in Australia to agree on a position and principles for the development of a front-of-pack labelling system.

This allowed for consistency in public health responses to government consultation and facilitated ongoing communication among public health groups, enabling them to work closely together and (with their New Zealand counterparts) advocate for and advise on the development of a front-of-pack labelling scheme.

In addition, working with the consumer group Choice provided an opportunity for a public discussion on food labelling in Australia and an opportunity to mobilize consumer support for a national front-of-pack interpretive labelling system.

The Health Star Rating system website acknowledges the collaborative approach by a range of stakeholders, including the ACDPA.

### Innovation

The initiative was ahead of its time in making the case for front-of-pack food labelling as far back as 2002, long before the Australian Government and members of parliament came to consider it.

As soon as the government signalled an interest in food labelling reform, food industry players tried to water down the scheme. The initiative was innovative in developing a consolidated public health position to counter such efforts.

The well-coordinated advocacy by the CSOs involved helped to ensure that the system would be reasonably effective. It was also successful in ensuring that the system was set up in such a way that it could be continually improved.

The ACDPA was involved not only in advocacy for front-of-pack labelling but also in the technical design of the system, the style guide for the food labels and the implementation framework.

## RESULTS

- These efforts contributed to the development of Australia's voluntary front-of-pack Health Star labelling system.
- A unified public health position on the development of interpretive food labels was reached by public health and consumer groups.
- There was an opportunity for the initiative to continue to contribute to reforming the system.
- 7,000 products from around 140 companies displayed the star rating by April 2017.
- There are early reports of product reformulation by manufacturers to achieve a better star rating.
- Interim evaluation shows that, of the consumers who are aware of the system, more than half report that the Health Star Rating played a factor in what product they purchased.

## LESSONS LEARNED

- Bringing together public health groups beyond the alliance and agreeing on key principles for the system enabled all groups to be consistent and promote the same messages.
- This approach gave public health groups a stronger voice to negotiate during government-organized stakeholder discussions at which industry representatives were present, vocal and consistent in their resistance to front-of-pack labelling.
- The key lesson from this initiative is the importance of engaging and working with other public health groups for a strong and united voice to influence discussions with government and other stakeholders. Agreement on the key principles enabled public health groups to promote the same solutions in stakeholder consultations.
- While the system is not perfect, its introduction has highlighted the benefits of compromise to achieve a threshold change, provided there is scope for incremental improvement and no departure from the evidence.

Australia's Health Star Rating displayed on breakfast cereal packaging, 2017.



# Setting the Stage for Regional CSO Collaboration and Capacity Building in the Eastern Mediterranean

## PROGRAM

**Eastern Mediterranean Regional Meeting**

## ALLIANCE

**Eastern Mediterranean Region NCD Alliance (EMRNCD)**

## REGION

**Eastern Mediterranean**

## DATE

**8 July 2017**



**Advocacy**



**Accountability**

Through the creation of a regional NCD alliance for the Eastern Mediterranean, CSOs from different countries are making use of a collaborative platform to bolster their collective NCD advocacy efforts.

## CASE SUMMARY

A mapping of NCD civil society organisations in the WHO Eastern Mediterranean Region was conducted in 2015 by the NCD Alliance and WHO Regional Office for the Eastern Mediterranean.<sup>4</sup> By means of a survey of regional CSOs, this exercise highlighted the need to bolster NGO capacity-building efforts as a priority. Indeed, capacity building of NGOs was the second most frequently selected top priority in terms of areas for action to combat NCDs at the regional level.

These findings, alongside the recognition of the critical role that local CSOs could play in NCD advocacy, inspired this capacity-building initiative. It consists of an annual training programme for CSOs, aiming to scale up their capacity to effectively carry out advocacy and accountability activities.

The first workshop took place in Jordan in August 2016. One of its objectives was to develop concrete mechanisms for increased civil society collaboration and coordination across the region, including through regional and/or sub-regional NCD alliances.

Over two days, the workshop covered key steps in building an effective NCD alliance (including the early steps involved), strategic advocacy skills, target analysis and enhancing regional collaboration and coordination.

The following year, on 8 July 2017, the newly founded Eastern Mediterranean Regional NCD Alliance, comprising 12 organisations working across the region, took this work forward by hosting its first gathering. Friends of Cancer Patients was involved in planning and funding, while the Kuwait Cancer Control Society provided secretarial support and the King Hussein Cancer Foundation contributed to technical work and planning.

The regional alliance is now working toward becoming a legal entity and securing sustainable funding in order to continue providing these training workshops on a regular basis.

“

Nothing can surpass the local knowledge (...) of regional NGOs. It is so important for [them] to continue to play a critical role in NCD prevention and control under the umbrella of a regional NCD alliance. I strongly believe that this is the most effective way to (...) drive the NCD agenda forward.

HRH Princess Dina Mired, President Elect, Union for International Cancer Control (UICC).

<sup>4</sup> Available online at: <https://goo.gl/U6NrFC>

## ANALYSIS

### Power of Alliances

Civil society's critical role as a key player in mobilising the NCD movement in partnership with the government, media and the general public has been well acknowledged in this region. This speaks to the importance of constructing a framework through which CSOs can share information with other networks in order to become more effectively engaged in policy processes.

Building on the 2015 mapping exercise, it was evident that, while CSOs have much to contribute to NCD prevention and control efforts, many lack the capacity to maximise their impact and are not extensively involved in political advocacy and accountability activities.

Consequently, establishing a regional NCD alliance that brings together individual associations and societies was identified as a top priority. It was decided that working as a regional coalition would provide better opportunities for CSOs to engage in advocacy and strengthen their capacity at all levels.

This initiative works to make this vision a reality through horizontal collaboration in the form of training, project opportunities, joint capacity-building and sharing of experiences.

One of the key drivers in this exercise is the creation of strong partnerships with key organisations such as the King Hussein Cancer Foundation and the Gulf Federation for Cancer Control.

### Innovation

This initiative represents the first time that CSOs working on NCD-related issues in the Eastern Mediterranean region have come together in this fashion.

The mapping process involved in the initial phase was also the first of its kind in the region and helped to assess local needs and identify ways of ensuring adherence to cultural norms, including the emphasis of civil society's role as an agent for development as opposed to government watchdog.

In addition to its core capacity building function, the training provided to CSOs also served to introduce organisations to the wider scope of NCD partners beyond individual disease groups.

The training focused on how to build a national coalition, embraced a new set of practices supporting joint work and encouraged individual autonomy alongside collaboration. This led to the establishment of a regional alliance between Egypt, Jordan, the Kingdom of Saudi Arabia and the United Arab Emirates.

Delegates at the first meeting of the Eastern Mediterranean Regional NCD Alliance, 8 July 2017, Sharjah, UAE.

## RESULTS

These activities sought to establish the EMRNCD as a recognized regional civil society authority on NCDs, as well as to empower local and regional NCD CSOs in the area of advocacy.

Following the first capacity-building workshop conducted in August 2016 in Jordan, two separate meetings were held in April and July 2017. These gatherings engaged and empowered national and regional CSOs to promote the development of national NCD alliances.

Fifteen new national NCD CSOs were brought on board, and the majority of them expressed willingness to join the regional alliance. Formal evaluation of these activities is currently under way.

### LESSONS LEARNED

Strong leadership and engagement of high-level political leaders and influential personalities was instrumental in supporting the regional network.

For example, the King Hussein Cancer Foundation (Jordan) and Friends of Cancer Patients (based in Sharjah, United Arab Emirates, and with Her Highness Sheikha Jawaher Bint Mohammed Al-Qasimi, Wife of the Ruler of Sharjah, as its founder and royal patron) were vital in terms of their contribution of leadership, managerial, advocacy and fundraising skills.

This initiative also demonstrated that, while CSOs are often far removed from decision-making related to NCDs, multilateral platforms such as regional alliances can help to create inroads and involve them in global and regional discussions.



# Crafting a Collective Advocacy Agenda in Support of a Sugar-Sweetened Beverages Tax in South Africa

## ALLIANCE

South African NCDs Alliance (SANCDAs)

## COUNTRY

South Africa

## DATE

February 2016 to present



Advocacy



Accountability

Faced with a complex political and economic context, CSOs in South Africa managed to make their voices heard by collectively advocating for an effective sugar-sweetened beverages tax in the country.

## CASE SUMMARY

The South African context is a complicated one, with political instability and limited economic growth underpinning the landscape in which the tax on sugar-sweetened beverages (SSBs) was proposed.

Although SSB taxes are globally recommended as a cost-effective population-based intervention to combat NCDs,<sup>5</sup> societal fears of unintended consequences (job losses and a higher tax burden on the poor) had to be addressed.

In February 2016, the minister of finance announced the plan to implement an SSB tax by 1 April 2017 to help reduce sugar intake and to curb problems related to obesity and diet-related NCDs.

The SSB taxation policy paper was published in July 2016, with public comments submitted in August 2016 and the first public meeting held in November 2016. Consequently, both pro- and anti-tax groupings quickly mobilized to activate advocacy strategies and campaigns.

The SANCDAs advocacy objectives were:

- To support the SSB tax by adding the voice of people living with NCDs and create awareness about the impact of sugar and obesity.
- To call for a portion of the SSB tax revenue to be allocated to NCD prevention and control.
- To call for an explicit link between the SSB tax and existing obesity/ NCD prevention and treatment policy frameworks, including within South Africa's universal health coverage policy.

Due to limited resources, the SANCDAs strategy required a strategic approach leveraging a coordinated civil society voice. The main target audiences included government officials (from the treasury, ministry of health and parliament) and potential tax supporters with an emphasis on those representing people living with NCDs.

The SANCDAs and its founding partners (the Cancer Association of South Africa and the Heart and Stroke Foundation of South Africa) maintained a presence at most events related to the tax. The SANCDAs used its wider network to contribute written submissions to treasury and parliamentary committees, presentations at hearings and for other groups, social media campaigns and information via newsletters. When a rapid response was needed, this collaboration allowed for the swift mobilization of the network of individuals and organisations. Spokespersons were carefully selected and briefed.

In relation to the objective of explicitly linking the tax to broader obesity and NCD policy, the SANCDAs used the tax to call for a high-level whole-of-government, whole-of-society coordination mechanism for NCDs. This body was established as part of the universal health coverage and access reform in July 2017.



SANCDAs advocates in parliament for the standing committee on finance public hearing (January 2017).

“

The issue is not about whether the levy should be implemented but how to mitigate the unintended consequences.

Mr Yunus Carrim, Chairperson Finance Standing Committee, Parliament of South Africa.

<sup>5</sup> Updated Appendix 3 of the WHO Global NCD Action Plan 2013-2020, available online: <http://www.who.int/ncds/governance/appendix3-update/en/>

After implementation of the SSB tax in April 2018, the SANCDAs will continue to advocate for a progressive increase in tax level to reach the initially proposed and globally recommended<sup>6</sup> increase in the retail price of SSBs by 20%.

Continued awareness-raising, advocacy and accountability activities are planned to safeguard and increase the tax and monitor the allocation of a proportion of the tax revenue to health promotion.

## ANALYSIS

### Power of Alliances

The SANCDAs, its founding partners and members of the local NCD network (individuals, research organisations, professional groups and NGOs) worked together to carry out this advocacy work.

The involvement of partners in developing the strategy ensured active collaboration and support in the evolving process. The SANCDAs and its partners agreed on a person-centred NCD advocacy agenda. The SANCDAs acted as the overall coordinator and allocated tasks based on specific skill sets as needed. As a result, over 30 letters of support for the tax were sent to the minister of finance. Collaborating organisations were involved in presentations and meetings in Cape Town and Pretoria.

Additionally, global NCD alliance partners were mobilized to assist with technical expertise backed by academic research and legal advice related to epidemiology, implementation research, taxation and industry tactics. The SANCDAs disseminated this important information.

Treasury and health officials played an important role by supplying information, discussing key outcomes and acting as technical specialists. Finally, MPs, committee members and officials provided opportunities for extended participation and documentation.

### Innovation

The design of this initiative reflected lessons learned from the central role that people living with HIV played in the AIDS epidemic in South Africa. It gave a human face to policy discussions and held government accountable to the people.

As such, taking a stand for people living with NCDs was critical. Like the HIV/AIDS campaign, it was important to give voice to the equal need for treatment and prevention by highlighting the importance of allocating tax revenue to health.

It was made clear that the expertise for technical aspects of the tax and the related health literature lay with other stakeholders. However, the alliance was able to shed light on the high prevalence of NCDs and consistently spoke of the need to protect the poorest and most vulnerable.

## RESULTS

Following the extensive public consultation presided over by the parliamentary finance committee and assisted by the treasury, the revised tax is set for implementation on 1 April 2018. On 7 November 2017, this committee voted to support it with only two further steps required. For many pro-tax advocates, this represents a victory despite the time lag and reduced taxation rate.

A key victory was reframing the tax as a health promotion levy (HPL) with the decision to allocate a portion of the revenue to implementing existing obesity prevention and other health programmes. However, the amount has yet to be disclosed and requires continued monitoring and advocacy.

Importantly, the delay ultimately enabled the full and transparent engagement of all stakeholders. This allowed, for example, for a re-examination of inflated job loss calculations spread by the food and beverage industry.

The revised tax is approximately half of the original proposal due to pushback from industry. Once the initial hurdle is overcome, however, its level may be increased annually as determined by the treasury.

From the start, the SANCDAs called for multi-stakeholder engagement to ensure that all sectors were properly consulted. The legal creation of a national multisectoral NCD structure to coordinate prevention and control is an important associated victory. This structure includes all relevant government departments, research institutions and CSOs and is vital for accelerated action, policy coherence and accountability.

## LESSONS LEARNED

Advocacy strategies cannot be directly translated from one country to another without context-specific analysis. This is particularly true of South Africa, due to the complex socio-political and economic context.

Global stakeholder engagement can sometimes be challenging with complex local dynamics. A thorough understanding of these is necessary to be able to leverage all key stakeholders and local resources for successful outcomes.

Collaboration does not require complete agreement between parties, but rather finding common ground over shared objectives and long-term goals.

The SANCDAs had to push other priorities aside to take this urgent and important opportunity on board and gain the skills necessary to see it through. Where needed, it relied on the expertise of others. The SANCDAs kept sight of its principles and demands, ultimately achieving its objectives.

Finally, attack and criticism must be accepted as a reality in highly contested political and financial battles.

<sup>6</sup> WHO, Fiscal Policies for Diet and Prevention of Noncommunicable Diseases, 2016. Report.

# Securing High-level Political Support for Global NCD Advocacy

## PROGRAM

Supporting presidential leadership for national and international NCD control

## ALLIANCE

Alianza ENT Uruguay

## COUNTRY

Uruguay

## DATE

November 2014 to present



Advocacy

The Alianza ENT Uruguay encouraged and supported the country's president to raise the profile of NCDs internationally. It provided critical analysis, prepared technical resources to aid in the president's engagement of international platforms and other heads of state, mobilized international support for his efforts and advocated for domestic NCD measures.

## CASE SUMMARY

Global health initiatives such as HIV/AIDS and tuberculosis have benefitted from high-level champions who raised their international profile. The Alianza ENT Uruguay thought it important to seek similar high-level political champions for international NCD control.

Dr Tabaré Vázquez, President of Uruguay and an oncologist by training, had initiated several tobacco control measures and advocated the cause internationally during his first term in office (2005-2010).

As his second presidential term began in 2015, the Uruguayan NCD Alliance provided him with in-depth analyses of the national and international tobacco and NCD scenarios. On assuming the presidency of UNASUR (Union of South American Nations) in May 2015, Dr Vázquez highlighted the need to tackle NCDs and oppose challenges from the tobacco industry.

The alliance then wrote to the president requesting that he lend high-level leadership to international NCD efforts. It also encouraged international NCD CSOs to request his support to raise the issue of NCDs at the UN General Assembly (UNGA). The president made a strong statement on NCDs at the following UNGA in September 2015, calling for urgent high-level action to curb the epidemic. Later, at the celebration of the 10th year of FCTC implementation in Uruguay in November 2015, President Vázquez reinforced the call for accelerating action on NCDs in the country.

The alliance also informed Dr Vázquez of the potential for collaboration with Dr Michelle Bachelet, the President of Chile and a paediatrician, for united action on NCDs. During his December 2015 visit to Chile, the two presidents deliberated on tobacco and NCD control and subsequently signed a memorandum of understanding for collaboration on the issue in early 2016.

At the UNGA in September 2016, President Vázquez broadened the scope of high-level action at the global level by calling for a high-level gathering of governments, donors, intergovernmental organisations, academics and CSOs. The idea was further pursued with the WHO director-general, its global ambassador for NCDs, leaders of international medical associations and civil society.

Following these meetings, President Vázquez announced that Uruguay would host a Global Conference on NCDs in October 2017 to mobilize high-level commitment on NCDs. The meeting was seen as a major stepping-stone towards building high-level political support for NCDs globally.

Following this announcement, the president has consistently included NCDs in the agendas of his official visits to China, Germany, Russia and Finland, as well as at MERCOSUR (South American trade block)

“

Unless the epidemic of NCDs is vigorously combatted in the most exposed or affected countries and social groups (...) the plausible global objective to reduce poverty as a requisite for sustainable development, rather than getting closer, will get further every day.

President Tabaré Vázquez, Oriental Republic of Uruguay, at the UN General Assembly in September 2015.

meetings. The alliance has been providing active technical support for several of these presidential engagements.

The presidents of MERCOSUR countries Argentina and Chile confirmed participation at the global conference, while the resulting Montevideo roadmap on NCDs was co-facilitated by the governments of Uruguay, Russia and Finland.

The Alianza ENT Uruguay continues its efforts to identify and enlist the support of similar high-level political leaders to support President Vázquez's efforts to galvanize action on NCDs across the globe. It is also advocating for a multisectoral coordination mechanism for NCDs in the country along with a national commission for alcohol policies and a decree on front-of-pack nutrition labelling.

## ANALYSIS

### Power of Alliances

While the initial phase of the initiative to build high-level political will was shouldered largely by the coordinating group of the national alliance, the second phase, seeking national policy outcomes, mobilized all of its members and their contacts with government, politicians and the media to enact and implement key domestic NCD measures.

The national alliance also coordinated with international civil society partners to identify and facilitate contacts with heads of state interested in providing leadership on NCDs nationally and internationally.

### Innovation

The initiative was an exemplary civil society effort to successfully mobilize high-level political commitment from a head of state to champion NCDs internationally.

It had to devise ways to support the president in his efforts to reach out to leaders of other countries. This required astute political mapping of heads of state, updated research on the political and NCD scenario of other countries and preparing technical resources for use during presidential engagement with leaders.

The alliance also shared a motivational video with the president's office to encourage him to gather the support of other world leaders.

## RESULTS

- This work contributed to building and facilitating the president's commitment to champion NCD prevention and control nationally and internationally.
- The government's international leadership created opportunities to advocate for national NCD policies such as tobacco and alcohol control and nutrition labelling.
- The broader NCD framework that the president is leading this term helps to further work on tobacco control from his earlier term.
- The international mobilization that has resulted is leading several heads of state to lend high-level leadership to NCD control globally.
- This international dialogue has energized the idea of global multisectoral collaboration on NCDs and the global conference to galvanize high-level leadership.

## LESSONS LEARNED

It is critical to build and nurture trust among political leaders and encourage them to pioneer action in new ways.

Astute political analysis, sound strategy and creative framing are critical to showcase the political benefits and opportunities the issue represents for leaders in terms of legacy and improvements in people's lives. In this case, NCDs constituted a broader arena to make further impact following the president's previous achievements in international tobacco control.

Timing is as critical as the strategy itself. Political circumstances often overwhelm leaders. It is important to be patient during such occasions and focus on accelerating action when appropriate. Being prepared and maintaining support are critical to see activities through during those moments when leaders are able to advance a given cause.

Most importantly, political leaders need to be duly applauded for their achievements.



President Tabaré Vázquez of Uruguay, Princess Lalla Salma of Morocco, President Michelle Bachelet of Chile and President Horacio Cartes of Paraguay at the Global Conference on NCDs in Montevideo, 18 October 2017.

# Supporting National Alcohol Policy Development in Nepal

## PROGRAM

**Advocacy for national alcohol policy**

## ALLIANCE

**Nepal NCD Alliance**

## COUNTRY

**Nepal**

## DATE

**October 2009 to present**



**Advocacy**



**Awareness**

“

Alcohol not only causes diseases, but it is responsible for many social problems, crimes, accidents and deaths. We therefore wanted to advocate the formulation and implementation of a national alcohol policy while raising awareness on the harmful use of alcohol. Our advocacy continues towards effective implementation of the policy.

Ms Sumnima Tuladhar, National Coordinator, Nepal Alcohol Policy Alliance and member of the Nepal NCD Alliance.

Nepalese CSOs advocated for the establishment of a government taskforce to draft national alcohol policy, held consultation workshops and used the media to push the Nepalese Cabinet to adopt the policy. Currently, the Nepal NCD Alliance is working to persuade the country's parliament to adopt a law to implement the alcohol policy.

## CASE SUMMARY

Nepal has one of the highest alcohol consumption rates in Southeast Asia. CSO advocacy on the issue in Nepal gathered momentum around 2010. As part of the efforts, this initiative had two objectives, the first of which was to advocate for the development and implementation of a comprehensive alcohol control policy in the country, whilst the second was to raise general awareness about the harmful effects of alcohol.

Its key targets were the Nepalese ministry of health, members of parliament and the general public. The CSOs involved held meetings with the ministry of health and members of parliament, issued press releases, undertook media campaigns and began to network nationally in collaboration with the Global Alcohol Policy Alliance (GAPA). The National Alcohol Policy Alliance (NAPA) prepared the first draft paper on alcohol control policy.

Since 2010, several meetings and workshops involving the minister of health were held to discuss the details of a national alcohol policy. In 2012, the MoH set up a taskforce to develop draft national alcohol policy and legislation. Three members of the Nepal NCD Alliance, namely Child Workers Concern Centre in Nepal (CWIN Nepal), the Resource Centre for Primary Health Care (RECEPHEC), and NAPA were included in the taskforce.

The draft alcohol control policy prepared by the NAPA was circulated for stakeholder input. The taskforce organised a series of consultations with the Nepal Medical Association, the Federation of Industry and Commerce and others to finalize the document. CSOs also organized media briefings and demonstrations to move the policy forward.

In 2016, a second taskforce was formed by the MoH to incorporate the comments and suggestions received from earlier consultation and to prepare a final draft. Members of the Nepal NCD Alliance and NAPA were once again involved. This second taskforce finalised the national alcohol policy along with an act to implement it.

In November 2016, the Nepal NCD Alliance organized a workshop on the need for an alcohol control policy in the country. The secretary of health and representatives of the department of health services attended the event, as a consequence of which it was recommended that the Nepalese Government urgently approve the previously finalised Nepalese alcohol policy. The ministerial cabinet finally approved the policy on 20 February 2017.

The taskforce also developed draft alcohol control legislation to operationalize the national policy. A parliamentary committee is currently reviewing the draft alcohol control act before it is tabled for adoption in parliament.

The Nepal NCD Alliance is now focusing on mobilising members of parliament, the public and media to support the adoption of the law.

## ANALYSIS

### Power of Alliances

All the members of the Nepal NCD Alliance worked together on this alcohol control advocacy work, for example by joining government delegations and media campaigns. The NAPA, which aimed solely to enhance alcohol control advocacy in the country, joined the Nepal NCD Alliance, thus enhancing its strength and scope.

The CWIN, a member of the Nepal NCD Alliance, took the lead in organising meetings, delegations and advocacy activities and preparing the first draft of the national alcohol policy and act. The RECPHEC, Solid Nepal and Pro Public actively participated in preparing the draft policy and lobbying the government.

The collaborative work of the members and other stakeholders led to the formation of the governmental taskforce, the drafting of the policy and cabinet approval of the alcohol policy.

Nepalese CSOs also worked with the GAPA, which helped with technical input and global best practices in alcohol control.

### Innovation

CSOs in Nepal innovated by combining separate alcohol advocacy efforts through the collective network of the NAPA.

The work of taskforces is often delayed due to the work overload of the government officers tasked with drafting the required documents. Consequently, the civil society members of Nepal's alcohol task force volunteered to prepare the first draft of the policy. Providing a well-prepared draft helped to speed up the finalization process.

International best practices from Northern European countries such as Norway, Sweden and Denmark were used showcase the benefits of alcohol control and proved an effective advocacy tool in motivating the cabinet to approve the proposed policy.

## RESULTS

- This long-running advocacy initiative proved successful, as the cabinet adopted the national alcohol policy in 2017.
- This has provided a policy framework that bans alcohol advertisements and use at government sponsored programmes, regulates the sale of alcohol and stipulates that 75% of packaging feature health warning signs and messages.
- The initiative also raised public awareness about the harmful use of alcohol, mobilized youth for anti-alcohol campaigns and the produced a large amount of information material.

## LESSONS LEARNED

Concerted policy advocacy is an important strategy that can yield genuine population-level results for NCD prevention and control.

Strong networks and collaboration with partners help to sustain morale and the vigour of civil society action over an extended timeframe.

It is helpful to provide governments with draft documents to ease their workload and speed up action.

Nepal NCD Alliance's national consultation on NCD prevention addressing alcohol policies (March 2016)



# Speaking Up About NCDs as a Women's Rights Issue at the Global Level

## PROGRAM

**Women & NCDs: debunking myths, taking action at the UN**

## ALLIANCE

Taskforce on Women & NCDs

## COUNTRY

United States of America

## DATE

March 2015 to present



**Advocacy**

The Taskforce on Women & NCDs organized a side event during the March 2015 session of the UN Commission on the Status of Women to highlight the impact of NCDs throughout women's lives. The event helped build bridges between the traditional women's rights movement and the health community while generating communication materials and technical resources for advancing women's health in the SDG era.

## CASE SUMMARY

The Taskforce on Women & NCDs brought together leading advocacy CSOs, technical experts and recognized leaders within the women's health and NCD movements in 2010. It set out to build on the NCD stakeholder meetings that it held during the session of the UN Commission on the Status of Women (CSW) in March 2015. This initiative aimed to increase political awareness about the impact of NCDs on girls and women on the global stage and also to call for increased action on women-centred prevention programmes.

Accordingly, the taskforce organized a side event on Women & NCDs: debunking myths, taking action at the UN on 16 March 2017, in collaboration with UN Women, the NCD Alliance, the International Alliance of Women and the Conference of NGOs with private sector support. A diverse group of women's rights advocates, Member State delegations, business leaders, members of the women's health and NCD communities and the media were invited to the event.

After introductory remarks from UN Women, the WHO and the Taskforce on Women & NCDs, a panel discussion moderated by Arogya World included representatives of the NCD Alliance, the International Alliance of Women and Cigna (a health insurance company), who discussed the impact NCDs have on women's lives beyond the health implications.

The panel also addressed the challenges NCDs raise for women as patients, mothers, employees and caregivers. The event put a spotlight on the burden of caregiving on women and families, with data from a study involving 10,000 women that showed that one woman in two provides care for someone with an NCD and that 20% need to give up their jobs to do so. It ended with a powerful call to action led by the American Cancer Society.

Several advocacy materials, including pocket cards showing the effect of NCDs on women and girls throughout their lives, a life course poster showing when to intervene and a summary of the impact of NCDs on women from the aforementioned study, were launched at the event. A communication campaign simultaneously showcased real-life stories of women dealing with NCDs to a global audience.

The taskforce plans to continue organising key policy roundtables and developing materials to support the representation of women and girls within health and development agendas, such as at the CSWs, and to support the work of the WHO Global Coordinating Mechanism campaign on women and NCDs. It will also continue monitoring national action on women and NCDs as part of its ongoing advocacy.

“

**We know that our battle against NCDs will never be won if we only arm half the population with the vital information and tools to lead healthier lives.**

Ms Diana Vaca McGhie, American Heart Association.

The next planned activity is the creation of a policy-focused document to guide opportunities to integrate policies addressing the leading NCDs and associated risk factors. The taskforce also intends to build on the partnerships developed during past events to enhance its global communication campaigns.

## ANALYSIS

### Power of Alliances

Collaboration among the taskforce members helped when it came to developing the concept, seeking partners, agreeing on the guest list, helping distribute the invitations and preparing briefing points for all speakers.

It also helped the initiative develop a collaborative communication approach, sharing stories of real women and developing diverse advocacy materials.

Finally, it helped to foster ties between the women's rights movement and the public health community.

### Innovation

The event included an employer's perspective in the discussions on NCDs for the first time. The focus on the economic implications of NCDs on women's lives was also an innovation that the taskforce brought to the global NCD dialogue.

Its communication strategy creatively drew on the emotional appeal of women's stories to move the hearts and minds of governments around the world towards action.

Despite being an informal non-profit coalition, the taskforce for the first time ventured successfully to locate resources from a health insurance company foundation to cover the event expenses.

## RESULTS

The event served to expand the movement on NCDs and women by bringing together women's rights advocates and the women's health and NCDs community.

By highlighting the economic toll on women and the families on the sidelines of an intergovernmental developmental and women's rights platform such as the CSW, the event helped raise the NCD issue to the political level.

The presentations and supporting materials developed for the event highlighting the importance of women's health for sustainable development have been distributed across networks. These will continue to be relevant in ensuring that governments meet their commitments relating to NCDs as well as the SDGs.

## LESSONS LEARNED

It is important to engage and match the strengths of coalition membership with an advocacy and technical focus. This in turn lends credibility to the materials developed by advocates.

The taskforce has also learned to leverage its membership's external partnerships to support collaborative efforts and bring valuable real-life examples and stories of people living with NCDs to the forefront of its advocacy work.

Finally, it learned that it would be worth joining forces with several existing and growing movements (such as the women's movement or the climate change and cities movements) as catalysts to help advance its work on women and NCDs.



Women & NCDs event at the UN (March 2017)

# High-level Advocacy for NCD Prevention Through Tobacco Control in Bangladesh

## PROGRAM

Sensitising high-level policy-makers to the importance of tobacco control

## ALLIANCE

Bangladesh Network for NCD Control and Prevention (BNNCP)

## COUNTRY

Bangladesh

## DATE

October 2016 to present



Advocacy



Accountability

The Bangladesh Network for NCD Control and Prevention worked towards making a tobacco-free vision statement issued by the prime minister in 2015 a reality by organising meetings with high-level policy-makers, using the media and building capacity among members of parliament. Leveraging its contacts, the network eventually met with the prime minister and secured directives to implement this vision.

## CASE SUMMARY

At the South Asian Speakers' Summit in January 2015, the Honourable Prime Minister of Bangladesh declared her vision to make the country tobacco-free by 2040. However, policies and national programmes to meet this target had yet to be formulated.

In June 2016, the executive committee of the Bangladesh Network for NCD Control and Prevention (BNNCP) set out to raise the profile of NCD prevention and control among policy-makers and the general population, with an emphasis on tobacco control. In the same month, the initiative began with a meeting calling on the minister of health and family welfare (MOHFW) to implement graphic health warnings on tobacco packaging as mandated in the country's legislation.

Recognising the potential power of the media, the BNNCP then partnered with Prothom Alo, a Bangla daily newspaper with the highest circulation in the country. The paper's supplement carried statements by the country's leading physicians in different fields recommending NCD prevention measures, which caught the attention of policy-makers.

Building on this momentum, the BNNCP organized a roundtable event with high-level government officials and Prothom Alo in October 2016. Participants emphasized the urgent need for NCD prevention and increased resources for enhanced action. The newspaper then published a special supplement to highlight the meeting recommendations.

Following this news highlight, the speaker of the national parliament invited the BNNCP to a seminar on NCDs in December 2016. Subsequently, a joint committee made up of two members of parliament and the president and vice-presidents of the BNNCP was formed to work towards making NCDs a national priority. During the parliamentary budget session of June 2017, the BNNCP organized another seminar for MPs, raising awareness about the role of tobacco taxes in tobacco control and NCD prevention.

A BNNCP delegation met with Sheikh Hasina, the Honourable Prime Minister of Bangladesh, on 20 July 2017 at her office. At the meeting, the delegation requested directives to set up a mechanism for multisector collaboration between government ministries for NCD prevention and control. They emphasized the need for a work plan with supporting policies for attaining her vision of making Bangladesh tobacco-free by 2040. The alliance followed up quickly by requesting directives from respective ministries and organising a meeting of the national health council to discuss NCDs.

“

As NCDs are increasingly becoming a serious public health issue in Bangladesh, government alone may not be able to tackle their implications. Therefore, a united, collective and coordinated effort of health professionals and other CSOs is essential to support the government's initiatives for NCD control and prevention.

National Professor Brigadier (retd) Abdul Malik, President, BNNCP.

As budget planning starts in January every year, the BNNCP is currently planning meetings with different ministries on raising taxes on tobacco and products with a high sugar content. In the coming months, it also intends to work closely with the MoHFW to develop the national tobacco control policy and programme.

## ANALYSIS

### Power of Alliances

BNNCP member organisations led by eminent physicians and civil society leaders individually contacted various high-level policy-makers. The initiative made it possible to pool resources and helped the alliance secure access to the highest levels of government.

This strategy also enabled the BNNCP to reach out to non-health agencies such as the ministry of finance and the national board of revenue, which are central to the tobacco tax increases it was advocating for.

The consensus within the network to work on tobacco control as the initial area of focus also increased collective resolve to tackle the issue.

The initiative was successful in forging partnerships with a leading daily newspaper and a mobile company, which in turn helped attract public attention and resources respectively.

### Innovation

The initiative has been bold both in vision and strategy. It was ambitious for a new alliance such as the BNNCP to advocate for a national roadmap for NCD prevention. Its decision to approach the highest levels of government matched these high ambitions.

This was the first time that NCDs were elevated to the attention of the heads of government in Bangladesh through a direct meeting with the prime minister. It was also the first time that the alliance of physicians and civil society leaders sought a direct meeting with the prime minister to discuss policy. Media attention after the meeting helped generate coverage in primetime television and leading daily newspapers.

The alliance was also strategic in attracting attention through a public outreach campaign. This was used to disseminate key messages from the country's leading physicians and recommendations from the consultation with policy-makers leading up to the meeting with the prime minister.

It also was resourceful in drawing on its primary internal strength – the eminent physicians and civil society leaders who led its member organisations to issue public statements in the media. Furthermore, it was successful in attracting the country's most popular Bangladeshi daily to raise the issue in public.

A hallmark of the initiative has been its agility and speed in building on momentum from each activity. It wasted no time in organising a roundtable event for policy-makers as soon as the issue received initial exposure in the media. Similarly, it organised a seminar for MPs very soon after the initial meeting with the parliamentary speaker and promptly followed up with the prime minister's office after the meeting.

## RESULTS

- The initiative placed NCDs on the political agenda by attracting the attention of the prime minister.
- The prime minister's office issued directives to the ministry of health to follow up on the alliance's demands.
- Media supplements and stories helped inform the public about NCDs.
- NCDs were brought to the attention of the parliamentary speaker and MPs.
- The tax seminar with MPs helped to raise the tobacco tax issue in parliament.

## LESSONS LEARNED

Public announcements by high-level policy-makers such as heads of government can be effective tools in advocacy if followed up to ensure accountability to such commitments.

Collective action, a shared agenda and effective use of media can secure access to higher levels of decision-makers.

Prompt and persistent follow-up is essential to secure policy directives from high government offices. It is important to develop activities in quick succession so as not to lose hard-won momentum and political interest.



BNNCP meeting with Honourable Sheikh Hasina, Prime Minister of Bangladesh (July 2017)

# Collaborating with Government to Improve Healthy Eating Opportunities in Zanzibar

## PROGRAM

### Advocacy for nutrition Interventions

## ALLIANCE

Zanzibar Noncommunicable Diseases Alliance (ZNCDA)

## COUNTRY

Zanzibar

## DATE

May 2016 to present



Advocacy



Awareness

The Zanzibar NCD Alliance's advocacy efforts aimed at government and members of parliament sought to secure programmes and resources to address nutrition-related NCD concerns in the country. Simultaneously, the alliance worked with the government and media to create public awareness and NCD screening opportunities.

## CASE SUMMARY

According to the WHO NCD STEPS Survey 2011, 14% of the population in Zanzibar is obese, with 98% reporting suboptimal intake of fruits and vegetables.<sup>7</sup> To tackle the high level of obesity in the country, the Zanzibar NCD Alliance (ZNCDA) undertook an initiative to promote nutrition interventions. The main objectives of the initiative were to convince the government to advance action on nutrition and to alert the general population to the harmful effects of unhealthy eating.

The initiative began with a press conference on World Cancer Day in February 2015, designed to alert the government to the rising obesity epidemic and call upon it to plan strategies to address nutrition challenges.

In December of that year, Zanzibar's ministry of health organized a major meeting of political and administrative leaders from 11 districts to take stock of the obesity and overweight situations in their jurisdictions and include counter-interventions in their district plans and budgets.

Building on the government response, the ZNCDA hired a consultant from the ministry of health in May 2016 to develop a nutrition position paper. The paper was then used for advocacy on nutrition-related issues aimed at the government and the broader public.

Meetings were held with government officials to discuss priority nutrition interventions recommended in the paper for urgent action by the ministry of health. Similarly, the alliance met 35 members of Zanzibar's House of Representatives in June 2016, raising awareness among them about the country's nutrition challenges and persuading them to allocate an adequate budget to implement the proposed interventions.

Similar meetings were held with district government leaders in their offices. At meetings with the district health management teams in both the Zanzibar islands, the ZNCDA manager presented the recommendations of the nutrition paper, persuading them to include nutrition interventions in their planning and budget.

The alliance also worked collaboratively with the government on creating public awareness. It conducted several NCD screenings on government ministry premises to create awareness and generate support among government workers.

Meanwhile, the alliance began to use television and media programmes to raise awareness about the role of nutrition in combating NCDs. Since public interest in health education sessions was limited, the alliance and its members organized NCD screenings in rural and semi-rural areas to encourage people to attend awareness sessions.

“

The majority of Zanzibar families suffer from NCDs in one way or another. As community representatives, we should strive to intervene and lead the fight against NCDs.

Hon. Mgeni Hassan Juma, Vice Speaker of the Zanzibar House of Representatives.

<sup>7</sup> The WHO STEPs 2011 Zanzibar Factsheet is available online at: <https://goo.gl/3Tjy1S>

The ZNCDA, in collaboration with the ministry of health, conducted breast and cervical cancer screenings for 512 women along with health education about the cancer risk associated with obesity. Similarly, awareness sessions on obesity and unhealthy diets were held in schools and NCD educational materials were distributed. The alliance also trained staff from home-based care settings for the elderly on nutritional care in relation to NCDs.

Given the role of religion in various communities, the alliance met different religious leaders to raise their awareness and secure support for NCD prevention efforts. The alliance members held separate meetings with men and women in mosques to impart health education on nutrition and related topics.

Alliance members developed educational materials on NCDs including on prostate and cervical cancers, hypertension and diabetes to supplement the awareness activities. In addition, it developed and aired radio messages to raise public awareness about nutrition and other NCD risk factors.

The ZNCDA intends to continue to intensify its advocacy in parliament for increased budget allocation to tackle NCDs. It also plans to follow up with the ministry of health on the recommendations of the nutrition paper by exerting pressure through the media and direct meetings with the government representatives.

## ANALYSIS

### Power of Alliances

The initiative was a joint effort by the ZNCDA's three member organisations. They brought their respective expertise in diabetes, hypertension and cancer to organise the awareness sessions and screening camps and develop resource materials.

Working with the ministry of health enabled the development of the nutrition paper to guide the government's work on nutrition and NCDs.

This work also facilitated access by the alliance to unique target audiences such as government officials. Overall, the internal and external collaboration helped the ZNCDA to reach a large group of people within a short period of time.

### Innovation

While civil society often works with the government to develop position papers on critical issues, the ZNCDA was unique in that it financially supported the work of the nutrition paper. This paper subsequently became a very useful advocacy tool.

Further, engaging the ministry of health consultant made it possible to draw on reliable government data and prepare recommendations to fit the national context.

The alliance strategically involved members of Zanzibar's House of Representatives in its advocacy efforts. This enhanced its ability to convince the house to allocate a higher budget to NCDs.

ZNCDA meeting with the Vice Speaker and members of Zanzibar's House of Representatives, June 2016

## RESULTS

- Greater interest among policy-makers on NCDs evidenced by their participation in the ZNCDA programme. For example, a former prime minister participated in the Makunduchi traditional food festival organized by the ZNCDA, at which he spoke about the importance of a balanced diet to the community.
- Greater involvement of the district policy-makers in nutrition-related NCD concerns and discussions.
- Increased media interest in NCDs, as reflected by the invitations received by ZNCDA experts to appear on radio and television programmes.
- Increased public responses and queries on television and radio programmes on obesity and healthy eating.
- Increased requests and participation in awareness and screening programmes from various communities.
- Five of the 512 women screened for cancer were guided to the referral hospital for further investigation.
- 32% of the screened government staff were diagnosed with high blood pressure; 6% had high blood sugar; 32% were overweight; and 29% were obese.
- The school sessions covered over 500 students; obesity screening was carried out in 33 primary schools.

## LESSONS LEARNED

Developing position papers on specific NCD concerns jointly with the government serves multiple purposes: it ensures reliable data for making the case, provides a reliable tool for CSO advocacy and secures government ownership of the recommended intervention.

Working with strong legislative members boosts the parliamentary processes regarding NCD policies and financing.

Finally, this initiative demonstrated that joint work among like-minded NCD CSOs multiplies their reach and impact.



# Working to Strengthen the Implementation of FCTC Article 14 in Mexico

## ALLIANCE

Coalición México Salud-Hable and Coalición Latinoamérica Saludable (CLAS)

## COUNTRY

Mexico

## DATE

October 2014 to March 2017



**Advocacy**



**Accountability**

**Enlisting the support of the country's addiction, social security and national health system agencies, Mexican NCD CSOs facilitated the development of guidelines for nation-wide cessation services.**

## CASE SUMMARY

This initiative, spearheaded by two organisations of the Coalición México Salud-Hable (the InterAmerican Heart Foundation Mexico and the National Alliance for Tobacco Control, ALIENTO), aimed to increase the capacity of health professionals to provide cessation services in Mexico.

The main target audiences for this advocacy work were leaders in smoking cessation in government, cessation professionals in health systems, medical societies and the private sector organisations that influence policies to support cessation.

Leaders of health institutions who do not often consider smoking cessation or prevention as a priority, were brought into contact with leaders of the main treatment institutions and the national commission against addictions (CONADIC) in order to increase their understanding of this issue's importance.

To achieve their objectives, the CSOs collaborated with CONADIC through the national office for tobacco control (ONCT) to develop a Mexican strategy for better application of Article 14 of the WHO FCTC in order to broaden the impact of evidence-based nicotine addiction treatment. They partnered with CONADIC to assess the current situation of tobacco dependence treatment and participated in the development of an integrated policy in accordance with the guidelines of Article 14 of the FCTC.

They also supported CONADIC in the implementation of strategies to raise awareness among health workers about the importance of treating tobacco dependence and building or strengthening their capacity for care. These individuals then participated in the application of a national situational analysis questionnaire on tobacco treatment services, the results of which were subsequently validated by the FCTC Secretariat.

Working sessions were held with the 12 participating entities, including such organisations as the Mexican social security institute or IMSS (which serves nearly 55 million individuals and is extremely well placed to provide counselling services). Regulatory proposals were reviewed and updated and a small group of cessation experts was formed (whose work led to the development of national guidelines for the provision of cessation services in Mexico).

Finally, the first plural meeting on cessation of tobacco use in Mexico was held, bringing together 90 smoking treatment professionals and leaders of national health system institutions. This multisectoral gathering involved all cessation actors, including those beyond the ministry of health.

The work on the national situational analysis of smoking treatment has enabled the CONADIC to accelerate action on cessation with an emphasis on the provision of counselling.

“

With FIC Mexico and the National Alliance for Tobacco Control, we applied the questionnaires (...) and formed a technical group, which (...) collaborated in the drafting of the national guidelines for cessation services. It has been an intense, very useful job, although reaching consensus has not been easy.

Mr Juan Arturo Sabines Torres, Director of the National Office for Tobacco Control, National Commission against Addictions.

The CONADIC has already begun a process of review and certification of the cessation services operating in the country based on the application of the national guidelines for the operation of services for cessation of tobacco use.

## ANALYSIS

### Power of Alliances

Health sector institutions with national coverage, millions of potential beneficiaries and facilities in the 32 states of the country all participated in this initiative, which benefitted from the contributions of many different CSOs. Collaborating on this work helped CSOs make the best use of their limited resources.

ALIENTO took charge of project management. It developed and presented the project to Global Bridges and Pfizer Independent Grants for Learning and Change, with technical and planning support provided by the InterAmerican Heart Foundation Mexico. The Mexico Salud-Hable Coalition provided support in advocacy and media management and mediated relationships with government entities.

The InterAmerican Heart Foundation (IAHF) and the most recognized specialist in the implementation of Article 14 of the Framework Convention on Tobacco Control, Dr Martin Raw, served as the international project advisor.

At the national level, the Mexican society of pulmonology and thoracic surgery provided expert support on the clinical practice of smoking cessation and nicotine dependence treatment.

### Innovation

For the first time in the history of smoking treatment in the country, a strategy on smoking cessation was designed involving the participation of leading governmental institutions working on smoking cessation. Traditionally, such strategies were developed exclusively by the national commission against addictions and its national office for tobacco control.

This has made it possible to make better use of scarce resources for cessation in each of the participating institutions, since previously there were perceived differences in treatment approaches and different models in use.

It was important to reach agreement on having a single denomination for the different types of cessation services: a) smoking cessation clinic; b) cessation support service; c) short counselling sessions.

Before the project was carried out, different providers used different names for services. Now, it is understood that a cessation clinic has, for example, spirometry equipment, doctors, psychologists and social workers. Only those who have such resources can now be called smoking cessation clinics.

First plural meeting on cessation of tobacco use in Mexico

## RESULTS

Mexico now has its first ever national situational analysis on smoking treatment. The topic of cessation was also incorporated into the Mexican Federal Government action programme against tobacco 2016-2018.

A national expert group on cessation was also formed, and its work allowed the national commission against addictions to issue national guidelines for the operation of tobacco cessation services. This group now serves as a permanent advisor to the national commission against addictions and its national office for tobacco control.

The Coalition of Specialists in Tobacco Treatment (CENTRA) was created as a result of work by the InterAmerican Heart Foundation Mexico and ALIENTO.

Finally, the first plural meeting on cessation of tobacco consumption was held with the participation of 90 health professionals, cessation experts from various institutions and federal authorities.

## LESSONS LEARNED

This initiative demonstrated that it is possible for CSOs to collaborate with government entities without losing their independence, as long as there is complete agreement on the objectives, strategies and implementation expectations.

However, CSOs must preserve the capacity for open and public criticism to continue their role in accountability, for example by denouncing the limitation of resources, medicine, personnel and facilities that characterize the reality of treatment for NCDs in the region.

Partnering with accredited foreign entities, such as the Global Bridges Network, and obtaining the support of international experts in the field of smoking cessation was also extremely valuable.



# Standing Up to Industry to Secure Higher Sugar-Sweetened Beverage Taxes

## PROGRAM

Advocating for higher taxation on SSBs in India

## ALLIANCE

Healthy India Alliance (HIA)

## COUNTRY

India

## DATE

March 2017 to present



Advocacy

This initiative made the case for maximising taxes on sugar-sweetened beverages (SSBs) in India by classing them under the highest tax category within the new national goods and services tax (GST) regime, categorising them as 'sin goods' along with tobacco products.

## CASE SUMMARY

As a major contributor to obesity and diabetes, the over-consumption of aerated or carbonated and high-sugar drinks is a serious public health concern in India. The Indian Government launched a new unified GST regime on 1 July 2017. As the single biggest tax reform undertaken in India in 70 years of independence, the GST was an important opportunity for the HIA to garner attention and visibility for the issue of SSB taxation in order to achieve the national NCD target of a 0% increase in the prevalence of diabetes and obesity.

A GST council was set up under the chairmanship of the Indian finance minister, comprising finance ministers from all Indian States and Union Territories and other senior officers from the Indian finance ministry. Its mandate was to determine the GST tax rates for various commodities and services.

As the GST proposal was undergoing several rounds of discussions, civil society organisations hailed suggestions to earmark SSBs as 'sin goods' and bring them under the highest tax bracket. However, the food and beverage industry strongly urged the government and the GST council to re-consider this proposal and resist pressure from health advocates.<sup>8</sup> Much like the case with tobacco control, the industry argued that this tax increase would be unfair to consumers because the price of SSBs would substantially rise, consequently impacting the industry's growth and livelihoods.

In response, HIA members agreed on and submitted a joint representation in the form of a letter to different government departments including the GST council, the ministry of health and the Food Safety and Standards Authority of India (FSSAI) to express support for the new tax regime and calling for its successful implementation.

The letter strategically put on record the public health significance of the highest possible taxation under GST (43%) as a critical policy measure for NCD prevention and control in India. This was an important and strategic opportunity for the HIA to demonstrate strong civil society support for substantial taxation of SSBs and thwart attempts by the food and beverage industry. Ultimately, the GST council announced a 40% tax on SSBs (28% GST+12% cess) in line with the HIA's request.

Moving forward, the HIA has plans to observe and record any tactics that are being adopted by SSB companies in order to inform the next stage of advocacy under this initiative. This is also an opportunity to devise an action plan to broaden the scope of the HIA's activities to bring the broader issue of unhealthy food and beverages within the remit of its ongoing and future campaigns.

“

This is an important milestone for CSO-led NCD advocacy in India and a critical juncture for the HIA to brainstorm on future campaigns to ensure that this legislation is followed in letter and spirit.

Statement by the Healthy India Alliance

<sup>8</sup> Read more Reuters coverage online at: <https://goo.gl/cde3ge>

## ANALYSIS

### Power of Alliances

One of the key priorities of the HIA (now in its second year of existence) is to establish its position and credibility as a robust and multi-sectoral coalition of CSOs, with the potential of substantially contributing to the national NCD response through multi-pronged strategies and interventions.

This initiative was collectively undertaken by all 16 member organisations of HIA and partly served to help the alliance define its role as an important stakeholder in the NCD prevention and control movement.

HRIDAY, as the secretariat of the alliance, coordinated this activity (for example by discussing the merit of considering SSB taxation as a priority issue with HIA partners, conducting background research to understand the GST regime and SSB taxation and taking guidance from a health economist on the subject to identify relevant civil society priorities).

The first draft of the recommendation was shared for input and comments with all HIA partners. The secretariat then finalised the draft by incorporating the feedback received and submitted it to the GST council, the ministry of health and family welfare and the FSSAI.

### Innovation

The overall concept of GST is new to India, representing a complete overhaul of the Indian taxation system. This was an important opportunity for CSOs working in the NCD field, particularly HIA members, to articulate their position on an important food and nutrition policy issue from a fiscal perspective.

This was one of the first efforts targeting SSBs in India and is therefore a critical starting point for the HIA to continue strategising and operationalising future robust campaigns in this pivotal policy area.

CSO action on SSB taxation across many other countries and regions, with the strong involvement of their national or regional NCD alliances, was a motivating factor for the HIA. By following the successful campaigns that were led by its fellow alliances, the HIA was able to understand important underpinnings of impactful initiatives, such as how to deal with efforts by the food and beverage industry to delay and dilute policy formulation and implementation.

## RESULTS

As a national NCD alliance, the HIA's role was crucial in strengthening the call for placing SSBs under the highest tax bracket as a part of the GST regime.

Eventually, SSBs were brought under the GST ambit within the highest bracket of 28% and an additional cess of 12% (a total of 40%). The GST protocol mandated a highest tax rate of 28% and a highest cess value of 15% (both of which have been assigned to tobacco products excluding bidis).

It is indeed laudable that SSBs were categorized alongside tobacco products under the 'sin goods' category, but they did fall short by 3% of the highest possible cess rate.

This win fortifies the efforts of the HIA and several other stakeholders who advocated for maximum taxation to be levied on SSBs. It also further underscores the Government of India's support for robust public health measures and provides an indication for the planning of follow-up action and campaigns.

### LESSONS LEARNED

It is important to closely observe national as well as global advancements in NCD prevention and control to identify potential advocacy opportunities.

It is also important for CSOs to make a strong case to inform the process of evidence-based policy-making and supplement the government's efforts.


Since NCD prevention and control is a complex issue, all sectors are equally important. As such, monitoring programmes and policies by non-health related departments can present important advocacy opportunities.

Furthermore, networking widely can bring in important stakeholders to strengthen the NCD prevention and control movement.

### GST rates: Aerated drinks to attract 40% tax, industry body upset

Sweetened aerated water and flavoured water will attract a total duty of 28%–40% tax and 12% additional cess, according to the proposed GST rates

Sounak Mitra  [Sign up](#)



**LATEST NEWS »**

- Gujarat elections: Narendra Modi, Rahul Gandhi back on campaign trail tomorrow
- Facebook trains artificial intelligence to spot suicidal signs
- AirAsia India expects revenue to double this year, triple in 2018
- Donald Trump jabs 'Toxicaster' Elizabeth Warren in meeting with Navajo veterans
- Onion prices skyrocket to Rs80/kg in Delhi, MMTC floats global tender

At present, tax on aerated beverages varies from state to state. While it is below 28% in most of the states, in states like Punjab it is as high as 43%. Photo: Mint

Example of media coverage of the SSB policy debate and advocacy

# Litigation and Public Mobilization to Demand Healthy Food Regulation in Peru

## PROGRAM

I want healthy and nutritious food

## ALLIANCE

Alianza ENT Perú

## COUNTRY

Peru

## DATE

February 2016 to present



Advocacy



Accountability

The Alianza ENT Perú, along with associations of nutritionists and others, staged a peaceful march and used litigation and media campaigns to press for the development of long-overdue nutrition regulations in the country. Simultaneously, the alliance worked to foster a culture of healthy eating among the general public.

## CASE SUMMARY

Data from the nutritional status information system of Peru's ministry of health suggest that 5-10% of the country's children under five years of age are overweight or obese. In May 2013, Peru passed a law for the promotion of healthy food for children and adolescents (healthy food act) to develop measures to tackle diseases related to overweight and obesity. The law authorized the ministry of health to develop regulations on food and non-alcoholic drinks high in sugar, salt and fat, related advertising targeting children and food labelling within 60 days of its passage. However, the regulation remained undeveloped for over three years.

In response, the Association of Nutritionists of Peru (CNP) and other members of the Alianza ENT-Perú launched an initiative to demand urgent development of the regulation and to mobilize public support. A peaceful march in the capital city of Lima in July 2016 was attended by over 1,000 people demanding the regulation.

The government published a preliminary draft of the regulation for public response. CSOs provided recommendations to the government based on the Pan American Health Organization (WHO PAHO) nutrient profile model. However, the final regulation, which fell short of WHO standards, was posted in the official gazette the day before the term of the then president ended. The announcement also permitted an unreasonably long timeframe of four years for the regulation to come into effect.

As the new president and government assumed office, the CNP appeared before the congress and urged the minister of health to respect PAHO parameters and begin implementation within four months. It also presented a proposal for the creation of a nutrition department in the ministry of health to develop the nutritional policy and address the country's nutritional challenges more broadly. When the inaction continued, the CNP initiated an Acción Popular (legal action to protect public rights) in the courts to require the ministry of health to urgently comply with the healthy food act and PAHO guidelines.

Even as the litigation is under way, the initiative has engaged different forms of media to educate families, mobilize the public and build political interest. The Facebook page of the CNP has nearly 40,000 followers and is used extensively to inform the public about healthy eating and advocacy efforts, including through short videos. Other members of the alliance also contribute to social media outreach efforts.

“

On approval of the healthy food act 30021 four years ago, the ministry of health was to prepare the regulations based on PAHO parameters. On what basis has the government dared to dismiss this?

Former congressman Jaime Delgado, who authored the law (El Comercio, 20/06/2017).

<sup>9</sup> Peru Ministry of Health Nutritional Status Information System is available online at: <https://goo.gl/sdcNZS>

The messages shared on social media informed parents about the products their children are exposed to and raised awareness about healthy eating and lifestyles. Simultaneously, the alliance participated in television debates debunking the junk food industry's arguments against the regulation. Newspapers have also challenged the government for favouring the food industry.

The initiative plans to continue to pursue the regulation through the court and to work with the government. It also intends to develop advocacy and educational materials, conduct online public polls and develop new means of popularising the campaign among the public.

## ANALYSIS

### Power of Alliances

The CNP, along with the alliance and other civil society partners, has worked as a collective force to advocate for healthy eating.

The CNP brings nutrition expertise to the initiative, whereas other partners joined in the march, support media advocacy and contribute to public mobilization through social media.

The diversity of partners, ranging from medical associations to organic producers, consumer advocates, social workers and agriculturalists, helped develop messages appropriate to different audiences and disseminate them in a coordinated manner.

### Innovation

The initiative grew out of nutritionists' concerns, partly because they began noticing the misinformation campaigns that promoted unhealthy food among their own children. In response, the campaign is creative in relating to real-life scenarios of people making food choices.

The innovation of the initiative also lies in the way it synchronizes policy advocacy with creating a culture of healthy eating in the community.

Due to financial constraints, the alliance relied on cost-effective social media options to spread its messages. The extensive use of online tools such as the CNP website and Facebook page has provided an interface with the community, which in turn helps to build public support for the initiative.

The initiative has also been innovative in building on the publicity generated by the litigation to discuss the nuances of the nutritional policy through television debates and news articles.

## RESULTS

- The march in the capital city persuaded the previous government to publish the preliminary draft of the regulation of the healthy food act.
- The urgency of action on obesity was made very clear to Peru's Congress through this initiative.
- In its first year, the educational Facebook campaign page accumulated over 40,000 followers, the majority of whom were Peruvians. This indicates a keen public interest in nutrition.
- Ample educational materials have been created for use on social and other media.
- The litigation is expected to oblige the ministry of health to improve nutritional standards and food labelling.

## LESSONS LEARNED

Constant vigilance and timely advocacy are critical to advancing legislative processes. Setbacks in advocacy need to be rectified through refined strategies such as public interest litigation and media advocacy.

Delays in policy outcomes can be turned into opportunities. This initiative used the delay in regulation to drum up community support through educational initiatives for urgent implementation.

Creating a culture of nutrition is critical for effective implementation of the policy. Clear and practical messages can help educate communities and prompt changes in dietary practices. Consequently, it is important to have a holistic communication strategy suitable for the whole family.



March demanding healthy food regulations in Lima, Peru, July 2016

# Turning Members of Parliament into NCD Advocates through Screenings and Seminars

## PROGRAM

Formation of a parliamentary NCD forum

## ALLIANCE

Tanzania NCD Alliance (TANCDAA)

## COUNTRY

Tanzania

## DATE

May 2016 to present



Advocacy



Awareness

The Tanzania NCD Alliance arranged seminars and NCD screenings for members of parliament to secure their support for NCD advocacy. Having identified their personal risk of NCDs and the political opportunities to address these diseases, they have come together to form a parliamentary NCD forum with technical support from the TANCDAA.

## CASE SUMMARY

The Tanzania NCD Alliance (TANCDAA) has been advocating for policies to address various NCD risk factors such as tobacco. However, NCDs are still perceived to be a problem of the wealthy and people from affluent countries. This has pointed to the need to raise awareness among and involve MPs in advancing NCD policies.

Consequently, this initiative aimed to promote NCD awareness among MPs and highlight their role in advocacy. The initiative therefore sought to primarily address MPs and the ministries of health and finance to advance on specific economic NCD policies.

Through initial contact with an MP with an interest in NCDs, the TANCDAA began reaching out to others. The alliance approached the parliamentary secretary to request an occasion to address a group of MPs who were subsequently informed of the planned NCD activities via announcements during parliamentary sessions.

A two-hour seminar on NCDs was organized in the national capital, Dodoma, along with day-long voluntary NCD screening for all MPs and parliament staff. The first meeting, which took place right before the general election in 2015, was attended by only 25 out of 365 MPs, instead of the expected 50. Feedback highlighted the difficulties in gathering politicians just before elections. However, most participants expressed an interest in joining an NCD support group of MPs in the future.

After the election, the TANCDAA briefed the speaker of the parliament about the need to continue raising awareness among MPs, who were then invited to a seminar and NCD screening in May 2016. This time, participation rose to 73. Parliament staff and MPs were screened for diabetes, heart diseases, cancer (breast and cervical) and respiratory diseases. This screening event opened the eyes of many MPs to their own NCD risks and helped to create awareness about the challenges posed by these diseases. It was also a good teaser in that it attracted media attention to the broader topic of NCDs. Special materials were created for the press so as to secure maximum publicity from the event.

In addition to being informed about NCDs and their risk factors, the seminar participants expressed interest in joining a parliamentarians' NCD support group. This was a key achievement, as the group could serve to strengthen the MPs' resolve to advocate for policy changes.

Building on this interest, a parliamentary NCD forum was formed to lead NCD-related policy discussions in parliament. A leadership team of four MPs was elected to the positions of chair, vice-chair, treasurer and secretary. The TANCDAA works with the leadership team to advance

“

It's important that this forum has been established for advocacy and policy formulations.

Hon. Haroun Nyongo, Member of Parliament.

the NCD agenda in parliament. It is also helping the forum to develop its constitution and initial action plan.

The TANCDA's own current policy priorities are nutrition, alcohol, tobacco and physical activity. The alliance provides technical information on these policy priorities for insider advocacy by the forum among MPs.

In addition to the personal benefit that MPs derived from the NCD screening provided, this work has also created opportunities for greater impact, as several of the forum members began showing interest in conducting free NCD screenings in their own constituencies. The screenings, in turn, gave communities greater access to NCD services and generated greater awareness and support for NCD prevention and control. The participating MPs have also been actively seeking information on NCD risk factor policies.

The TANCDA intends to intensify its work with the forum to speed up the response to NCDs in Tanzania. It also aims to leverage the support of MPs to secure improved funding for prevention and control in the country.

## ANALYSIS

### Power of Alliances

The TANCDA is led by the main national cancer, diabetes, heart and respiratory disease organisations in Tanzania. Its board members have the highest level of expertise in the field of NCDs in the country. They also have vast experience in advocacy for domestic initiatives for the prevention and control of NCDs.

Alliance members worked together in planning and implementing seminars for the MPs.

Besides addressing MPs at the seminars, TANCDA member organisations brought their expertise and technical resources to conduct NCD screenings in parliament.

Similarly, TANCDA members each have patient networks with many years of experience in organising patients and campaigning for better treatment and patients' rights. The patient base of TANCDA makes it a politically attractive platform for MPs to rally in support of NCDs.

### Innovation

The TANCDA's decision to mobilize a forum of MPs, those best placed to formulate policies and enact laws, to advance NCD policies in the country is one of the most innovative aspects of the initiative.

It proved strategic for the initiative to formally involve the parliamentary secretary in launching the parliamentary forum. This helped to ensure official publicity and the participation of MPs in the seminar.

It was also creative in the way it paired the NCD screening with the seminar for MPs. This brought the public health concern of NCDs to a tangible and personal level.

Additionally, the establishment of the forum as a distinct group of MPs was strategic in making it easy for members to join the cause.

## RESULTS

- The formation of the parliamentary NCD forum represents a landmark achievement, establishing a significant political base to launch NCD policies and programmes.
- 47 MPs (of the 73 seminar participants) underwent NCD screening - an indication of their level of interest and personal involvement in the issue.
- The initiative reached a critical mass of Tanzanian MPs, who were made aware of the burden of NCDs in the country and their role in reducing it.
- It has also created a professional, political and personal opportunity for MPs to spearhead NCD initiatives, which in turn benefit their constituencies.
- The growing interest among MPs in learning more about potential policies on food, alcohol and tobacco holds potential for policy change.

## LESSONS LEARNED

Educating political leaders is an effective advocacy strategy for policy change. Initial contact with leaders can create access to their broader network and policy-making institutions such as the parliament.

Educating MPs about NCDs can help convey messages to the general public. It can also help deliver NCD services to vulnerable populations who form critical constituencies for political leaders. In turn, informed MPs become more attentive to public demands for NCD policies.

It is important to identify strategic means to mobilize MPs, such as through the formal channels of the parliamentary speaker.

It is also critical to showcase the political opportunities MPs access through association with the NCD cause, such as the potential for screening services for their constituents.



Parliamentarians waiting for NCD screening

# Rallying Support for NCD Prevention in Parliament through a Cross-Party Group

## PROGRAM

**Cross-Party Group on improving Scotland's health: 2021 and beyond**

## ALLIANCE

ScotHealth 2021 Coalition

## COUNTRY

Scotland

## DATE

April 2016 to present



**Advocacy**



**Accountability**

The ScotHealth 2021 Coalition mobilized a cross-party group of Scottish members of parliament and other stakeholders to find ways of addressing NCDs in the country. The group developed working principles, common goals and criteria to address conflicting commercial interests. It also established a shared understanding with members of parliament of the issues related to health-harming industries.

## CASE SUMMARY

Action on Smoking and Health Scotland (ASH Scotland) consulted with partners on whether to seek to re-establish the formerly existing Cross-Party Group (CPG) on tobacco. Recognising the demands on the time of Willie Rennie, Member of the Scottish Parliament (MSP), a new CPG with a broader public health and prevention focus was proposed. ASH Scotland, Alcohol Focus Scotland (AFS), Scottish Health Action on Alcohol Problems (SHAAP) and Obesity Action Scotland (OAS) formed a coalition to take this forward with a view to coordinating thinking and experience in tackling health-harming industries.

The coalition partners sought to build parliamentary support for this approach and used their respective networks to build wider civic and academic involvement. The coalition thus supported the establishment of a CPG on Improving Scotland's health: 2021 and beyond, comprising MSPs from different political parties, public health organisations and other stakeholders. Two MSPs serve as its co-conveners.

This CPG has already met several times since its inception. Target audiences for each meeting included MSPs, public health organisations and academics. In consultation with the CPG, the coalition steered the direction of the group, finalising topics for its meetings and inviting speakers.

At its inaugural meeting in November 2016, the CPG developed its principles and purpose. Its objectives are:

- To come up with a solutions-oriented focus on how to improve the health of the people of Scotland by reducing the health harms caused by alcohol, tobacco, poor diet and obesity.
- To join up knowledge and learning with a range of stakeholders and identify ways forward to improve public health and prevent and reduce NCDs for the next generation.

The group also undertook a situational analysis, comparing and contrasting the policies available to address the harm caused by tobacco, alcohol and unhealthy foods, in particular their impact on the poor and children. This situational analysis identified the significant progress made on tobacco in comparison to alcohol and unhealthy food.

At its meeting in January 2017, the group focused on understanding the impact of the health-harming industries behind these concerns. Following presentations by two leading experts in economics and global health policy, the CPG recognized the impact of industrial epidemics and the need to pursue evidence-based policies.

The group also developed criteria for its non-MSP membership to exclude those with conflicting interests. In May of the same year, the

“

The Cross-Party Group (...) is a unique forum. For the first time in Scotland it brings together politicians, researchers, public health professionals and advocates to share evidence and learning and to build support for effective solutions to address unhealthy commodities.

Mr Kenneth Gibson, Member of the Scottish Parliament and co-convenor of the Cross-Party Group.

group met to examine behavioural influences to prevent the uptake of tobacco, alcohol and unhealthy diets.

At its annual general meeting in October 2017, Scotland's minister for public health and sport addressed the group on how the country's multiple public health strategies align to collectively reduce and prevent NCDs. She recognized the fact that the CPG provides a space for organisations to shape and form opinion, provide evidence and work together to challenge government.

Based on progress made during its first year, the coalition has made plans to hold joint events to showcase common areas of action across NCD risk factors, such as an event on the marketing of health-harming commodities in early 2018.

## ANALYSIS

### Power of Alliances

ASH Scotland and Alcohol Focus Scotland provide the formal secretariat for the group. This involves organising its meetings in liaison with the co-conveners, disseminating agendas, producing minutes and managing group membership by screening declarations of interest.

The group has brought together a variety of stakeholders from different fields. The power of its work has been demonstrated through its popularity, with over 60 charities, professional bodies, universities, individual members and 10 MSPs joining forces in its first year.

This group has created a single platform to explore the potential of Scotland's multiple public health strategies to reduce the impact of health-harming commodities such as tobacco, alcohol and unhealthy food.

### Innovation

The Cross-Party Group is an innovation that brings together on a common platform diverse stakeholders ranging from political parties to civil society groups, service providers and the public.

Historically, such groups have focused on individual areas of health harm. This initiative innovated by bringing together different public health organisations to address issues with similar causes and consequences.

It recognized the similarities of the challenges they face and has sought to learn and apply success in one area to others. The group is also action-focused, as opposed to solely sharing information between different parties.

The conflict of interest policy of the group excludes conflicting commercial interests among its membership while allowing participation of such organisations in sub-groups to discuss the practical implementation of policies decided by the group.



## RESULTS

In its first year, the CPG has helped build the profile and credibility of the coalition partners as public health leaders with a vision to work beyond their areas of interest for the greater public good.

The group has also created a safe space for discussion on how to prevent and reduce NCDs, which in turn allows for exploration of the evidence and future actions free from commercial pressure.

It has also enabled a broad range of stakeholders to engage and learn about less familiar NCD risks factors, understand the common challenges (such as the economic impact of health-harming industries) and seek similar strategies relating to price, availability and marketing.

This knowledge is proving to be particularly important for MSPs in holding the government to account on actions to reduce and prevent health harm caused by alcohol, tobacco and unhealthy food.

The broader discussions in the coalition have helped to deepen understanding of different agendas, identify common areas of interest, map upcoming opportunities for policy influence and identify potential areas for future collaboration. The focus on a practical project has planted the seed for wider opportunities for collaboration in other areas in the future.

## LESSONS LEARNED

- The strategy of engaging multiple stakeholders through a broad public health agenda to reduce NCDs helps to build understanding and support for policy interventions beyond established networks.
- Clear purpose and values are critical for such a group to develop a shared understanding and commitment to delivering tangible progress.
- The creation of a safe space for discussions requires that commercial interests play no role in policy development.
- The importance of investing in relationships in the coalition helps to develop a sense of teamwork.
- Developing an understanding of NCD risk factors, as well as sharing the research and insight on framing the problem and interventions that have been tried, is helping to make the CPG more focused and effective.
- It is important for secretariat members to work in flexible and collaborative ways that match their resources and strengths, as the resources required are usually greater than anticipated.

The CPG Secretariat and Convener (second from right) at the meeting of the Cross-Party Group on improving Scotland's health: 2021 and beyond, with the Minister for Public Health and Sport (second from left) at the Scottish Parliament, October 2017

# Speaking with one Voice to Rally Support for a Sugar-Sweetened Beverages Tax in Mexico

## ALLIANCE

ContraPESO, the Alianza por la Salud Alimentaria, and the Coalición México Salud-Hable

## COUNTRY

Mexico

## DATE

January 2012 to present



Advocacy



Awareness



This sample campaign infographic displays worrying figures relating to the consumption of sugary drinks in rural areas

“

The tax initiative was proposed to me by civil society organisations. They asked me to be their voice in the Senate. They warned me that it would involve a very strong fight against soda companies and a big campaign to discredit me.

Senator Marcela Torres Peimbert.

A wide network of civil society organisations banded together to raise awareness and make the case for an effective sugar-sweetened beverages tax in Mexico.

## CASE SUMMARY

Over 70% of the Mexican population is overweight or obese, with over 70% of the added sugar in diets originating from sugar-sweetened beverages (SSBs).<sup>10</sup> The lack of clear consumer information and obesogenic environments play a significant role in exacerbating this situation.

In response, Mexican CSOs engaged in sustained advocacy efforts in support of passing an SSB tax at 20% of the price (approximately 2 pesos per litre). This is the rate recommended by experts to achieve significant consumption reductions. In the long run, the initiative aimed to achieve a reduction in the prevalence of overweight and obesity, as well as diabetes.

From the beginning of the current six-year government term, it was suggested that tax reform be carried out in Mexico. The CSOs behind the initiative took this as an opportunity to push for new taxes.

The proposal to implement a special tax on SSBs was presented by the leaders of ContraPESO to Senator Marcela Torres Peimbert (PAN), not only to reduce the excessive consumption of added sugar but also as an opportunity to allocate tax revenues to health programmes. Senator Torres supported the proposal to reduce the consumption of SSBs as a priority issue, even though she did not have the support of several members of her own party. She also spoke about the strong lobbying of the business sector in Mexico's Senate, shedding light on the pressure and interests that prevent the adoption of such public health measures in Mexico.

In the course of its advocacy efforts, the coalition engaged in numerous activities with the support of other networks and organisations. Collectively, CSOs engaged in:

- Research, drafting and design of documents aimed at decision-makers containing the arguments for tax implementation and concrete ideas on how to utilize the collected resources.
- Dissemination of documents among decision-makers in the Mexican Senate and potential allies.
- Organisation of academic forums to raise awareness among key actors about the problems of obesity, overweight and type 2 diabetes. Representatives of medical societies and researchers were introduced to legislators and the media, as well as to other CSOs.

The key targets of this advocacy included decision-makers within the health and finance committees of the Mexican Senate and the House of Representatives, as well as the media. Advocates looked for allies in the finance commissions, many of whom were not informed about the social and nutritional issues related to obesity.

<sup>10</sup> The Guardian article entitled Mexico's sugar tax leads to fall in consumption for second year running provides more detail. Read more online at: <https://goo.gl/T2hX2L>

Activities focused on raising awareness among decision-makers and highlighting the importance of preventing new cases of diabetes and NCDs from a human rights and economic perspective were made mainly by the Alianza por la Salud Alimentaria, taking into account the costs of inaction to the health system in years to come. These advocacy efforts resulted in an alliance among different legislators, CSOs and academics, who committed to securing a special tax on SSBs.

Ultimately, a nationwide 10% tax on SSBs was approved. However, opposition from industry-funded bodies remains a challenge. They constantly interfere, arguing against increasing the tax from the current 10% to 20% and disseminating messages to discourage other countries and cities from adopting similar taxes.

Going forward, the CSOs involved aim to push for the adoption of the 20% tax, to defend the policy from possible attacks from industry and to improve understanding of health and food issues among the general public. They will also continue to argue in favour of earmarking tax revenues for health programmes.

## ANALYSIS

### Power of Alliances

This work greatly benefitted from the number of organisations involved in rallying support for the tax, including the México Salud-Hable coalition and various health institutes, doctors and researchers. Regional backing in the form of letters of support from the Coalición Latinoamérica Saludable (CLAS) also made a significant impact.

Different organisations contributed in various ways. The ContraPESO coalition carried out a mapping of legislators to identify allies and opponents and maintained communication with supporters. Coalitions such as México Salud-Hable got involved by signing letters and disseminating digital content generated by ContraPESO among other things.

Both organisations held meetings with relevant legislative committees and executive offices, such as the ministry of health and the ministry of finance. They also developed and distributed documents and information packages, sent letters and made phone calls to decision-makers during critical moments of the legislative debate.

This collaboration served to strengthen the ties between different coalitions, which led to mutually beneficial opportunities to strengthen common messages. By presenting a united front, CSOs were able to make a more powerful case than if they had launched separate campaigns.

### Innovation

Lacking the resources to secure mass media coverage, this initiative relied heavily on creative campaign materials for social media (predominantly Twitter) to reach decision-makers as well as the general public.

This messaging, which revolved around several key hashtags such as #MásAguaMenosRefresco (more water less soda), was designed to communicate the burden of obesity in Mexico, information about the tax proposal in Mexico's Congress and the economic benefits of prevention.

Materials were also developed specifically to inform patients and consumers about the benefits of implementing

the tax. This generated support and a greater number of followers, many of them doctors and health professionals who supported the measure and consequently rallied public approval.

Collectively, these campaigns had an overwhelming impact and response.

## RESULTS

In October 2013, Mexico approved a 1 peso per litre (10%) tax on SSBs including flavoured drinks, soft drinks and sports drinks. It was applied on 1 January 2014, increasing the average price of these beverages. It did not include milk, mineral water, diet drinks or beverages with a medical function.

The latest results from studies carried out by the national public health institute show that the consumption of SSBs decreased by up to 9.7% between 2014 and 2015, with a greater effect in low-income communities. Recent projections point out that, if maintained, the tax could prevent up to 134,000 new cases of diabetes by 2030.

As a result of these advocacy activities, the coalition firmly positioned itself as an authority on the issue of public policy against obesity in Mexico. Consequently, several actors began to contact the alliance to issue critical opinions on the actions of government actors and industry. For example, the leading CSOs were interviewed by the mainstream media at the national level and saw a great increase in their social media following.

The policy has received international recognition and marks an important step towards tackling the burden of obesity and related diseases in the country.

## LESSONS LEARNED

The appropriate use of scientific evidence was a key success factor behind the media campaign and all advocacy efforts related to this initiative. Equipped with an understanding of the problem backed up by evidence, the coalition was able to formulate well-informed public policy solutions that added to its credibility.

Good timing was also critical. The government was open to introducing a new fiscal measure in 2013, given that President Enrique Peña Nieto's campaign platform focused on promoting tax reform including food and medicine taxes as a way of generating additional income.

Political mapping and awareness of the situation allowed CSOs to identify opportunities and act strategically.

CSOs and academic organisations were great allies, while chambers of commerce were big opponents, willing to finance their own studies and lobby strongly to fuel the opposition.

# Advocating to Integrate NCDs into Ethiopia's Health Sector Programme

## ALLIANCE

Consortium of Ethiopian NCD Associations (CENCDA)

## COUNTRY

Ethiopia

## DATE

May 2006 to present



**Advocacy**

NCD CSOs in Ethiopia worked collaboratively with the federal ministry of health and the WHO to undertake a situational analysis and develop a strategic framework for NCD prevention and control. The joint efforts led to the integration of NCDs in the national health sector programme and the formation of the national NCD consortium.

## CASE SUMMARY

Ethiopia has a long history of non-governmental and professional organisations working to advance NCD prevention and control. By 2006, several of these CSOs were frustrated with the absence of an NCD focal point in the federal ministry of health (FMoH) and the lack of concerted efforts to address NCDs in the country.

Together with the FMoH, they established a national technical working group (NTWG) on NCDs to develop a roadmap on NCD prevention and control in the country. The FMoH chaired the group and the WHO Country Office served as its secretariat, which ensured ownership and credibility. The NTWG was the precursor to the Consortium of Ethiopian NCD Associations (CENCDA) formed in 2012.

The group agreed to begin work by conducting a situational analysis of NCDs in Ethiopia, with assistance from a professional supported by the WHO Country Office. The situational analysis brought to light the enormous contribution of major NCDs to morbidity and mortality recorded by the country's health facilities and significant issues related to risk factors in the population.

NCD risk factors such as hypertension, overweight, obesity and physical inactivity were found to be prevalent, particularly in urban populations. Inadequate intake of fruit and vegetables, smoking and alcohol consumption were found to be common throughout urban and rural populations in the country.

The situational analysis highlighted the urgent need for a strategic plan for the prevention and control of NCDs in the country. The findings and recommendations of the situational analysis were presented to the FMoH, which approved the development of a plan.

The draft strategic framework was presented at a meeting of the FMoH, the WHO, regional health bureaus, regional universities, major health facilities and NGOs working on NCDs for review and validation. It mapped out functional units and trained human resources for the prevention and control of NCDs at all levels of the health system, positioning them in the national health sector development programme (HSDP) and integrating them into primary healthcare services.

The executive committee of the FMoH approved the framework in 2010. Further advocacy by the CENCDA led to the integration of NCDs in the HSDP the same year. An NCD case team was also constituted in the FMoH in 2013. The CENCDA now works with the government to implement the NCD plan through the health sector programme.

The alliance considers Ethiopia's robust primary healthcare systems with over 15,000 health posts, 3,400 health centres, 400 district hospitals and 38,000 full-time high-school graduate health extension workers throughout the country to be an effective vehicle to implement the

“

**NCDs are not just a health issue, they are a development issue as well.**

Mr Wondu Bekele Woldemariam,  
General Manager, MathiwosWondu-  
YeEthiopia Cancer Society.

NCD plan. It therefore plans to advocate for the integration of NCD interventions into the existing primary healthcare system in the future. Finally, it intends to persuade the government to develop national programmes for each of the NCDs, as recently accomplished for cancer.

## ANALYSIS

### Power of Alliances

The NTWG included the MathiawosWondu-YeEthiopia Cancer Society, Ethiopian Cancer Association, Ethiopian Diabetes Association, Ethiopian Heart Association and Ethiopian Kidney Association, which are now members of the CENCDA.

The NTWG led the initiative until the CENCDA was formed in 2012. Its collaborative work with the federal ministry of health, WHO Ethiopia Country Office and regional healthcare bodies was critical in the adoption of the plan by the government.

All five NGOs attended meetings to provide information from their respective fields of expertise to inform the development of the plan. This united front proved a crucial driving force for conducting the situational analysis and developing the strategic framework.

### Innovation

Given that strategic planning for the NCD programme required the full cooperation and approval of the FMOH, it was imperative for CSOs to work with it from the start and recognize its leadership role in the NTWG.

The group managed to get the same professional to work on the situational analysis and the strategic plan, which lent continuity and momentum to the process.

It also worked cost-effectively, thanks to in-kind contributions such as the time and expertise of organisations and cancer, cardiovascular disease, diabetes, kidney disease and chronic lung disease professionals.

## RESULTS

- The collaborative work among CSOs in the NTWG inspired the formation of the Consortium of Ethiopian NCD Associations in 2012.
- Their joint efforts led to the inclusion of NCDs in the fourth health sector development programme.
- An NCD case team was established at the FMOH and regional health bureaus.
- A national cancer control plan was developed and implemented in Ethiopia.

## LESSONS LEARNED

Civil society collaboration helps to advance the NCD agenda with governments that are dealing with competing priorities beyond political and human resource challenges.

Including NCDs in the health sector development programme takes them a step closer to being incorporated in the national development agenda and provides access to related resources.

As evidenced by the support received from WHO Country Office in Ethiopia, international cooperation and assistance are also crucial to supporting governments in their efforts to set targets, develop multisectoral plans and policies and measure results for the prevention and control of NCDs.



Her Excellency Roman Tesfaye, the First Lady of Ethiopia, and Dr Kestebhran Admasu, Ethiopian Minister of Health, launching the national cancer control plan in October 2015





# ACCOUNTABILITY

In the Sharjah Declaration on NCDs, NCD civil society committed to increasing accountability and monitoring progress.

Accountability refers to the cyclical process of monitoring, review and remedial action. It is a crucial force for political and programmatic change and key to tracking progress on NCDs. Four initiatives focus on accountability, three of which built on the NCD Alliance's benchmarking tool to develop national or regional civil society reports on government commitments on NCDs.

Notably, these initiatives maximise outcomes through advocacy for policies that hold governments or industry accountable. For instance, the initiative to stop tobacco sponsorship of SDG events in Peru demanded responsible behaviour from bodies such as the UN Global Compact.

Others, such as Brazil's ACT+, used civil society benchmarking of government commitments on NCDs to demand policies addressing the national obesity burden.

Accountability initiatives may include:

- Assessing progress of responsible entities in meeting commitments
- Discussing gaps and solutions with the relevant agencies
- Advocacy through existing mechanisms such as commissions, public hearings and parliament
- Engaging media and the public through information dissemination

Accountability initiatives have benefitted entire regions. In the Caribbean, there has been ministerial recognition of civil society benchmarking tools for tracking progress on NCDs. The obesity scorecard and regional report on national NCD commissions by the Healthy Caribbean Coalition have triggered action on both issues.

In the African region, the efforts of the East African NCD Alliance and its members culminated in the first ever inclusion of NCDs in the agenda of the regional committee of health ministers. Accountability initiatives have helped alliances internally as well. For example, they enabled Brazil's NCD alliance to develop a strategic plan to deal with the challenges identified in its benchmarking report.

A key success factor in accountability initiatives is the ability to positively engage governments or other entities to facilitate dialogue and advocacy. Regional comparisons by way of scorecards on policy progress, for example, can help create healthy competition among countries and trigger national action.

## TOP LESSONS LEARNED

Advocate for or utilise national accountability mechanisms to monitor and accelerate action

Involve academic and research institutions to develop tools and reliable data for tracking progress

Encourage country reporting on international NCD commitments

Develop internal accountability mechanisms to ensure civil society remains representative of the public

Use shadow reports to recruit accountability stakeholders

# Benchmarking to Track and Advance Regional NCD Action in East Africa

## ALLIANCE

East Africa Non-Communicable Diseases Alliance (EANCDA)

## COUNTRY

East Africa

## DATE

January-June 2014



**Accountability**



Prof. Gerad Yonga, Vice Chair of the EANCDA (far right), sharing the alliance's experiences at the East Africa NCD Research Conference in Nairobi in January 2017.

“

NCDs impede economic growth by impacting on labour productivity, resulting in foregone national income and entrenching household poverty. The cost of inaction far outweighs the cost of action,

Excerpt from the East Africa Civil Society NCD Charter.

The EANCDA undertook a regional benchmarking exercise with its national member alliances in 2014. The findings were used to develop a civil society NCD charter as a tool for national and regional advocacy. The initiative has raised the political profile of NCDs and helped to build partnerships with governments, global partners and academia.

## CASE SUMMARY

The East Africa NCD Alliance (EANCDA) comprises the six national NCD alliances of Burundi, Kenya, Rwanda, Tanzania, Uganda and Zanzibar. In 2014, the EANCDA undertook a benchmarking exercise to assess progress in responding to the NCD epidemic in the region.<sup>11</sup>

It examined the level of priority given to NCDs in development and health plans; the strength of national capacity, multi-sectoral action and partnerships for NCDs; progress on the reduction of NCD risk factors and social determinants; progress on strengthening and reorienting health systems to address NCDs; national capacity for research and development on NCDs; and progress on establishing NCD monitoring and evaluation targets. The benchmarking report also sought to highlight best practices and areas for further action.

The benchmarking tool of the global NCD Alliance was adapted to the East African context for data collection. The exercise involved the review of policy and operational documents on NCDs and semi-structured interviews of key stakeholders in the NCD sector. The benchmarking research was participatory (i.e. conducted by national NCD alliances at country level and engaging key stakeholders). This helped to empower and build the capacity of the young national alliances in conducting NCD policy reviews and evidence-based advocacy.

The outcome report that synthesized results at the regional level was disseminated and discussed at a regional workshop. Based on its findings, civil society and representatives from governments, academia and the private sector collectively developed an NCD charter.<sup>12</sup> This process helped to build broad ownership and multi-stakeholder collaboration on NCDs.

The charter includes calls to action for regional governments, institutions and the global community to accelerate action on NCDs, and constituted a platform for civil society to monitor and support progress on NCDs in the region.

The regional and national alliances have since used the charter as the main advocacy tool for holding governments and other stakeholders to account on their commitments and to step up action.

At the national level, member alliances have used it at annual multi-stakeholder policy dialogues to review progress and demand renewed action and as a reference point in the commemoration of NCD days such as World Cancer Day.

<sup>11</sup> The report, entitled A civil society benchmark report: responses to NCDs in East Africa, can be accessed online at: <https://goo.gl/ft8e4y>

<sup>12</sup> The East Africa Civil Society NCD Charter can be read online at: <https://goo.gl/KCinBL>

At the regional level, the EANDA has used the charter as an advocacy tool to demand more action at the East African Community (EAC) and the WHO AFRO levels. The progress with the EAC has been inadequate partly due to the limited space and role of civil society in its policy-making processes.

However, with support from the NCDA, a campaign was undertaken focusing on the 2016 WHO Regional Committee Meeting (RCM) of health ministers from the continent in Addis Ababa. Member alliances made submissions of key joint demands to their respective ministers of health who were due to attend the meeting.

In addition to a joint statement made by the EANCDA Vice-Chair, the ministers of Uganda and Tanzania spoke strongly about the minimal focus of the RCM on NCDs, thus highlighting the urgent need for action on NCDs at the meeting. At the global level, the EANCDA presented the charter at the United Nations High-level Review on NCDs in July 2014.

## ANALYSIS

### Power of Alliances

The initiative presented a unique scenario of close collaboration between a global alliance and regional and national NCD alliances along with a northern partner alliance, donor agency and academia.

While the EANCDA and the six national NCD alliances operationalized the initiative, there was programmatic technical support from the Danish NCD Alliance, technical support from the global NCDA (bringing global best practices on NCD benchmarking), NCD research support from global health academia (the University of Southern California's Institute for Global Health, Yale University's Global Health Department and Aarhus University's Centre for Global Health), and financial support from the Danish Civil Society Fund. This unique collaboration has been important for building the capacity of the EANCDA as a young and emerging regional NCD alliance.

The benchmarking exercise in each country also helped to build early consensus and partnerships with ministries of health and academia, initiating country-level policy dialogues that culminated in a united voice through the Civil Society NCD Charter.

The initiative has also contributed to increased engagement between the WHO AFRO and NCD civil society, leading to greater civil society involvement in WHO NCD processes and meetings such as RCMs.

### Innovation

CSOs in several countries have undertaken NCD benchmarking at the country level. However, the EANCDA conducted the exercise across the East African region, thus involving and benefitting multiple countries.

This regional approach entailed standardising the tool for the comparison of progress across the East African region, developing a united regional voice for advocacy and undertaking research for evidence-based advocacy.

The upstream and downstream collaborations developed among alliances at national, regional and global levels were also quite unique.

The resulting campaign to raise the profile of NCDs at the 2016 WHO AFRO RCM was also a novel aspect of this initiative. The separate lobbying efforts by national alliances in countries proved effective in raising the profile of NCDs at the regional discussions.

The exercise adopted a participatory approach by empowering national NCD alliances to conduct the research at the country level and engaging key stakeholders.

## RESULTS

- Capacity building of six national civil society alliances to conduct the benchmarking exercise.
- The NCD civil society status report informed the annual multi-stakeholder dialogues held by member alliances in Uganda, Tanzania and Zanzibar and increased dialogue and engagement between national NCD alliances and governments.
- The East Africa Civil Society NCD Charter provides an evidence-based advocacy tool to demand universal health coverage including NCDs, the integration of NCDs in national development plans and integrated primary care for both communicable diseases and NCDs.
- NCD units were elevated to departments or divisions in Uganda and Kenya.
- NCDs were prioritized in the agenda of the WHO AFRO RCM in 2017.
- Significant civil society involvement in the WHO AFRO work on NCDs and the GCM.

## LESSONS LEARNED

The regional approach to benchmarking helped to make comparisons between member countries and share best practices and challenges.

A key lesson has been the need for positive engagement, which helped to create a collaborative relationship with ministries of health. This has helped to position NCD alliances as partners who could advocate for increased budget allocation from ministries of finance and parliaments for NCD control. For example, NCD units in ministries of health in Uganda and Kenya were upgraded to departments or divisions.

The regional approach in advocacy lends a stronger voice at global levels such as at the GCM on NCDs and the UN General Assembly.

Networking with bigger partners helps leverage expanded networks and access key global audiences and resources.

# Exposing Tobacco Industry Participation in Development Initiatives in Latin America

## PROGRAM

Peruvian civil society action against British American Tobacco participation in the Sustainable Development Goals Forum

## ALLIANCE

Alianza ENT Perú

## COUNTRY

Peru and other Latin American countries

## DATE

July 2017 to present



Accountability

In coordination with other organisations, the Alianza ENT Perú exposed tobacco industry sponsorship of UN Global Compact SDG events. The involvement of elected representatives, journalists and social media helped the campaign to elicit favourable responses from the UNDP, the Government of Chile, and the UN Global Compact, recognising the inconsistency between tobacco interests and the SDGs.

## CASE SUMMARY

Companies in Latin America routinely carry out corporate social responsibility (CSR) activities to promote their involvement in social issues such as ecology, poverty, child rights and maternal and child care. A recent initiative of the UN Global Compact (UNGC) sought to channel CSR to support work related to the Sustainable Development Goals (SDGs).

The Alianza ENT Perú noticed that tobacco companies were among the sponsors or exhibitors at a series of UNGC symposiums scheduled for July 2017 in Peru and other Latin American countries including Argentina, Uruguay, Bolivia, Chile and Ecuador.

While the symposiums sought to present CSR practices contributing to the achievement of the SDGs, the tobacco industry was using them to promote its latest 'heat not burn' tobacco products. British American Tobacco (BAT) was among the sponsors in Peru while Philip Morris was a sponsor in Ecuador. The symposiums were held in local universities with academics, NGOs and private companies as co-sponsors.

The Alianza ENT Perú argued that SDG 3.4, concerning NCDs and tobacco control, is irreconcilable with the objectives of the tobacco industry. It sought to register for the event in Lima (the country's capital) and gather details, but the organizers declined the request. The alliance subsequently decided to expose and denounce the participation of BAT, whose products cause death and disability globally.

The alliance sent letters to the organizers of the event in Peru and the UNDP stating how BAT's objectives were inconsistent with those of the symposium and demanding its exclusion from the event. Along with PAHO, it wrote to the president of the UNGC and requested a review of its partnership with tobacco companies. Similarly, the alliance drew the attention of the co-sponsors to the potential loss of credibility they could face from associating with tobacco companies. Letters were also sent from international civil society networks such as the Framework Convention Alliance (FCA).

Meanwhile, the Comisión Nacional Permanente de Lucha Antitabáquica (COLAT) and the secretariat of the Alianza ENT Perú convened a press conference calling for urgent disqualification of BAT from the UNGC SDG events. Congressman Yonhy Lescano, who espouses health causes, headlined the press briefing. The event highlighted how tobacco sponsorship contradicts the UNGC Global Forum's commitment to the WHO to support the international tobacco treaty that prohibits such sponsorship.

“

We will be alert to prevent the food, beverage, alcohol and tobacco industries being presented as companies that are socially responsible.

Dr Carlos Farias, COLAT PERU.

A leading journalist in the country, Nicolas Lucar, broadcasted the news on radio and television. This spread further via social media platforms such as Facebook and Twitter and e-mails to the public. A key response at the press conference came from the United Nations Development Program (UNDP PERU), which denounced BAT sponsorship of an event to promote the SDGs.

Simultaneously, the alliance coordinated with counterparts in the other affected countries in the region and helped them to replicate a similar strategy. In Chile, the government responded by cancelling the participation of its representatives who were invited to the event.

The UNGC has since announced a new policy excluding tobacco companies in line with the WHO FCTC. The initiative continues to advocate the implementation of this decision in Peru, Chile and internationally. The alliance also plans to closely monitor tobacco and other health-harming industries sponsoring SDG activities.

## ANALYSIS

### Power of Alliances

This initiative thrived on national, regional and international networks. Nationally, members of the Alianza ENT Perú worked in tandem to implement the strategy. While the COLAT and Chile sin Tabaco, promoted by Educación Popular en Salud (EPES) convened the press conference, other civil society partners multiplied the effect through social media.

The tightly-knit network of Latin American NCD alliances helped to coordinate and replicate action across countries simultaneously. This helped create regional uproar against the event and attract international attention, which would not have been the case in the event of dispersed protests in the affected countries.

International organisations and coalitions helped gather letters of support from international civil society to the efforts in Ecuador, Chile, Bolivia and Peru.

The initiative in Peru also fired up collaboration among civil society partners such as the EPES and the NCD alliances in Chile.

### Innovation

The initiative made use of creative ways to take advantage of extensive networks to drum up support for the campaign. It engaged the network to coordinate letters to decision-makers at the UNDP and UNGC, event co-sponsors and governments. The network also helped to mobilize social media and ensured wide community reach.

It also innovated by mobilising action across multiple countries, creating a ripple effect across the region and giving those in authority a reason to pay attention to the situation.

Given the short response time that the alliance had to intervene on the issue, it chose to capitalize on the fast pace of social media to spread its messages. The involvement of a popular congressman and journalist in the press coverage lent credibility and visibility to the campaign.

## RESULTS

- In Peru, the UNDP responded by decrying tobacco industry sponsorship of SDG events.
- In Chile, the government representatives invited to the UNGC event cancelled their participation.
- Internationally, the initiative has led to vigilance regarding events across countries.
- The UNGC Board has announced the exclusion of tobacco companies from its work.

## LESSONS LEARNED

Early intervention is critical to prevent health-harming industries from using the SDG platform to promote their products. This requires CSOs to be vigilant and systematically monitor and expose activities that directly or indirectly obstruct the NCD response.

It is important to build and nurture active regional and international networks to help stimulate simultaneous action across countries and regions.

The use of a variety of media platforms is helpful when the concern involves multiple target audiences. Traditional media such as newspapers and television can help build political pressure, while social media can create a multiplier effect to garner public pressure.



Chilean Senator Guido Giraldi at the EPES press conference outside the BAT-sponsored SDG event, 14 July 2017.

# Working to Ensure Accountability on NCD Commitments Across the Caribbean

## ALLIANCE

Healthy Caribbean Coalition (HCC)

## REGION

Caribbean Community (CARICOM)

## DATE

October 2013 to present



**Accountability**



**Advocacy**

“

The HCC's assessment report and operational guidance in rejuvenating our NNCDs in St Lucia is allowing us to learn from the experiences of commissions across CARICOM. Our recent observership with the Barbados NNCDs and the establishment of a regional virtual network of CARICOM chairs of NNCDs – both facilitated by the HCC – are enabling sharing, cross-learning, policy and programme interventions and accountability.”

Dr Owen Gabriel, Chairperson of the National NCD Commission of St Lucia, consultant oncologist.

The Healthy Caribbean Coalition and its members conducted a benchmarking exercise of NCD commitments by governments, assessed national NCD commissions, built obesity scorecards and developed a strategic plan for internal and external accountability. These tools are used to develop roadmaps, identify priorities and advocate for policies and systems at the country and regional levels.

## CASE SUMMARY

In September 2013, the HCC started an initiative to improve the capacity for effective civil society-led NCD prevention and control efforts in the Caribbean. Its primary objectives were to increase evidence-based NCD CSO-led advocacy, strengthen the regional multisectoral NCD response and build civil society capacity for NCD accountability.

The initiative has sought to drive accountability at various levels and in partnership with various stakeholders by holding governments, the private sector and CSOs accountable for NCD-related commitments.

The key activities of the initiative included:

1. Development of a benchmarking tool to assess and track progress and provide an evidence base for priority-driven action.
  - a. A civil society regional status report on responses to NCDs in the Caribbean community, 2014 provided a detailed assessment of progress made in tackling NCDs in nine Caribbean countries as viewed by civil society.<sup>13</sup> The exercise used the NNCDs' benchmarking tool and support to adapt it to regional frameworks and surveillance tools such as the 2007 Port of Spain Declaration on NCDs, its monitoring grid and the PAHO NCD plan for the Americas.
  - b. A 2015 civil society report on national NCD commissions (NNCDs) in the Caribbean: *Towards a more effective multisectoral response to NCDs* (Part I) provides an in-depth assessment of the successes, challenges and lessons learned from NNCDs in the Caribbean and informs Part II (released in 2017), which aims to provide step-by-step guidance for the establishment and strengthening of these multisectoral mechanisms in the region.<sup>14</sup> It has been used extensively by regional governments seeking to operationalize NNCDs.
  - c. Development of the childhood obesity prevention scorecard (COPS) to allow civil society to track and monitor country progress in policy implementation, therefore identifying key gaps and guiding advocacy priorities as part of the broader implementation of the HCC civil society action plan 2017-2021: preventing childhood obesity in the Caribbean.<sup>15</sup>
2. Developing the HCC strategic plan 2017-2021 to provide strategic direction and ensure organisational accountability.<sup>16</sup> The plan sets

<sup>13</sup> The Healthy Caribbean Coalition civil society regional status report on responses to NCDs in the Caribbean community can be accessed online at: <https://goo.gl/NQUYGQ>

<sup>14</sup> Both reports can be accessed online at: <https://goo.gl/p2aRdu>

<sup>15</sup> Read more at: <https://goo.gl/ewyrmG>

out a clear framework of strategic objectives and priority actions, thus providing a structure for internal and external accountability to members of the alliance and to its stakeholders respectively.

3. Developing a framework to manage unique conflict of interest (COI) issues for small island developing states (SIDS) in relation to private sector partnerships.
4. Undertaking ad hoc advocacy in support of governments fulfilling their commitments to policies addressing alcohol, tobacco, nutrition and health systems.

The alliance is currently developing a virtual space on its website to track NCD progress in CARICOM, with a focus on civil society-led efforts in this area. The broad focus areas for its continued programming will include childhood obesity, tobacco control and multisectoral action.

## ANALYSIS

### Power of Alliances

The HCC's member organisations supported the collection of data for the 2014 benchmarking exercise and informed the development of various HCC strategic action plans and tools.

The development of the advocacy technical advisory group illustrates how cancer, heart and diabetes NGO members came together to work on specific issues. Members regularly contribute to the development of advocacy briefs and frameworks such as the one to manage civil society/private sector COI-related issues in the region.

The close coordination maintained with governments in the region during the initiative has secured buy-in for the NNCCDC assessment that sought the input of government NCD focal points.

The WHO, PAHO and national ministries of health have co-hosted the four regional meetings held over the course of the grant and led by the HCC, contributing technical and financial resources and illustrating the importance of collaboration and coordination.

Interaction with the private sector, for instance, has enabled the HCC to effectively channel support to the development of the first-ever regional knowledge hub for private sector NCD programming aimed at workers and the communities in which they operate.

### Innovation

The HCC is strongest and most effective at catalysing policy change when members are engaged and mobilized with regard to priority issues and supporting regional calls for accountability at the national level.

The initiative therefore provided tools such as RSR, which enabled the alliance members to track NCD commitments and COPS and helped them to map related policy and focus efforts on priority gaps.

Given that NNCCDCs are the central mechanism for the region's multisectoral response, the initiative invested in assessing and developing tools to strengthen them. This strategic approach has allowed the alliance to establish itself as a leader in this area and to maximise the capacity for NNCCDCs to act as mechanisms for NCD planning, implementation and monitoring and evaluation.

## RESULTS

The development and dissemination of tools and reports to improve government accountability including regional status reports, NCD commission assessment and frameworks to operationalize them.

The benchmarking exercise and RSR report enhanced the credibility of the HCC, leading to opportunities to contribute to major regional policy planning initiatives such as the fourth iteration of the Caribbean Cooperation for Health (CCH4).

The RSR recommendation for the standardized management of hypertension provided a further evidence base and rationale for the standardized hypertension treatment project now being scaled up in Barbados and possibly throughout the region.

The call to action based on the RSR catalysed the HCC's work in childhood obesity prevention including advocacy for SSB taxation as in Barbados.

The NNCCDC assessment led to the HCC securing further funding to develop a guide and an online portal for NNCCDCs, and establishing and strengthening the national commissions and a virtual network of chairs of CARICOM NNCCDCs.

At a meeting on the margins of 70th WHA, CARICOM ministers of health, the CARICOM Public Health Agency and CARICOM specifically supported the HCC COPS as an active online tracking tool to monitor policies and legislation aimed at reducing childhood obesity in the region.

Letters sent to the prime ministers of Antigua and Guyana on the passage of tobacco legislation in the face of industry opposition were successful in part in Guyana, where legislation was passed.

The HCC has taken the lead in starting the process of developing rules of engagement for partnership with the private sector.

## LESSONS LEARNED

Holding partners to account does not have to be an adversarial exercise and may be counterproductive in small communities in which relationships are often personal, multifaceted and complex.

Partnerships with academia added credibility, helped build CSO research capacity and provided the institutes with access to researchers in the community.

In the work with the private sector, civil society and government actors need to recognise and develop guidance to address potential COI, particularly in small island nation states in which single private sector entities may financially control entire sectors or countries.

When policy change is not forthcoming, it is important to assume a watchdog role, highlighting failures to meet priority commitments.

Documenting work helps improve credibility and opens up platforms to highlight shortcomings in attaining targets and ultimately recommend priority areas for policy action.

# Ensuring Government Accountability and Action on Obesity Through Civil Society Shadow Reporting

## PROGRAM

Promoting accountability of the national NCD plan in tackling NCDs and healthy food policies in Brazil

## ALLIANCE

Rede ACT de Promoção da Saúde (ACT+)

## COUNTRY

Brazil

## DATE

November 2013 to present



**Accountability**

Brazil's NCD coalition worked to secure policy recommendations for tackling the country's growing obesity epidemic through shadow reports, contributions at the monitoring meetings of the national NCD plan, participation in the national health council and its various commissions and contributions to the formation of a food-specific alliance.

## CASE SUMMARY

Brazil launched its 2011-2022 strategic action plan for tackling NCDs in 2011. CSOs contributed to the development of the plan and have been monitoring its implementation since then.

In order to hold the government accountable and keep the public informed as to progress, the Rede ACT de Promoção da Saúde produced three shadow reports (national NCD status reports) with support from the NCDA. These were put together by civil society to track progress on the implementation of the national NCD plan.

The second and third reports (released in 2015 and 2017 respectively) examined the progress on meeting the NCD risk factor indicators outlined in the plan. These reports were based on VIGITEL, a national annual survey by the government that provided data on NCD risk factors for the 2011-2015 period. The shadow reports showed that, while tobacco use in Brazil had decreased over the past 10 years, obesity had increased 60% during the same period.

The coalition subsequently launched an initiative to address the identified challenges related to Brazil's food policy. This included meetings with the government officers who coordinate the national plan, participation in the monitoring and evaluation meetings related to the plan, dissemination of the shadow report findings among the public and highlighting the findings at recognized health conferences and the national health council (NHC, an advisory body to the ministry of health).

Consequently, the coalition recognized the need for an issue-based network focused exclusively on conveying food policy messages more clearly to decision-makers and the general public, drawing on the expertise of members and other organisations specialized in food policy issues. Thus, the Healthy Food Alliance (HFA) was formed in October 2016 with a distinct mandate, leadership and systems to lead these efforts.

The coalition decided to focus its early efforts on the NHC and its commissions due to the influence of its recommendations on the government, health professionals and the public.

HFA representatives initiated discussions on the NHC's intersectoral commission on food and nutrition (CIAN), which forwarded its recommendations to the plenary meeting of the NHC in June 2017. The NHC approved the following recommendations the same month:

1. Ministry of education to improve the food system at public and private schools.
2. Ministry of finance to increase taxes on SSBs.

<sup>17</sup> The full report can be accessed online at: <https://goo.gl/QtmZzF>

“

The obstacles we have ahead to reverse the changes in our dietary patterns are complex and involve powerful economic interests. (...) The Healthy Food Alliance joins forces, expertise and talents towards a common goal that makes us and our cause stronger.

Ms Ana Carolina Feldenheimer da Silva, Nutrition Institute, UERJ (State University of Rio de Janeiro) and member of the Healthy Food Alliance.

### 3. Involvement of Brazil's Congress and the ANVISA (health agency) in the labelling of food products.

The coalition's advocacy on NHC recommendations, along with other strategies being pursued by the HFA, is beginning to yield results. A public hearing on taxes on SSBs has been proposed in Brazil's Congress. Meanwhile, the ministry of health has announced an increase in SSB taxes and the ANVISA has started discussions on front-of-pack labelling for food products. Similarly, the coalition is involving the UHC's commission for people living with diseases and disability to champion NCD prevention and control.

The alliance will continue to work through the NHC commission and other government agencies towards the passage of the council's policy recommendations. This includes campaigning and advocacy efforts with the executive, legislative and judicial branches of government to increase taxes, require front-of-pack labelling, curb the marketing of unhealthy food and beverages to children and improve school diets.

## ANALYSIS

### Power of Alliances

The alliance's collaborative approach with the government created opportunities for it to present the civil society shadow reports during the official monitoring and evaluation of the national NCD plan. This has resulted in opportunities to directly inform the government of the gaps in implementation and suggest steps to address them.

Internally, the alliance developed a nine-point priority agenda that brought cohesion in its advocacy efforts. These shared goals enabled it to present the collective force of hundreds of CSOs across the country. This in turn gave it legitimacy in the eyes of policy-makers and opened the door to key government agencies such as the NHC.

In its advocacy efforts, the coalition secured the support of the members of the NHC's food commission, including the Brazilian Association of Collective Health (ABRASCO), Brazilian Association of Nutritionists (ASBRAN), Federal Council of Nutritionists (CFN), Brazilian Association of Youth with Diabetes (ADJ) and the Federation of Coeliac Disease Associations (ACELBRA) to develop recommendations for the plenary meetings.

The ability of the coalition to forge partnerships with other networks helped it to secure the strategic recommendations from the council.

### Innovation

The use of shadow reports is an innovative way of demanding accountability on government commitments. Presenting them to the government, media and the public shows civil society delivering on its role in monitoring government policies and advocating for progress.

Using the influence of the NHC in moving policies to tackle the country's obesity challenge has also been a strategic decision.

Working through its commission on food and nutrition, the coalition managed to get key recommendations passed by the council. Similarly, it has also engaged the commission addressing disease and disability to advocate for NCD prevention.

Given the magnitude of the challenges related to food and nutrition regulation, the coalition's creation of the Healthy Food Alliance to exclusively work on those concerns reflects its vision and wisdom to delegate work and consolidate results.

## RESULTS

- Development of an alliance strategy to deal with the main challenges identified in the shadow report.
- Opportunity to share the NCD status report at the official monitoring meeting of the NCD plan.
- Strengthening of civil society participation and visibility in monitoring the national NCD plan.
- Inroads made into the various commissions of the national health council and partnerships forged with other civil society networks.
- National health council recommendations to tackle obesity.
- Building an issue-based coalition to address concerns about unhealthy food.
- Successful use of shadow reports to influence Brazil's Congress, the NHC and ANVISA.

## LESSONS LEARNED

- Collaboration among organisations from different areas was critical for progress on this initiative.
- Existing official mechanisms for civil society participation and developing relationships with key decision-makers are vital to advance policies.
- Shadow reports help to bring people together and identify challenges and priorities in the implementation of an NCD plan.
- Arriving at a shared and focused goal is key to attracting and retaining diverse sources of expertise.
- It is important to sustain a sense of ownership through discussion of alliance strategies with members.



Civil society seminar disseminating the shadow report on the implementation of the national NCD plan





# AWARENESS

Awareness initiatives can include a wide variety of activities such as educational campaigns targeting the general public or specific populations aimed at increasing knowledge and changing attitudes or behaviour.

Awareness initiatives were reported from all regions apart from Latin America (although several of the advocacy initiatives from Latin America also have an awareness component, primarily to educate and mobilise the public on NCD policies). Most of the awareness initiatives included NCD screenings to make the issue relevant to the community, increase its visibility, and improve participation in the awareness sessions.

The awareness initiatives of NCD alliances in Rwanda and Jordan aimed at behaviour change through organised walks to promote physical activity. Across initiatives, public awareness events (such as walks and festivals) in particular seem to attract national donors.

The target audience of awareness initiatives ranges from the general public and vulnerable populations to government employees, journalists, schoolchildren and recovering addicts. Some awareness initiatives such as those of the Indian and South African NCD alliances involved training potential NCD trainers such as health workers, social work professionals, volunteers and people living with NCDs.

NCD awareness initiatives typically include:

- Sharing testimonies of people living with NCDs
- Lectures or training sessions on the prevention and control of NCDs and their risk factors
- Screening for NCDs and their risk factors
- Using traditional and modern media for health communication
- Activities that reinforce learning such as games and the use of props
- Behaviour change events such as public walks and festivals

The awareness initiatives mostly made use of traditional tools such as brochures and leaflets for the target community. However, the Finnish NCD Alliance (which contributed the only awareness initiative from a HIC), made extensive use of a central website and online tools.

In contrast, alliances from low-resource settings such as Malawi consciously used traditional media such as radio to reach out to those without access to social media. Newspapers and television shows were also engaged by most alliances in their awareness efforts. The media awareness-raising efforts of the Tanzania NCD Alliance led to the creation of a journalists NCD forum that promotes media coverage of NCD issues in the country.

## TOP LESSONS LEARNED

Identify and use evidence-based messages that are relevant to the target audience

Integrate NCD messaging into broader health and development communication

Evaluate outcomes in terms of behaviour change, response to NCDs and public support for policies

Secure low-to-no cost media and in-kind resources from diverse stakeholders for sustained messaging

Identify and recruit champions to attract attention from the media and general public

# Creating a Journalists' Forum to Raise Awareness About NCDs

## PROGRAM

### Journalists' NCD forum

## ALLIANCE

Tanzania NCD Alliance  
(TANCDCA)

## COUNTRY

Tanzania

## DATE

June 2016 to present



Awareness

A workshop of journalists followed by ongoing technical support provided by the Tanzania NCD Alliance has led to the founding of a journalists' forum focused on stepping up NCD-related media coverage in the country.

## CASE SUMMARY

The Tanzania NCD Alliance (TANCDCA) has been spearheading several initiatives to advance NCD policies and programmes in the country, including efforts to build on the critical role that the media could play in advancing its work. The alliance therefore launched an initiative among journalists to create a forum that promotes awareness about NCDs through various media platforms. Its primary target was the public, while journalists were secondary targets.

The TANCDCA contacted the general secretary of the Tanzania Editors' Forum to discuss the NCD burden in the country and the need for journalist involvement in raising awareness on the topic. The alliance planned a workshop for approximately 44 key journalists covering the national NCD burden and risk factors. The workshop included presentations and discussions, supplemented by written material on the theme.

Most of the participants showed interest in making sure the community is well informed and educated about NCDs. Those interested were invited to form a forum. They registered it as an NGO under the name Tanzania Journalist NCD Forum (TJNCDF). It includes reporters and editors from various media organizations and independent journalists.

The forum has since joined as an organisational member of the TANCDCA. The TANCDCA provides it with technical information and financial assistance for publishing stories. In turn, the forum packages information ready for communication with the public through the mass media. Health specialists at the TANCDCA then fact-check the awareness material for accuracy. Working with the TANCDCA, the forum has prepared a plan that captures this step-wise process to develop media stories and educate the public about NCDs through the mass media. As per the plan, the forum currently works to:

- Enlist the support of eight newsprint media, five radio stations, four TV stations and four blogs with wider coverage in Tanzania in terms of NCD coverage.
- Pre-test and adapt awareness material developed by the TANCDCA for dissemination among the public.
- Coordinate with TANCDCA member associations to provide material for publication in newspapers and blogs, experts to participate in radio and TV shows, and short educational messages for insertion into various broadcasts.
- Disseminate the final materials among the community and report with media outreach numbers.
- Monitor and evaluate the material produced in terms of its relevance, value for money, impact on the target population and length.

“

TANCDCA have been quite innovative in inviting media editors to a sensitization meeting in June 2016. This is expected to have a major impact on NCD awareness. We have shared the initiative and details of its organisers with other NCD alliances in East Africa to adapt and implement the same.

Ms Susanne Volqvarts, Director of Development, Danish NCD Alliance

Going forward, the TANCDA expects to see a number of results, from an increase in awareness about NCDs and their risk factors to changes in people's lifestyle choices due to the increased media coverage.

It plans to evaluate the initiative at the end of 2017 to fine-tune and innovate future plans. It also expects the forum to inform policy-makers about the NCD burden and aid advocacy for policies addressing the NCD risk factors of tobacco use, alcohol, food and physical activity.

## ANALYSIS

### Power of Alliances

The initiative illustrates collaboration on two levels. The TANCDA brings together the expertise of member organisations working on various NCDs. This is particularly valuable in the context of work with journalists, as no single organisation has expertise across all NCDs.

Member organisations of the alliance have been able to bring together health specialists and experts across NCDs who advise and review the development of awareness material developed for the public.

On a secondary level, the TANCDA has also been able to establish a sister network and a working model whereby the two networks work in tandem on a shared plan. This has helped the NCD coalition to draw on the journalists' skills and media reach.

At the same time, it has given the media forum access to health expertise from the NCD coalition in ensuring the accuracy and relevance of the stories published. This multi-level collaboration has helped to ensure consistency in messages to the public.

### Innovation

CSOs usually engage with the media on a need-to-know basis. The TANCDA departed from this practice to enter into an innovative partnership with journalists.

The alliance has managed to create a sense of ownership and responsibility among journalists in terms of their role in informing the public about NCDs.

The innovation also involved awareness raising and working with the editors and journalists themselves to encourage them to prioritize NCDs in their work.

## RESULTS

- The initiative has resulted in an NCD-focused journalists' forum with the potential to improve awareness in communities.
- To date, there are approximately 50 journalists involved in the forum.
- A total of 40 news articles have been published along with nine radio programmes and eight television programs aired.
- The forum has helped to augment the previous media activities of the TANCDA.
- There has been increased awareness in the community, particularly about the silent risk factors such as blood pressure and diabetes.

## LESSONS LEARNED

Raising awareness among journalists about NCDs and how to prevent them can impact communication with the public and has the potential to influence decision-makers.

The fact that journalists were able to lead their own forum gives the initiative greater legitimacy, while health experts can ensure the accuracy of information published.



A TANCDA meeting with the journalists' forum

# Using a Media Campaign to Spread Public Awareness About Jordan's Smoking Ban

## PROGRAM

Civil society tobacco control awareness campaign

## ALLIANCE

Jordan NCD Alliance (JNCDA)

## COUNTRY

Jordan

## DATE

July 2017 to present



Awareness



Advocacy

The Jordan NCD Alliance developed themes, slogans and communication material for a media campaign to raise public awareness about the country's smoking ban. It made use of traditional, social and online media to spread its messages as widely as possible. Simultaneously, it worked with the government to recruit and train enforcement officers to ensure that the ban is adhered to.

## CASE SUMMARY

NCDs account for 76% of all deaths in Jordan. Despite a 2008 health law prohibiting smoking in public places, one in three adults smokes cigarettes, one in five youths (13-15 years) has reported smoking hookah, and more than half of adults and youths are exposed to second-hand smoke in public places.

In July 2017, the tobacco control (TC) NGO coordination group, a partner of the Jordan NCD Alliance (JNCDA) which is chaired by the royal health awareness society, an organizational lead of the JNCDA, initiated the development of a media campaign to raise public awareness about the right to clean air and to increase compliance with the smoking ban.

A consultative stakeholder workshop consisting of representatives from various members of the Jordanian community was organized by the King Hussein Cancer Foundation (a JNCDA member). The workshop helped to brainstorm, test and develop the slogans, themes and designs for the communication material. Following focus group discussions, the slogan "Think about us and put it out" was chosen. The scientific content for media material was then selected from the most up-to-date research, while a design company handled the development of videos and posters for the campaign.

Meanwhile, the TC NGO Coordination Group identified the most frequently visited enclosed locations that offer public services. These were chosen as priority locations in the campaign, as the public's right to clean air is difficult to argue with in these contexts. The list included hospitals and medical centres, schools, public transportation hubs and public work places.

The minister of health launched the campaign at an event attended by public sector and UN agencies along with CSOs in July 2017. Smoke-free advertisements were displayed on billboards, lampposts, bridges and public transport throughout the country. Posters were distributed at traffic-dense areas, major hospitals, health centres, schools and public facilities.

The campaign actively used traditional and online media. While press releases and articles were published in the mainstream media, videos and posters were posted on Facebook and Twitter and online banners were displayed on websites of major news agencies and mobile applications. A 'Tweet-up' event was organised for opinion leaders and social media influencers to gather and share posts at the peak of the campaign.

Additionally, the JNCDA/TC Coordination Group had several meetings with the government to ramp up enforcement of the smoking ban. At the launch of the media campaign, the minister of health announced

“

We have all worked together to enforce the smoking ban law in public spaces and educate people about the legal measures that will be considered in the upcoming stage.

Dr Mahmoud al-Shayeb, Hon. Minister of Health, Jordan.

escalated law enforcement efforts. The ministry of health and the WHO, in collaboration with CSOs, recruited and equipped 500 justice officers from various ministries and public service organisations to enforce the law. The officers were then authorized to issue penalty tickets to violators of the smoking ban.

The JNCDA/TC Coordination Group continues to work with the government to improve smoking ban law enforcement. The social and online media campaign is ongoing, and the advertisements on bridges provided by the Greater Amman Municipality are still on display.

The alliance intends to conduct a survey to evaluate the changes in knowledge, attitudes and practices among the public with regard to smoking in public. Similarly, it will assess the real value and reach of this media campaign.

## ANALYSIS

### Power of Alliances

Some members of the alliance such as the Royal Health Awareness Society and King Hussein Cancer Foundation and Centre led the design and development of the campaign messages and materials.

Others contributed by way of ideas for the slogan and themes, identifying priority locations and disseminating the campaign materials. They also drew on the specialised expertise of the TC NGO coordination group with which the JNCDA shared members.

Members of the JNCDA and the TC Coordination Group partners individually have long-standing experience of working on national awareness campaigns on an array of health issues.

Joining forces helped the organizers to design, fund and implement a unified national public awareness campaign for the collective cause. It also magnified media reach and influence on the policy-makers for improvements in law enforcement.

### Innovation

The initiative was the first joint civil society campaign of its magnitude to create smoke-free public places.

It combined the goals of ensuring the public is aware of the law and working on enforcement with the government. This dual approach elicited a positive response from the government, which gave free advertising space on bridges in the Greater Amman Municipality among other things.

It followed modern campaign development steps to develop a well-crafted and tested model. It stayed relevant by involving representatives of the community to ensure that its messages resonate with the audience.

## RESULTS

- The TV announcements reached over 1.5 million people in Jordan and radio spots reached 7 million through 17 national radio stations across governorates.
- Magazines and newspapers reached more than 2,000,000 people.
- Announcements were placed at 40 different outdoor locations including bridges, lampposts and roundabouts across five different governorates.
- 3 million e-mails were distributed during the campaign; social media and news websites showed 3 million announcement views.
- Improved enforcement with 202 warnings, 73 tickets and the closure of 19 facilities for non-compliance between July and August 2017.

## LESSONS LEARNED

Resistance to smoking bans as a standalone measure helps to position smoking as a major risk factor for NCDs.

The joint efforts of CSOs help to pool resources for the purpose of maximizing reach and benefit to the public while minimizing cost and the duplication of efforts.

Most importantly, the joint efforts help persuade policy-makers to undertake swifter action.



Smoke-free posters for public places



# Adopting a Community Participation Strategy for NCD Prevention and Control

## PROGRAM

**NCD prevention through community participation**

## ALLIANCE

**Non-Communicable Diseases Alliance Kenya (NCDAK)**

## COUNTRY

**Kenya**

## DATE

**October 2014 to present**



**Awareness**



**Access**

The Kenya Red Cross Society, in collaboration with the national NCD alliance, built health system capacity, established patient support groups, conducted educational campaigns and used mHealth to improve access to NCD services in two high-burden regions in the country. Operational research and data automation augmented the efforts.

## CASE SUMMARY

NCDs account for 27% of total deaths and over 50% of total hospital admissions in Kenya (WHO STEPs Kenya, 2015). In 2014, the Kenya Red Cross Society (KRCS), in collaboration with members of the national NCD alliance, initiated a project to prevent and control NCDs through the promotion of healthy lifestyles in the urban and rural communities of Nyeri and Nairobi, which had reported high incidence of diabetes and hypertension.

The initiative began with work to improve the capacity of the national health system, including through the development of NCD training modules for health workers, the training of NCD counsellors and community health volunteers (CHVs), and health education sessions. NCD communication material such as leaflets, t-shirts, brochures, banners, text messages on NCDs using mHealth platforms, NCD road shows and World NCD Day events were all used to raise awareness.

Simultaneously, work was undertaken to improve early detection of NCDs by integrating NCD screening into existing healthcare systems. To this end, NCD outreach events were organized in public places in hard-to-reach areas, health facilities were equipped with free screening equipment, free NCD screenings were conducted in government health facilities, and the community referral system was strengthened. The initiative comprised advocacy for increased resource allocation to NCD prevention, treatment and access to services.

The client support groups of those diagnosed with diabetes or hypertension that help enhance adherence to treatment and care and offer psychosocial support through trained NCD counsellors are central to this initiative. Attached to health facilities for treatment, the members elect office bearers, call monthly meetings and run the programme.

The monthly meetings comprise free blood sugar and pressure check-ups; advice from health professionals, nutritionists, NCD counsellors and the health facility team on NCDs, drug adherence, foot care, nutrition, diet, exercise and other lifestyle concerns; and motivational stories of members.

The groups also run a village savings and loans associations (VSLA) scheme, which helps them pool resources to buy drugs or start income-generating activities that promote healthy lifestyles, such as growing and selling vegetables to the group members.

Through the initiative, a survey was conducted in June 2017 to help understand the perspectives and perceptions of the community in relation to NCD risk factors and how these shape uptake of services.

Data collected will be analysed and the report will be shared to inform the ministry of health to improve the health system and interventions.

“

Nyeri County has been having cases of NCDs and this is mainly attributed to eating patterns, poverty and other factors in the community. We are glad that NCD screening equipment is finally here and it will go a long way in helping the community health volunteers improve early detection and behaviour change.

Dr Nelson Muriu, Director of Health, Nyeri County.

The initiative addressed the lack of comprehensive NCD indicators in ministry of health-approved data collection tools by convincing the county health management teams to collect their NCD data using the supplementary data collection tools under the initiative.

## ANALYSIS

### Power of Alliances

The initiative involved close collaboration with county governments and the ministry of health, which led to mutual capacity building. The close ties developed with the community helped to develop ownership and partial cost-sharing of services. The Kenya Defeat Diabetes Federation, a member of the national NCD alliance, supplied discounted diabetes strips to the support groups for diabetes screening.

The community health strategy on which this initiative operated works on a collaboration basis. This model brought together households and communities to strengthen their role in health and health-related development by increasing their knowledge, skills and participation.

The strategy linked the government health structures at sub-county, health facility and community levels to enhance service provision. The health facility in charge, supported by the sub-county management teams, community health agents (CHAs), CHVs, village elders, chiefs and other extension workers are the sinews that bound the community together leading to a bottom-up approach to the demand and supply of health services.

### Innovation

A key innovation is the strategy of combining an NCD services access initiative with a savings and micro-credit venture. Fifteen support groups were trained in running VSLA, whereby members contribute money that is deposited in banks, used to buy drugs for the health facility or used to start income-generating activities such as growing vegetables to sell to the community at a profit. This scheme lends sustainability to the initiative to improve NCD services and promote healthy lifestyles.

The data automation undertaken together with a Danish software company is also unique in its ability to analyse and provide data to make quick programming decisions. The system links the diagnosed cases with their respective health facility and CHVs, thus facilitating follow-up by clinicians and health workers.

Similarly, the data collection by community health management teams (CHMTs) using the tools developed for the initiative is providing data for government decision-making. The initiative collects, analyses and uses data disaggregated by age, sex and disability to ensure gender mainstreaming.

The mHealth platform has ensured that messages are sent targeting support group members and those at-risk groups identified during screenings. The community beneficiaries thus get a monthly NCD message on prevention, control or early screening to help increase knowledge in the community.

KRCS team handing medical equipment to the Nyeri County Director of Health

## RESULTS

- The capacity building of primary healthcare practitioners equipped 30 NCD trainers, 49 clinic-based healthcare workers, 14 NCD counsellors, 120 CHVs and 12 community health agents.
- 16 clinics were established for the treatment and care of diabetes, hypertension, cervical cancer, asthma and epilepsy. Over 10,000 people were screened and 17 support groups were formed.
- 16 ministry of health facilities were equipped with medical equipment for NCD screening.
- 128,207 people were provided with NCD screening and early detection services in hard-to-reach areas. 16,776 high-risk cases were identified and 1,880 new cases of diabetes, cervical cancer and hypertension were linked to care.
- Behaviour change interventions were expanded through school health programmes (10 schools), community health strategy and mHealth SMS messaging reaching over 196,016 people.
- NCD county steering committees were established to spearhead NCD programming in the target counties.
- CHMTs were supported to develop, launch and disseminate the national NCD strategic framework 2016-2020.
- Savings and loans associations for sustainability were established in 18 support groups, eight of which currently have a tangible revolving cash programme for patient welfare.

## LESSONS LEARNED

- Implementing health system project partnerships with national and local administrations helps develop ownership, thus increasing the chances for project success and sustainability.
- The active involvement of people living with NCDs in community mobilization, awareness generation, NCD screening, support groups and as CHVs helps decrease the levels of stigma associated with the conditions.
- Nutrition and dietary management are key to controlling some NCD conditions such as cancer, hypertension and diabetes.
- Including cervical cancer in NCD screening can make it affordable to low-income communities.



# Ensuring High Quality Palliative Care by Educating Hospital Volunteers and Staff

## ALLIANCE

Healthy India Alliance (HIA)

## COUNTRY

India

## DATE

March 2016 to present



Awareness

By hosting a series of formal workshops, this ongoing initiative works to ensure that hospital volunteers and staff are equipped with the skills and knowledge to alleviate suffering among cancer patients in India.

## CASE SUMMARY

Palliative care is an essential component of a comprehensive response to NCDs, as outlined in the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020. The Government of India's national action plan and monitoring framework for the prevention and control of NCDs also clearly states that developing and implementing a palliative care policy is key to achieving the target of 80% availability of essential NCD medicines and basic technologies.

However, palliative care is often understood to be limited to end-of-life care. In reality, it is about learning to treat the person and family rather than the disease. The CSOs behind this initiative felt that hospital volunteers needed to gain a better understanding of palliation to prevent incomplete or inaccurate information from being passed on to patients and their families.

Likewise, the Indian Cancer Society (ICS), an organization with 27 years of experience of working in hospitals to offer emotional support to patients, found palliation to be a missing element while working on a comprehensive model for cancer control. In response, CSOs set out to instil a better understanding of palliative care through a series of events to train a core group of volunteers and nursing staff:

- A workshop on NCDs dedicated to listening to doctors give their views on palliative care and how it is addressed in their hospitals (March 2016).
- A follow-up specialist workshop on improving quality of life and the role of palliative care conducted by the HIA and Dr Rajagopal of Pallium India (September 2016).
- An interactive seminar on palliative care with invited experts in radiation therapy, pain management and NGO personnel (October 2016).
- Regular visits by trained ICS hospital volunteers to a pain management clinic at a major hospital to listen and observe. These lessons then translate into empathetic interaction with patients. Weekly awareness sessions for small groups of volunteers have also been ongoing.

Three key players were involved in delivering this project. The ICS conceptualized the workshops while Pallium India provided the necessary technical knowledge, and the HIA acted as the funding partner.

ICS and Pallium India are now developing a set of guidelines to raise awareness among CSO workers about the needs of patients and their families to take this initiative forward, in the belief that awareness must be generated so that patients and their families can demand pain relief as a right.

“

Till (now), I understood palliative care to mean end of life. I learned that it is much more comprehensive and includes providing patients and their caregivers with relief from physical pain and dealing with mental and emotional stress.

Mrs Beeta Mehta, Director, Cancer Sahyog, Indian Cancer Society

## ANALYSIS

### Power of Alliances

The initiative was an effort to unite civil society and major hospitals in the common cause of improved palliative care. Interaction between HIA partner organizations expanded the scope and consequently the training opportunities for ICS volunteers.

This collaboration was planned as a part of the HIA's overall focus on patient engagement, benefitting from expert input from those members with experience in this domain. A sub-grant was provided to the ICS to support these activities. Participation from other HIA organizations also enriched discussions and took the message to a wider audience.

This initiative was also valuable in terms of creating linkages among HIA organizations working on various aspects of NCD prevention and control, in an attempt to integrate patients' priorities in the overall NCD agenda.

Various members pooled their technical expertise to work together. Instead of working independently, it enabled all players to share expertise and reach the professional medical establishment.

Participation in the HIA created opportunities for the sharing of experience between CSOs with patient support groups and those not working with patients to better understand the views of this important constituency. Likewise, this work also provided a platform for CSOs from the HIA to engage with medical professionals, especially oncology staff.

### Innovation

The initiative is unique in that it opened doors and broke through the siloes in which NGOs, volunteers and hospital staff work despite their common goals. It created a better understanding and respect for the work done by the different groups.

The initiative was also innovative in that it educated participants on the narcotics and psychotropic substances act passed by the Indian Parliament. The act seeks to make morphine available for pain relief under medical supervision, but is often met with resistance from those who fear that their patients will become addicts. As Dr Rajagopal explained, this is far from the truth, and many patients suffer in agony despite the availability of cheap and effective relief.

This is an ongoing campaign that involves learning and communicating information to those who need comfort. A resource directory is being updated in addition to a handbook on cancer-related resources with information on various palliative care and hospices available in the country, as well as the narcotics and psychotropic substances act, in order to raise awareness.

Workshop leaders (left to right) Prachi Kathuria (HIA), Radhika Shrivastav (HRIDAY), Dr Priya Parmar (ICS), Jyotsna Govil (ICS), Dr M. Rajagopal (Pallium India), Sunita Gupta (ICS), Renuka Prasad (ICS) and Ratna Devi (Dakshama)

## RESULTS

While this initiative is ongoing, several results can already be seen. As an outcome of the palliative care awareness generated, ICS volunteers are now regular visitors to the palliative units of the All India Institute of Medical Sciences as well as the Rajiv Gandhi Cancer Institute, two leading cancer treatment centres in Delhi.

The training and experience of working with professionals in the field has helped volunteers to deal with patients with more empathy.

Volunteers also share these lessons with patients in pain clinics at other hospitals.

Over 800 patients have been reached in city hospitals between March 2016 and September 2017.

## LESSONS LEARNED

The challenges of insufficient knowledge, social misconceptions clouding reality and even a refusal to face facts are widespread. Many CSOs and volunteers deal with vulnerable segments of society and need to be armed with knowledge and skills to deal effectively with these challenges.

These workshops, made successful partly by the long-standing association between ICS and Pallium India, showed the importance of listening to the half-truths in circulation in hospitals and debunking them in the interest of better serving vulnerable populations. The experience was an eye-opener even to experienced volunteers and staff.

The interaction during the workshop with ICS volunteers showed that it is a critical time to engage and empower CSOs with the necessary knowledge on palliative care as well as the patients' right to demand access to pain relief.



# Celebrating Healthy Lifestyles at an NCD Festival in Aqaba City

## PROGRAM

**NCD festival for a healthy Aqaba community**

## ALLIANCE

Jordan NCD Alliance

## COUNTRY

Jordan

## DATE

April 2017 to present



**Awareness**

The Jordan NCD Alliance organized an NCD festival day in Aqaba City through multi-stakeholder partnerships. The event provided information, early NCD detection and healthy behaviour modelling to increase the community's interest in NCD prevention and control.

## CASE SUMMARY

Jordan's national NCD strategy called on civil society to work with local communities and stakeholders to create awareness and organise NCD early detection events. Consequently, the Jordan Noncommunicable Disease Alliance (JNCDA) began to work on the priority of creating healthy cities.

As Aqaba in Southern Jordan was working towards improving the health of its residents, the JNCDA, in collaboration with the Aqaba Economic Zone Authority and the ministry of health, decided to organize a one-day health festival in the heart of the city in April 2017. The event aimed to promote healthy lifestyles for the prevention of NCDs and mobilize civil society actors to advocate for the implementation of the national NCD roadmap.

Before the event, in-depth interviews and focus group discussions with various stakeholders revealed that the Aqaba community had limited interest in prevention. The initiative was therefore designed to address knowledge gaps, promote healthy living and drive home the need for early detection.

The chosen target audiences were adult men and women, young people, smokers and breast cancer patients. The event, advertised through local NGOs and health centres, comprised awareness talks, counselling, the promotion of physical activity through a city walk, and screening for early NCD detection all under one roof.

The tobacco booth organized by the Lina and Green Hands Society demonstrated the harm caused by smoking using models. The participants completed a basic form to determine their level of addiction (if any). Smokers were screened using a carbon monoxide monitor to chart the extent of damage from the smoke. The counsellors gave brief interventions discussing the harm caused by smoking and tips for giving up, and also responded to questions. Attendees received nicotine gum, patches, cessation manuals and awareness material, and were referred to ministry of health cessation clinics for follow-up. Non-smokers, children in particular, were given promotional samples and kits such as colouring books, movies and "Too Smart to Start" ribbons.

The Royal Health Awareness Society health and nutrition booth conducted awareness sessions on nutrition and distributed communication material on lifestyle changes and NCD prevention. Healthy snacks were offered at the festival to encourage healthy eating.

The "Seconds for Your Health" booth organized by the Eastern Mediterranean Public Health Network provided blood sugar, blood pressure, body mass index and body fat check-ups. Those screened were documented and, where necessary, referred to ministry of



NCD screening booth at the Aqaba festival

“

As a smoker, I took the CO test and found my levels to be so high that I am considering giving up. The festival proved to be a very promising activity and we look forward to hosting many more in the near future and hope to make it part of our healthy city programme.

H.E. Mr Nasir Al Shridah, Chair of the Aqaba Economic Zone Authority.

health clinics. Free blood pressure and blood sugar testing devices were given to those most in need.

The cancer booth set up by the Alwaed Society for Advocacy and Survivorship and the Jordan Breast Cancer Programme conducted physical examinations on women for the early detection of breast cancer, and provided a support session for people living with cancer the community.

The Al Nejme Eye Centre tested the eyesight of 200 visitors, and free spectacles were offered to those in need. A mobile clinic with a team of doctors from the Jordan Health Society examined those diagnosed at the booths and referred them for further testing and management.

The day's events culminated in a five-kilometre walk around Aqaba's port by the local authorities, business community, civil society and general public of all ages to promote physical activity.

In addition, the initiative brought together numerous local experts and resources from non-profit organizations working on health, education, nutrition, tobacco and NCDs, local medical centres, local authorities and the private sector. This network aims to carry out similar activities locally and in neighbouring areas to create a supporting environment for the implementation of the national NCD plan.

An evaluation of the initiative with partners has led to a decision to conduct a second health festival in Aqaba focused more on health prevention and promoting community participation in physical activity among other things. Similar follow-up with government authorities has secured a commitment to strengthen the referral system to health clinics.

## ANALYSIS

### Power of Alliances

A key objective of the initiative was to build partnerships and create local networks for NCD action. It succeeded in bringing together partners from the government health system, local administration, NGOs working on various aspects of NCDs, the local trade body and private businesses to volunteer expertise, equipment, staff and technical and financial resources for the festival.

This has fostered a cross-sectoral networking relationship that has the potential to continue as a community of practice to adapt and sustain the work.

Each alliance partner provided services in its respective area of strength. Involving different stakeholders led to exceptional results that would individual organizations would have been unable to accomplish alone. It also helped to assemble a one-stop-shop for the early detection of NCDs and prevention in the community.

### Innovation

The initiative managed to balance the serious objectives of information sharing and screenings with a sense of community and enjoyment, particularly through the group city walk.

In Jordan, healthcare services and raising awareness are viewed largely as a government duty. The initiative

introduced civil society to this space and helped it to carve out a role, matching its strengths in educating communities and making referrals to ministry of health clinics, which could increase the uptake of government health services.

A highlight of the initiative was the partnership it secured from non-traditional partners such as the local chamber of commerce, private companies and the Aqaba Special Economic Zone authority, along with eminent individuals and NGOs from the local community.

While the alliance's long-standing partner provided technical expertise and services, newer and less traditional partners provided financing, advertising, supplies, hosting and active participation as influential members of the community. This helped to resource the initiative at minimal cost to the alliance.

## RESULTS

- NCD awareness and early detection services were provided to stimulate the integration of NCDs in Aqaba's healthy city programmes.
- Of the 150 people screened, 25 were found to be diabetic, 30 had high blood pressure, and 100 were overweight. 15 of the 43 women screened for breast cancer were referred for further examination.
- The participation of 50 people in the evening walk served as a conversation-starter. This is crucial considering the city's extremely low physical activity trends, which are partly due to cultural factors.
- A local multisectoral network of stakeholders consisting of local authorities, NGOs and businesses has emerged to implement the national NCD plan.

## LESSONS LEARNED

Making healthy lifestyles appealing in communities requires addressing social and systemic factors. National action on NCDs needs to be augmented by local action in communities to drum up public support for NCD prevention.

Involving the local community from designing to implementing and ultimately evaluating activities improves results, builds local ownership and enhances sustainability.

Finally, NCD action in developing countries requires networking and collaboration with all sectors.

# Strengthening Alliance Membership to Inspire Action on NCDs in Burundi

## PROGRAM

**Awareness and member recruitment drive**

## ALLIANCE

**Burundi NCD Alliance (BNCDA)**

## COUNTRY

**Burundi**

## DATE

**February 2017 to present**



**Awareness**



**Access**

The Burundi NCD Alliance worked to expand its membership through a member recruitment drive while hosting a series of public awareness and screening events in rural and urban areas. Awareness workshops were also conducted for members of parliament, media actors and policy-makers. These efforts led to new recruits for the NCD alliance, which also benefitted from increased credibility as a key stakeholder in national NCD action.

## CASE SUMMARY

The five members of the Burundi NCD Alliance, which is in its early stages of development, collectively decided to build the alliance's scope and visibility while creating public awareness about NCDs. Consequently, they turned their attention to expanding the network to include more organisations and people living with NCDs by reaching out directly to the community.

To this end, the alliance designed an initiative that would increase public awareness about NCDs; secure key policy commitments from the government; increase the visibility of the BNCDA; partner with local and international NGOs; and increase BNCDA membership to 10 organizations by July 2017. Across these objectives, the initiative targeted a variety of stakeholders ranging from the general public to organizations working on NCDs, the media, policy-makers and international partners.

The alliance decided to combine its awareness programmes with screening for various NCDs in different districts and provinces to demonstrate the prevalence of NCDs to communities. The activities included screening sessions in rural areas and slums, pre-employment training for 100 young doctors on diabetes and blood pressure, training nurses at a district hospital, training primary healthcare workers, and donating glucometers to primary healthcare centres. General practitioners and nurses were also trained in the diagnosis and management of asthma at the primary healthcare level.

A workshop was organized with parliamentarians, policy-makers and the media to alert them to the challenges of NCDs and those affected. At the workshop, the head of the NCD department at the ministry of health and the BNCDA board facilitated direct interaction between the policy-makers and those living with NCDs to draw attention to the need for policies to address these diseases.

The alliance has also been making use of the media to meet its objectives. For example, it documented the experiences of people living with NCDs at the community screenings. These videos, including stories of people living with asthma and breast cancer, were used in advocacy and shared with others to provide support and encourage adherence to treatment. The alliance members also drew attention to illnesses including asthma, diabetes, cancer and sickle cell disease on television shows and in several newspaper articles.

Building on the lessons learned through this initiative, the alliance has developed and submitted a proposal to donors to support their media engagement and advocacy efforts.

“

BNCDA is now known among parliamentarians, media, caregivers from primary health care, NCD patients, NCD survivors, and parents of children with NCDs. Our voice is heard as a civil society acting in NCDs. (The) Ministry of Health is receptive to our contributions towards the prevention of risk factors and control of NCDs.

Dr Alexis Nizigiyimana, Project Manager at BNCDA.

## ANALYSIS

### Power of Alliances

The BNCDa and its initial member associations actively led the initiative, with guidance and financial support from the East Africa NCD Alliance. Each member association contributed in its specific field of NCD expertise, taking the lead in organizing programmes in different up-country locations in which they had institutional capacity and presence.

For example, in the province of Gitega, the diabetes association has a stronger presence and led the work. This helped create visibility among up-country NCD organizations, healthcare staff, opinion leaders, administrators and people living with NCDs.

Each lead association addressed all the NCDs in relation to their awareness activities, helping them to offer services beyond what they could have done individually.

Additionally, the initiative strengthened the collaboration between the Danish Civil Society Fund, the East African NCD Alliance and the BNCDa.

### Innovation

The initiative was mainly meant to be a membership recruitment drive for the BNCDa. However, it was strategic in embarking on awareness-building activities that would serve multiple purposes in the community in addition to lending visibility to the alliance.

The effective use of stories of people living with NCDs provided a good context in which to open dialogue with the policy-makers, opinion leaders and the media on the alliance's NCD policy priorities. It created an opportunity for the ministry of health and others to recognize the BNCDa as a key NCD policy advocate in the country.

Departing from the usual practice of exclusive awareness workshops, the alliance invited members of parliament, policy-makers, the ministry of health, people living with NCDs and practitioners to a joint event. This created a wider reach and allowed for the cross-pollination of ideas.

Involving members of parliament in outreach activities helped the policy-makers to see the impact of NCDs first-hand, including the struggles of people directly affected by them, and increased their interest in the policy solutions available. This proved powerful in persuading them to advocate for increased government financing for NCDs in parliament.

Member recruitment drive among media, civil society, members of parliament, the ministry of health and people living with NCDs in an urban area (Bujumbura)

## RESULTS

- Through the initiative, it was possible to recruit 15 new member organizations to the alliance - more than the set target.
- The workshop was attended by 10 delegates from the ministry of health and 15 members of parliament.
- 10 stories and videos of people living with NCDs were created and used for advocacy and support groups.
- 25 media representatives attended the workshop and were trained on key issues leading to increased opportunities for TV and newspaper coverage.
- Awareness was raised among 1,000 people through up-country public meetings.
- 400 people were screened and eight diagnosed with diabetes.
- After the event, 300 people signed up as members of the diabetic and cancer associations.

## LESSONS LEARNED

Creating opportunities for policy-makers to understand the challenges of people living with NCDs can inspire government action.

Media awareness of NCDs in the country is low. There is a need to work more closely with the media on improving coverage of NCDs in the country.

Drawing on the expertise and reach of member organisations helps to multiply the results of any initiative.

Coupling NCD awareness with screening activities has a greater impact on raising public awareness, addressing risk behaviours and promoting behaviour change.



# Using Online Tools and Support Services to Prevent Arterial Diseases in Finland

## PROGRAM

**One Life**

## ALLIANCE

Finnish NCD Alliance

## COUNTRY

Finland

## DATE

November 2012 to present



**Awareness**

Members of the Finnish NCD Alliance combined their expertise to develop a centralized website with tailor-made tools and information material for governments, professionals, communities and individuals to promote healthy lifestyles. The website was supplemented with training for professionals, workplaces, educational institutions, peer supporters and municipalities.

## CASE SUMMARY

The One Life initiative, started by three members of the Finnish NCD Alliance in 2012, aims to prevent arterial disease and improve population health. Its primary target includes individuals, communities and healthcare, social welfare and education professionals, as well as decision-makers and opinion leaders. The participating NGOs arrange events, rallies and awareness campaigns, produce leaflets and other publicity material, and contact the relevant target groups through individual or general invitations, personal contacts or the media.

A website ([yksielama.fi](http://yksielama.fi)) serves as the central platform carrying the tools and information material relating to the initiative. Its five action packages present tools designed for each of its target audiences. Policy-makers, for instance, are offered tools for the cost-benefit analysis of various health promotion activities. Social and healthcare professionals can access tools for everyday patient practice, while individuals can make use of tools for weight loss and other goals.

The information packages are grouped by age and interlinked, which enables users to choose from a holistic view of available interventions. For instance, the material on weight control can be accessed from the point of view of exercise, nutrition or counselling.

The initiative presents content suitable for all, regardless of background. The package provides practical arterial health information campaigns that promote practices such as 'Feeling your pulse', which can be integrated into everyday life. Another item, entitled 'A small decision per day', provides support, ideas and advice for lifestyle changes for those with busy work schedules. A third, '112', assists individuals to quickly identify and act in the event of stroke and heart failure symptoms.

The initiative also comprises a special package, entitled the 'Smart family method', to support lifestyle counselling for families. The tools include a self-assessment tool (the 'Smart family card') for families and professionals to talk about lifestyle choices, a guide that helps incorporate common lifestyle choices into daily life, and a handbook for professionals with information on the method, counselling and exercise and nutrition.

The online information is supplemented by training programmes for peer educators to support people in making lifestyle changes and healthcare professionals to learn how to use the 'Smart family method' to help families needing assistance. The 'Smart family counsellor training' provides information and tools on using the method. It conducts programmes with workplaces and educational institutes

“

It has been great to work on the One Life programme and see how willing the workplaces and municipalities are to join the efforts for health promotion.

Ms Sari Koski, Programme Leader,  
Finnish Diabetes Association.

to make them heart-healthy and links them to technical resources to implement NCD interventions.

The website allows users to download and print off many of the materials, which facilitates activity groups, face-to-face counselling and rehabilitation. During Helsinki Design Week, One Life brought together experts in the service design and health sectors to brainstorm on clever designs that can motivate healthier choices.

The reach of the initiative has motivated other members of the alliance to join the original collaborators. The alliance is currently fundraising for an expanded One Life 2.0 for 2018-2022.

## ANALYSIS

### Power of Alliances

The Finnish Brain Association, Finnish Diabetes Association and Finnish Heart Association of the FNCDA began working on this initiative in 2012 as a joint action involving equal contribution. It has brought together some of the large NGOs in the country to join forces in shared activities, many of which were implemented individually by each before the initiative.

A centralised website and coordinated activities have made it much easier for the target audiences to find all the materials and services in one place.

It has also made the activities much more cost-effective. Over the years, several other partners such as workplaces and educational institutes have joined to implement the work.

### Innovation

Providing one easily accessible website as a central portal for tools and materials has strengthened the collaboration between participating associations, helped spread health promotion messages, increased uptake of the tools and solutions and secured greater commitment from users.

The self-assessment tool under the 'Smart family programme' is also quite innovative. For instance, it

helps families to identify themes that are relevant to their context, enabling focused discussions with professionals on matters that concern them.

The initiative has also been strategic in building on the theme and mood of Helsinki Design Week to get design experts and health sector leaders to jointly explore service designs that promote healthier lifestyle.

## RESULTS

- Through the initiative, over 3,000 healthcare professionals have been trained in using the 'Smart family method'.
- Over half the municipalities in Finland now use the 'Smart family method'.
- The initiative has increased general awareness of the available material and tools among the target groups and improved peer support and rehabilitation.
- Over 800 workplaces undertook to commit resources and attention to improve health among their workers.
- Hundreds of places display the heart-healthy signage indicating that they supply food prepared using heart health principles.

## LESSONS LEARNED

Collaboration increases the overall resources, shared messages are stronger and more credible, different target audiences can be approached more effectively, and old and new tools can be offered in one place.

Actors outside the core health sector (such as workplaces) and municipalities make great allies in these efforts.



Homepage of the One Life online portal, available at yksielama.fi

# Protecting Children's Health by Involving Paediatricians, Teachers and Students in NCD Prevention

## PROGRAM

### NCD Advocacy in Action

## ALLIANCE

Healthy India Alliance (HIA)

## COUNTRY

India

## DATE

April 2016 to April 2017



Awareness



Advocacy

This programme aimed to prevent NCDs among children and adolescents by engaging paediatricians, teachers and students themselves to transform obesogenic school and community environments.

## CASE SUMMARY

Obesity prevention and increasing physical activity among children are important priorities owing to the rapidly changing lifestyles, environments and behaviours that they are exposed to. In line with India's NCD targets, this initiative engaged paediatricians and enabled schools to adopt health-promoting policies and activities.

The main target audiences included students (aged 10 to 17 years), teachers, school management staff and paediatricians, while the ministry of health and family welfare (MoHFW) and the WHO Country Office for India were also engaged.

The project aimed to equip 30 paediatricians with advocacy leadership training to promote NCD prevention policies in line with India's NCD action plan. It also sought to train 30 teachers from 30 schools on obesity prevention and enhance awareness among schoolchildren on NCD-related issues to build an enabling environment. Finally, it engaged 30,000 students in Delhi in NCD-related health promotion activities.

Workshops were organized for paediatricians and schoolteachers. The workshops aimed to strengthen the participants' role as advocates in combatting NCDs through a set of school-based interventions.

Participating paediatricians from the Indian Academy of Paediatrics (IAP) and Sir Ganga Ram Hospital (SGRH) were consequently motivated to develop guidelines on engaging paediatricians in NCD prevention and control in multiple settings in India. Newly trained advocates presented their action plans to the MoHFW, the Government of India and the WHO Country Office for India.

School-level activities (such as awareness sessions by schoolteachers through an engaging resource kit or expert talks in schools by paediatricians trained under the project) empowered students and mobilized them to introduce health promoting policy interventions at the school level (such as changing the school canteen policy) and played an important role in the success of this initiative. This helped provide a supportive school environment to assist with the adoption of healthy behaviours.

Finally, an inter-school poster competition between 28 Delhi-based schools on the topic of 'Running towards a healthy future' was launched to raise awareness and ownership of the issue among students. Two winning entries from each age category were awarded prizes.

Currently, the Public Health Foundation of India (PHFI), Health Related Information Dissemination Amongst Youth (HRIDAY) and the IAP are in the process of developing a set of guidelines to engage paediatricians in NCD prevention and control in India. Discussions are continuing to further refine these for adoption in collaboration with the IAP. Finally, additional opportunities are being identified to expand and evaluate these activities.



Winning poster competition entry on physical activity

“

The initiative re-enforced the significance of health-related programmes and policies (...) The school-level activities enabled students to express themselves and led to ownership of NCD prevention issues.

Ms Bharti Pant, teacher, Darbari Lal DAV Model School

## ANALYSIS

### Power of Alliances

The initiative was an effort to unite civil society, government, the WHO, paediatricians and schools to control childhood obesity and prevent NCDs. It demonstrates the value of a civil society NCD coalition in bringing together stakeholders who do not traditionally collaborate on policy issues: paediatricians, teachers and students.

A large number of actors were instrumental in the delivery of this programme. The PHFI led and conceptualized the programme, the HIA was a strategic partner, the HRIDAY engaged schools, the Association of Adolescent and Child Care in India (AACCI) and the SGRH mobilized paediatricians to get involved in health promotion, the SGRH provided facilities for workshops, and NCD Child supported the project while acting as a knowledge partner. The American Academy of Pediatrics (AAP) and the IAP were also instrumental in this project.

This multi-stakeholder participation created a symbiotic partnership as each player contributed unique strengths. Combining these led to the success and sustainability of the activities. Endorsement of this unique intervention by national and international expert organizations enhanced its credibility. The sustainability of this initiative is ensured as trained teachers and students continue to remain in schools, with ownership transferred from experts to teachers, students and school authorities.

The programme offered a platform for teachers and CSOs involved in the HIA to engage with medical professionals, especially paediatricians. Teachers have reported that children consider information more seriously when it comes from a paediatrician.

Finally, through clinical practice, paediatricians have a golden opportunity to promote the adoption of healthy lifestyles and advocate health-promoting policies at schools. This synergy inspired them to get involved in advocacy and join the NCD prevention movement by drafting guidelines.

### Innovation

The initiative built inroads into the medical community, creating new ways of involving clinicians in the work of raising awareness among children and adolescents about the harm caused by unhealthy food and physical inactivity.

The process was carefully designed to maximize the impact of each contributor. Trained paediatricians worked with teachers and schools to promote health through policy interventions. Teachers then took these lessons back to their respective schools, passing on knowledge and motivation to students. Schools went on to undertake internal changes. For example, one school decided to limit the availability of deep-fried products (Indian snacks such as samosas) to once a week.

The programme was an effort to facilitate system strengthening by building upon the credibility and expertise of paediatricians. This model helps develop an ecosystem in which different stakeholders communicate effectively and fill in any gaps in implementation of government programmes.

## RESULTS

The programme successfully engaged 40 paediatricians and other medical doctors through the awareness workshop. These individuals contributed to teacher training and youth awareness, involving 31 teachers and 44 students from 33 Delhi-based schools.

A set of school activities such as an inter-school poster competition and school sessions were held in 28 Delhi schools. The project activities led by teachers, students, paediatricians and NGOs successfully reached out to a total of around 30,000 school students between the ages of 10 and 18.

Efforts were made to discuss NCD risk factors with children and how simple changes such as reading food labels, monitoring sugar intake and increasing physical activity can improve health. Participating schools have been enthusiastic and are keen to engage in further discussions to strengthen their policies and protocols.

### LESSONS LEARNED

This initiative illustrated the fact that paediatricians have much to contribute when it comes to engaging teachers, parents, schools and students. Convincing and empowering them to become advocates can result in far-reaching results. In this case, a small investment has resulted in 30 trained individuals who will continue to change school environments and empower adolescents.

It also showed the importance of support from the MoHFW, the WHO Country Office for India and the HIA. This collaboration acted as a driving force and the guidance afforded will continue to be an important success factor in similar efforts.

The school-based interventions should make the most of gamification to ensure optimal engagement of adolescents. Interactive activities such as role-play, group discussions, brainstorming sessions, debates, health art and puppet shows should be carried out rather than only talks on health issues.

Finally, the programme emphasized the fact that now is a critical time to engage and empower adolescents to prevent exposure to NCD risk factors. Consideration should be given to developing disease and age-specific taskforces to address all NCDs in order to plan a holistic response.

# Facilitating Provincial Action to Implement South Africa's National NCD Framework

## ALLIANCE

South Africa NCD Alliance (SANCDAs)

## COUNTRY

South Africa

## DATE

February 2014 to present



Awareness

The South Africa NCD Alliance, in collaboration with provincial government NCD teams, organized awareness and screening events for healthcare workers and civil society to facilitate and encourage district-level outreach. The initiative focused on building provincial capacities and developing a person-centred approach to NCD prevention and control.

## CASE SUMMARY

South Africa has experienced a disjuncture between the national NCD plan and its implementation in the provinces in terms of resource allocation and action. The SANCDAs undertook an initiative to capacitate and mobilize selected provinces to share NCD knowledge and best practices across sectors with a focus on multi-stakeholder engagement. Following the 2014 SANCDAs national NCD stakeholder meeting, three provinces agreed to co-host NCD awareness events for healthcare workers and civil society actors in their respective jurisdictions.

The one-day events were held with 200 delegates at KwaZulu-Natal, 100 delegates at Northern Cape and 250 delegates at Gauteng. Planning in each case started with on-site meetings of the organizing committee comprising the provincial team, the SANCDAs and local partners. The objectives, activities, roles and responsibilities were mutually defined and communicated in a letter that served as the agreement to co-organize the events.

NCD coordinators and teams for each of the three provincial departments of health led the organization of the events. They began by liaising with health leaders and secured the required approvals. Next, they arranged venue and facilities for the meeting, mobilized delegates from the health districts, planned media and communication strategies, contributed to the development of the programme and invited high-level health officials. They also served as session chairs or rapporteurs.

An official from the relevant province opened each event. For example, the KwaZulu-Natal provincial minister of health inaugurated one of the workshops. The participants were mainly healthcare professionals working in the health districts with civil society members. The programme for each workshop was similar, starting with an NCD awareness-building exercise (see below). The remainder of the programme comprised NCD presentations with interactive question and answer sessions. Topics ranged from community involvement, policy, screening and obesity to dental problems due to excess sugar. The presenters were drawn from the provincial services and SANCDAs partners. For example, district podiatrists gave presentations on foot care for diabetics.

Group tasks were designed to enable participants to share their personal experiences related to NCDs. A rapporteur from each group gave feedback at a plenary session with more input encouraged from delegates. Further action was left to relevant stakeholders to implement.

As the aim of the initiative was to increase NCD awareness among participants, they were also offered free diabetes and hypertension



KwaZulu-Natal Minister of Health Dr S Dhlomo having a blood pressure check at the stakeholder meeting

“

We went from the first discussion about the event in our offices to hosting a provincial NCD event with 200 delegates in six weeks. What a team!

Mr Sindi Mthethwa, KwaZulu-Natal NCD coordinator.

screening. At one of the events, for example, obesity (waist circumference) and lipid screening were conducted. Informed consent and pre-test counselling were offered to those who availed of the screening services.

A rough assessment of the NCD status and risk from the screenings was presented during the first plenary session. This raised NCD awareness to a higher level and brought the matter closer participants' daily lives. The participants expressed their challenges in accessing NCD services in urban areas and the need for increased human resources for health in the districts.

## ANALYSIS

### Power of Alliances

The initiative created a unique multisectoral partnership between civil society, provincial and district governments and the private sector. The SANCDAs stimulated the discussions for provincial action and led the programme development, event management, communications and resource mobilization.

Three provincial governments, with their health district teams, organized the awareness events with input from local civil society partners. A limited number of pharmaceutical and device companies displayed their models and educational material and supported NCD screenings.

Co-hosting the awareness events enabled effective use of resources. For instance, the initiative secured access to some of the government venues at no cost. The access to the provincial systems helped encourage health workers in significant numbers to attend the events.

The flexibility of non-state partners facilitated the smooth contracting of services and mobilisation of resources within the limited timeframe available. This partnership has built strong relationships that can be leveraged for patient-centred NCD care in the future.

### Innovation

The design of the initiative purposefully took the NCD policy awareness agenda to the much neglected and underfunded provincial level, where healthcare services and prevention are most critical. Patient advocates and district personnel, who are often bypassed, were given a stake and ownership in programme planning, which humanized the activities and outcomes.

The design also consciously created space through the NCD screenings for delegates to engage as patients to be screened and receive counselling or appropriate referral.

The event communication strategy leveraged the strengths of each stakeholder, with civil society providing digital and social media and the provincial government providing access to local media.

The implementation of the initiative followed a model of shared responsibility with the provincial government and civil society partners. This helped develop a low-cost model that utilized provincial government facilities and reach, with civil society offering technical and management assistance to maintain standards for optimal outcomes.

## RESULTS

- The provincial NCD meetings involved 550 participants in total, exceeding the targeted 450.
- Participants gained awareness of their personal NCD status, leading to healthier personal choices and improved understanding of the importance of NCD prevention and care more generally.
- A template for relatively low-cost event planning and implementation that can be adapted to local circumstances has emerged as a result of these activities.
- Direct interaction among NCD specialists, researchers and front-line health workers led to mutual learning.
- The SANCDAs learnt more about the challenges and prospects for NCD prevention and care in the provinces.

## LESSONS LEARNED

Co-hosting events is a powerful tool for the engagement, ownership and empowerment of both participants and organizers.

Effective collaboration calls for clear and transparent objectives that meet the needs of all major stakeholders.

The model for provincial action can be scaled up for national action and scaled down for use at, for example, the district level.

Being willing to work around emerging scenarios such as involving additional partners is key to facilitating smooth collaboration.

Using local facilities can be both challenging and rewarding. This initiative demonstrated the possibilities for limited but shared resources and large amounts of goodwill from all stakeholders to achieve the goals.

Involving senior government officials helps to convey the importance of the issue, events and messaging to target audiences.

# Promoting NCD Awareness and Screening at Car-Free Day Events in Kigali

## PROGRAM

**Kigali Car-Free Day (KCFD)**

## ALLIANCE

**Rwanda Non Communicable Diseases Alliance (RNCDA)**

## COUNTRY

**Rwanda**

## DATE

**May 2016 to present**



**Awareness**



**Advocacy**

The Rwanda NCD Alliance made use of the Kigali car-free day event in 2016 to raise awareness about NCDs and offer check-ups. It has since been established as a monthly event, providing thousands with physical activity opportunities, NCD screenings and educational material.

## CASE SUMMARY

During the preparations for World Health Day in 2016 with its thematic focus on diabetes, the Kigali administration was keen to integrate and promote the idea of a green city. The concept of a Kigali Car-Free Day (KCFD) emerged in this context. The city's mayor, the Rwandan Ministry of Health, the WHO, the national police force, CSOs, private companies and the media were involved in the planning of the event. The primary targets were the residents of Kigali, with outreach to the rest of Rwanda to take place through the media.

Realizing the potential mass outreach opportunity of the event, the RNCDA, along with the ministry of health, organized free NCD screening and awareness activities at the event. Different members of the alliance contributed their expertise and services on the day. For instance, the Rwanda Heart Foundation provided blood pressure machines while the Rwanda Diabetes Association brought glucose meters, and the Association of Rwandan Physiotherapy provided coaches to lead different groups in physical activity sessions.

The RNCDA embraced this extraordinary collaboration among various actors at the event and advocated for the launch of a regular NCD awareness campaign combining the forces of bigger institutions and decision-makers. After few meetings, the government decided to make the KCFD a monthly event.

On the first Sunday of every month, the city's main roads are closed to cars and used instead for physical activities such as running and cycling. The event has come to be attended by thousands of people and is one of the leading health awareness activities in Rwanda. Kigali City Council calls two meetings ahead of the event to report on the previous monthly KCFD and prepare for the next. Often, the day's events link to global campaigns such as World Heart Day or World Cancer Day.

The goal of the monthly initiative is to promote health by encouraging physical activity, increasing awareness about the need for regular medical check-ups and providing education about NCDs and their risk factors. Those attending the monthly events are offered free screening for blood sugar, body mass index, blood pressure and eye and oral diseases. The objective is to raise awareness and promote the early detection of NCDs.

The initiative has, however, faced financial challenges. Member contributions of materials, supplies and volunteers have so far been sufficient to sustain the activity. The alliance is currently identifying partners to support the operational cost and upgrade the quality of the programme.

The RNCDA has gained incredible experience in the process of organizing these events. The city of Huye, home to the University

“

When we started, we did not expect this event to attract many participants. The number of participants has increased over time. I am confident that this event is going to attract more contributors and reduce the burden on those who started it.

Honourable Busabirwa Parfait, Vice Mayor, City of Kigali.

of Rwanda, has already shown interest in partnering for a similar event. The RNCDA plans to increase its membership and extend the initiative to other cities in Rwanda.

## ANALYSIS

### Power of Alliances

The KCFD is an exemplary model of public-private partnership, involving collaboration between governmental institutions, private and non-health sectors, youth groups, sports groups, religious organizations, entertainers and CSOs. It encourages citizens to take an active role in the prevention and early detection of NCDs.

The initiative has also led the members of the recently formed RNCDA to work together on a common initiative. The voluntary contributions of members have been critical to maintaining the NCD screening activities at the monthly events.

The initiative has also strengthened the collaboration between the RNCDA, the ministry of health and other partners who work together to make the awareness and screenings happen.

### Innovation

The KCFD is currently one of the largest and most creative NCD awareness campaigns in Rwanda.

The RNDCA has inspired other stakeholders to include free NCD screening and awareness components as the main pillars of the monthly KCFD events. As the KCFD is attended by thousands of people, the RNCDA has been strategic in seizing the opportunity to raise awareness about NCDs.

In the past, the national police closed the city's roads only on special occasions such as marathons, cycling competitions or celebrations of specific days. Closing roads for a monthly event has been an innovative approach. The KCFD idea has inspired similar initiatives throughout Rwanda.

## RESULTS

- In its first year, 8,816 people were screened for multiple NCDs through this initiative. Of these, 8% were found to be overweight, 1% were obese and 5% and 12% had high blood glucose and blood pressure levels respectively.
- The initiative has created a demand for NCD screenings in other parts of the country.
- The KCFD has helped to increase the number of people doing exercise in the city. This has also highlighted the need for pavements and bicycle paths in the city.
- The Rwanda Diabetes Association has reported an increase in those seeking nutrition services since their BMI testing at KCFD began.

## LESSONS LEARNED

Civil society initiatives often do not involve public authorities. A key lesson learned from this initiative is the critical need for the involvement of city leaders in planning and implementation to enlarge the scope and outcomes of public events such as car-free days.

Public authority endorsement of the event has increased its visibility and credibility and attracted new participants and partners.

Another key lesson has been the importance of collaboration between multiple public and private partners in increasing funding, the breadth of services offered and the number of participants.



Mass physical activity on Kigali Car-Free Day (May 2016)

# Creating Risk Factor Peer Educators by Training Children and People Living With NCDs

## ALLIANCE

Healthy India Alliance (HIA)

## COUNTRY

India

## DATE

April 2016 to March 2017



Awareness

This initiative involved numerous activities, including peer education among people living with NCDs. The model was adopted for promoting NCD prevention and risk factor awareness among those considered hard to reach via traditional methods.

## CASE SUMMARY

This initiative encompassed a wide variety of activities aiming to ensure young people, patients and caregivers are aware of NCDs and their risk factors and are able to pass on the knowledge as peer educators. Among other activities, it worked to mobilize young peer educators (aged between 14 and 21) through leadership advocacy training to promote NCD prevention and support healthy lifestyles.

The key target audiences included 56 graduate and post-graduate social work students, 200 families living in slums, 30 children living in South Delhi slums, young journalists and editors, volunteers and interns from the Indian Cancer Society, over 100 alcohol and drug users from a rehabilitation centre, and 230 medical and nursing students.

A best practice in alcohol addiction rehabilitation and awareness generation through a peer-led approach was adopted and tested. A small-scale pilot programme demonstrated that a peer-led approach can be scaled up to encourage behaviour change for all preventable risk factors that lead to NCDs.

A total of 50 students and five recovering alcohol addicts were also trained to enhance alcohol awareness among schoolchildren through the basic skills of listening, sharing information and referring to counsellors or teachers. Overall, 1,000 schoolchildren and 200 alcohol users benefitted from health promotion activities in New Delhi.

Workshops were held to assess the needs and capacities of patients to manage their NCDs while fostering these groups' capacity to lead advocacy campaigns. Awareness sessions on early detection, treatment and cancer care were held by a cancer survivor from the Indian Cancer Society for families affected by NCDs and alcohol. Peer educators and students also put on an awareness-raising street play and launched a 'Drug-Free Family is a Child Right' campaign (putting notices on every shop front clearly stating that it is illegal to sell tobacco to children).

Under the umbrella of this initiative, Dakshayani and Amaravati Health and Education (DakshamA) conducted activities across nine states with the Medical Students Association of India (a student led-organization working on NCD prevention). Over 230 medical students led health sessions and awareness events on diabetes mellitus for 8,500 school students between 12 and 19 years of age. Twelve rallies were conducted in schools to raise awareness about diabetes and healthy lifestyles including physical activity.

In the future, Nada India is planning to engage more grassroots CSOs working in the field of child welfare and alcohol rehabilitation. It also aims to join other patient groups working on drug or alcohol issues, mental health, children's rights and women's rights, and young people to build joint advocacy campaigns.

“

I want to help people. I want to help them change their behaviour.

18-year-old girl from an urban slum in south Delhi, a proud peer educator, explaining with tears in her eyes how she used to be a shy scarf-clad girl who could not even cross a road without holding her mother's hand.

## ANALYSIS

### Power of Alliances

The HIA combines the strengths of its members to build new ideas and innovations for positive and scalable outcomes. As the umbrella organization, it led the initiative by bringing together the three main organizations. The involvement of a range of member organizations ensured that the project included as many interested parties as possible.

Nada India has great experience in peer-led approaches to rehabilitation and psychosocial support and youth empowerment. It led the field activities and peer-led advocacy, while its volunteers and peer educators designed the projects that were implemented.

DakshamA works at policy level for patient empowerment, building networks of patient-led organizations and bringing global experience and best practices for adoption at the local level.

The Indian Cancer Society brought the power of peer counselling, capacity building and linking caregivers and providers to hospitals and institutions. It worked on theme-specific training support.

Other organizations contributed by engaging students and teachers in workshops, designing material and providing access to rehabilitation centres.

### Innovation

Although the concept of peer education and support in itself is not new, the involvement of patients and their relatives (especially young people) was a powerful approach. The approach demonstrated that patients and families best understand their needs and can tailor treatment plans to suit their needs for better outcomes. The involvement of others such as caregivers was crucial, as these groups are often overlooked. Young relatives can also be very strong advocates.

The combination of three organisations enabled open thinking and discussion, sharing of challenges and identification of common barriers (such as financing for NCDs). It also had a multiplier effect as the partners worked together on various aspects of implementation (cancer, alcohol and diabetes). The Healthy India Alliance provided a platform for managing this diversity.



## RESULTS

The initiative succeeded in mobilizing 20 peer educators (boys and girls aged 14 to 21 years), creating advocates from 200 families and caregivers through a peer-led approach.

10 NCD awareness workshops encouraged the use of peer counselling as a tool for NCD prevention.

Under the supervision of social workers and community counsellors, 12 young people were able to develop their roles as peer educators and leaders at community level. They received training in communication, NCDs and risk factors.

Because of the peer counsellor training and workshops, there was a substantial increase in the number of counselling sessions (from 6 to 28) over 10 days for schoolchildren seeking counselling related to alcohol consumption in the family.

The family-based educational programme engaged 46 patients and their family members. The information provided in the peer-based workshops and cross-cultural dialogue contributed to a comprehensive and optimistic view regarding treatment options and community resources.

The newsletter published in association with Nada India Peace Gong focusing on alcohol policies on prevention and treatment helped to reach a wide audience. More than 100 Peace Gong newsletters on alcohol were shared during the national multi-stakeholder consultation on the Sustainable Development Goals held from 8 to 10 November 2016.

### LESSONS LEARNED

Peer-based patient and caregiver groups can play a crucial role in prevention by way of social behaviour change and communication in partnership with the state health system.

The participation and engagement of caregivers, relatives and people affected by cancer, alcohol and tobacco are also vital as these people play a key role as advocates.

The need to overcome the stigma and blame associated with NCDs and associated risk factors in order to empower people living with NCDs to assert their right to good health became apparent. The project demonstrated that some of the negative attitudes towards people such as alcoholics can be altered.

**Workshop on needs assessment – capacity of patients to manage chronic diseases.** Participants were sharing their concerns and reflecting on the needs and experiences of health and social care.

# Turning High-level Government Leaders into Physical Activity Champions

## PROGRAM

**Your health is your capital**

## ALLIANCE

**Tanzania NCD Alliance  
(TANCDAA)**

## COUNTRY

**Tanzania**

## DATE

**December 2016 to present**



**Awareness**



**Advocacy**

The Tanzanian NCD Alliance was heavily involved in hosting a widely publicized physical activity and screening event attended by high-level politicians. This led to the initiation of regular ongoing regional-level public exercise events aimed at awareness raising and behaviour change.

## CASE SUMMARY

Having identified physical inactivity as a priority, the TANCDAA set out to create awareness about the issue and to advance the implementation of the Global Strategy on Diet, Physical Activity and Health along with other relevant strategies in the country.

Having worked closely with the ministry of health on the development of the NCD strategic plan for 2016-2020, the alliance set out to make use of its networks in government to create physical activity champions of national leaders.

Eminent individuals including the vice president became actively engaged in this initiative, which helped to raise its profile and secure media attention. A press conference was held in Dar es Salaam on the day before the awareness event, during which the minister for health addressed journalists and explained the importance of physical activity.

On the day, a six-kilometre walk followed by sports and exercise sessions were held to promote active transport and to highlight the importance of incorporating physical activity into daily routines.

An NCD risk factor screening campaign was also launched by Her Excellency Samia Suluhu Hassan (Vice President of the United Republic of Tanzania) in the presence of the Minister for Health, Community Development, Gender, Elderly and Children (MoHCDEC), Hon. Ally Hassan Mwinyi (the former president), the deputy minister for Health, the deputy minister for sports and the Dar es Salaam regional commissioner.

Through this initiative, the TANCDAA aims to develop partnerships with non-health agencies to leverage co-benefits of physical activity (such as clean air) with the help of the Physical Activity Association of Tanzania; secure policies that improve opportunities for physical activity in city; cultivate leaders at different levels, including young people; and secure mass media attention to raise awareness and educate the public about the value of physical activity.

In future, the TANCDAA aims to ensure that all regions continue implementing physical activity initiatives (including bi-weekly public exercise events) through their NCD coordinators appointed by the ministry of health.

“

It's important to practice every day, practice helps to stimulate the body, to know one another, to build friendships and to have better health.

Hon. Kassim Majaliwa, Prime Minister,  
United Republic of Tanzania

## ANALYSIS

### Power of Alliances

The TANCDA has seen how working in a coalition saves resources such as money and staff time by avoiding the duplication of activities.

Collaboration also lessens the load on each individual organization and ensures consistency in the messages conveyed to the community. In this case, messages and educational material were selected and agreed upon by all stakeholders involved.

As the civil society implementing partner to the initiative, the TANCDA collaborated with the MoHCGEC, which secured high-level political leader participation and provided logistical support, the Physical Activity Association of Tanzania, which led the physical exercise sessions, as well as three organizations that provided additional screening facilities (covering prostate cancer, heart disease and cervical and breast cancer).

### Innovation

Firstly, engaging extremely influential political leaders such as the vice president and former president, the Hon. Ally Hassan Mwinyi, was a novel and powerful way of reaching a wider audience in the country. The Hon. Ally Hassan Mwinyi, who is over 90 years old, made a powerful speech sharing his experience of the benefits of exercise.

One of the outcomes of the initiative was particularly innovative. The vice president announced regional bi-weekly community exercise days to be continuously conducted by regional leaders in urban areas.

## RESULTS

Since the launch of the initiative, there has been a noticeable increase in exercise participation. Although behaviour change is a gradual process that is difficult to measure, this has been an encouraging result. For example, many have started walking at least a portion of their daily commute to work. While the exact number is unknown, jogging clubs have also emerged as a result of the initiative.

Since the launch of activities in districts such as Temeke in Dar es Salaam, a routine of exercise every Friday has emerged. Similar initiatives have sprung up in other regions including Tanga, Shinyanga and Simiyu.

The extensive media coverage secured by the participation and endorsement of high-level national politicians was also a marked success in terms of spreading awareness.

## LESSONS LEARNED

The TANCDA learned that people were willing to change their behaviour given the correct motivation and information. For example, whereas many were not familiar with exercise options or routines aside from purchasing gym memberships, participating in facilitated community exercise events made it possible for them to adopt physical activity routines.

The power of creating champions and role models for spreading awareness and encouraging behaviour change also became apparent through this initiative. The presence of the vice president and former president Mwinyi made a significant impact in terms of uptake and reach.

Finally, with the announcement of regular ongoing regional physical activity days, this initiative illustrated how single national-level awareness activities can have spill-over effects at a regional level.



National leaders attending the public physical activity awareness event as part of this initiative

# Working Together to Stage Public Events for Stroke Awareness

## PROGRAM

**Stroke awareness campaign**

## ALLIANCE

**Noncommunicable Diseases Alliance Kenya (NCDAK)**

## COUNTRY

**Kenya**

## DATE

**May 2017**



**Awareness**

The Stroke Association of Kenya, along with the NCD Alliance Kenya and other partners, organized a large public walk, complemented by NCD risk factor screening, stroke mapping and a media campaign to raise awareness about stroke and stroke management. The initiative benefitted from contributions from partners and has generated a significant public response.

## CASE SUMMARY

The Stroke Association of Kenya (SAK), along with members of the NCD Alliance Kenya (NCDAK), launched an initiative to create public awareness about stroke and stroke risk factors. To this end, CSOs worked together to organize a three-kilometre walk in Kibra, Nairobi in 2017.

This involved extensive planning and preparations with multiple partners ahead of the event. The NCD department at the ministry of health hosted the planning meetings. Nairobi City Council helped design educational and promotional material including t-shirts and fliers for the walk, and secured a license for the public gathering and procession.

The NCDAK provided linkages with other NCD organizations to raise interest in assisting the Stroke Association of Kenya. The Kenya Red Cross Society, for example, lent organizers its sound equipment for the event. Médecins Sans Frontières (MSF) also supplied equipment and material for displaying the campaign messages. Shining Hope for Communities (SHOFCO) gathered people to attend the event and helped in the planning process. Finally, a Nairobi brass band was hired to draw in the crowds.

Stroke survivors, caregivers, medical personnel and the general public participated in the walk led by SAK's chair and several eminent individuals from the community. The presence of top MSF officials, the NCD department of Nairobi City County, Kibra Sub County and the office of Kibra's member of parliament drew public and media attention to the event.

The Kenya National Teaching and Referral Hospital (KNH) and volunteer interns from the Kenya Medical Training College (KMTTC) screened attendees for diabetes, blood pressure and body mass index at a medical centre adjacent to the venue of the walk. During the event, alliance members gave health talks on their areas of work: the Red Cross on violence as a risk factor for stroke, Amref Health Africa on hypertension and Winnies Pure Health on nutrition.

The contributions of people who have experienced a stroke were crucial in creating awareness about risk factors. They shared with participants their life experience before and after the incident and encouraged others to register with the SAK to join the fight against stroke. To facilitate their participation, they were offered assistive devices such as wheelchairs and walking sticks from the National Council of Persons with Disabilities (NCPWD). Stroke mapping of the country and home visits helped to register more individuals and provide them with information on available intervention and assistance.

“

**At the Stroke Association of Kenya, we believe that the best inspiration comes from the most affected person – the survivor.**

Mr Cornelius Sayi, administrator, Stroke Association of Kenya.

The initiative engaged various communication channels to spread the word. A week before the walk, the organizers took part in various television and radio talk shows to highlight key messages. An active social media campaign saw the event trending online. User-friendly educational materials were also developed, including brochures featuring illustrations of the F.A.S.T (Face, Arm, Speech and Time) concept for handling a stroke, symptoms and causes, prevention and available interventions. These brochures and fliers were distributed at the event.

The plan is to continue the initiative with comprehensive stroke mapping to help build a database for the country and inform programme planning and advocacy, as well as to get stroke-affected people registered for disability assessment and ensure that they secure tax rebate opportunities from the government and access government schemes for people living with disabilities.

## ANALYSIS

### Power of Alliances

Twelve different organizations worked to make this initiative a success. This brought diverse ideas and talents to the planning meetings and ultimately to the activities themselves. For instance, the diverse expertise of NCDAK members helped the public learn about a holistic approach to stroke and NCD management through the various health talks.

The initiative also pooled educational material for distribution to the public, along with equipment such as megaphones from the Kenya Red Cross Society.

Amref Health Africa contributed fliers on regular screening for hypertension, while the Diabetes Management Institute displayed posters on living positively with diabetes.

The partnership with the government lent the initiative credibility and linkages to resources.

### Innovation

The initiative involved survivors, the best ambassadors for stroke management, interacting with stroke patients and the public.

All the awareness events had a segment during which a survivor and a caregiver shared their experience of living positively after experiencing a stroke.

The strategy of a public walk was innovative in helping the initiative meet multiple objectives. It helped create awareness among people along the route, brought visibility to the issue and to the NCD CSOs involved, and built partnerships with diverse agencies. The effects were multiplied through the addition of NCD screening at the event, along with the media efforts.

Stroke awareness walk in Kibra, Nairobi County

## RESULTS

- About 600 people participated in the street walk.
- 180 people were screened. Some of them were found to be at high risk of stroke and were referred to the KNH for follow-up.
- An increased number of calls were received from individuals affected by stroke for more information on available assistance and peer support groups.
- 23 new members joined the stroke association.
- People affected by stroke became better linked to available government schemes.
- The media interviews through mainstream and social media have generated increased interest and calls to the SAK.

## LESSONS LEARNED

An initiative led by affected people is more effective in creating awareness and improving health-seeking behaviour.

People suffer from NCDs because of lack of information.

Awareness generation about available interventions and assistance is critical for prevention and management.

There is an urgent need to build a government database on NCDs, particularly stroke, in Kenya.







## ACCESS

Access initiatives include activities relating to the delivery of health services, medication, patient support and legal and practical advice among others.

Three initiatives in the atlas aim to improve access to NCD services (although several NCD alliances seem to integrate access interventions in their awareness-raising activities). As the South African NCD Alliance awareness initiative with provincial health workers shows, such integration helps to personalize the issue and make the interventions more relevant to the community. The Bangladesh Forum and the Kenyan NCD Alliance also combined access to NCD services and healthier food in their initiatives.

African alliances appear to undertake access interventions routinely in their NCD programming, possibly in part to address the gaps in the public health system. These alliances have strategically utilized the expertise, equipment and resources of member organizations in specific NCDs to offer comprehensive screening. The screenings included risk factor profiling, blood pressure and blood sugar checks and, in a few cases, cancer screening and lipid tests.

The NCD civil society access initiatives include the following:

- Awareness generation on NCDs and their risk factors
- Screenings with referrals to the government health facilities for follow up
- Training, equipment and clinics to strengthen the public health system
- Advocacy for plans and resources to improve access to NCD services

Civil society access initiatives specifically seek to address health inequities. For instance, the Healthy Caribbean Coalition and its members chose indigenous and other vulnerable women as the key recipients of their cervical cancer initiative. While the NCD Alliance Malawi extended its screenings to remote rural communities, the Bangladesh Forum's initiative targeted urban slums.

Apart from servicing the community, the access initiatives also enabled alliances to inspire (Caribbean) or strengthen (Jordan) government NCD programmes. They have also helped national alliances gain visibility vis-à-vis governments and other stakeholders in the early stages of formation (Malawi), recruit new members (Burundi) and get political buy-in from members of parliament (Tanzania).

### TOP LESSONS LEARNED

---

Develop and document replicable service delivery models for integration in the public health system

---

Integrate NCD services into other relevant health delivery programmes

---

Gather data systematically, evaluate outcomes and utilize results for programme and policy decisions

---

Secure national and sub-national plans and resources for sustainable NCD services

---

Attract interest and resources from other sectors to improve programme delivery

---

# Building Civil Society Capacity to Improve Access to Cancer Services for Underserved Populations

## PROGRAM

**Caribbean Civil Society  
Cervical Cancer Prevention  
Initiative (C4PI)**

## ALLIANCE

**Healthy Caribbean Coalition  
(HCC)**

## REGION

**Caribbean Community  
(CARICOM)**

## DATE

**January 2014 to present**



**Access**



**Awareness**

In response to the high cervical cancer rates in the Caribbean, the Healthy Caribbean Coalition and its national members trained outreach workers and conducted screening sessions among underserved populations in six countries. This also helped to advocate for improved public services for cervical cancer prevention in these countries.

## CASE SUMMARY

In response to the high cervical cancer prevalence and poor screening and treatment facilities in several CARICOM countries, the Healthy Caribbean Coalition (HCC) launched the C4PI in 2104. It aimed to strengthen the capacity of Caribbean CSOs to contribute to the national reduction of cervical cancer burden through the effective delivery of cervical cancer programmes in underserved communities.

The C4PI has been implemented in six CARICOM countries (Belize, Dominica, Grenada, Guyana, Jamaica and Haiti) through small grants to local HCC members with funding from the Australian Direct Aid Programme and the American Cancer Society Meet the Targets initiative.

The primary target audiences are vulnerable women and girls, with a focus on those in indigenous and poor communities. The secondary target audiences are families of the target groups, outreach workers and healthcare providers.

The C4PI initiative aims to strengthen service delivery capacity; build the capacity of healthcare providers including CSO outreach workers in the prevention and control of cervical cancer; educate and empower indigenous women (and men) and other vulnerable women in rural communities about cervical cancer; improve cervical cancer screening and treatment coverage in indigenous communities; and increase access to the HPV vaccine among young indigenous girls and other vulnerable women.

The key activities in all countries included training outreach workers; developing or adapting educational material including audiovisual material for various audiences using different communication channels; and conducting cervical cancer education and screening (VIA/PAP testing) sessions. Referral systems for inter-island care have also been developed to facilitate access to affordable treatment options within the region.

Core capacity building of the HCC member partners is also a key component of these projects and many received financial management training. The initiative also includes regular Skype calls that facilitate communication among the country partners.

The CSOs work in collaboration with local partners including the ministry of health, the ministry of education, community groups and public and private organizations. The initiative continues to support country partners in strengthening their respective cervical cancer programmes to expand access to the most vulnerable women in Belize, Guyana and Dominica.

“

The C4PI funding has been a blessing for the women in Guyana, especially the indigenous female population. It is helping (us) to build our staff capacity to train the community health workers for cervical cancer screening using the pap smear, detect early and save lives.”

Ms Fiona Legall, general manager,  
Cancer Institute of Guyana.

## ANALYSIS

### Power of Alliances

The initiative showcases a unique model of collaboration between a regional alliance, national members and development donors to improve national cancer service capacity.

The collaboration built on the HCC's strengths in technical oversight and fund management and the local knowledge and reach of the Belize Cancer Society, the Dominica Cancer Society, the Grenada Cancer Society, the Cancer Institute of Guyana, the Jamaica Cancer Society and the Groupe de Support Contre le Cancer Haiti.

On a national level, the initiative involved strong collaboration with ministries of health, which helped to align screening protocols and create direct linkages with national cervical cancer screening efforts. Ministries of education and NGOs working in sexual and reproductive health (SRH) contributed to building capacity and increasing coverage.

### Innovation

Through its pooled funding model, the HCC supported small national CSOs to access development aid whilst compensating for the capacity constraints of funding agencies to manage the significant administration required for administering relatively small grants.

Providing CSOs with small, manageable, short-term, output-driven grants built their management and implementation capacity. It also positioned CSOs to seek direct funding through future grant opportunities.

The regional networking opportunities created have enabled experience sharing and collective problem solving to overcome challenges. The networks developed among partners have been sustained beyond the project funding cycles for treatment referrals and sharing information among other things.

## RESULTS

- 7,022 underserved women were educated and screened for cervical cancer; 50% were screened for the first time.
- 17-51% were diagnosed and referred for treatment in various countries.
- 479 outreach workers including healthcare professionals were trained.
- In Belize, close work between the Belize Cancer Society (BCS), the ministry of health and other local stakeholders has led to the launch of the National Cervical Cancer Committee and the National HPV Vaccination Plan.
- The BCS and the ministry of health successfully advocated and procured funds for the inclusion of the HPV vaccination in the Belize National Vaccination Plan.
- In Jamaica, collaboration and partnership with local CSOs, the private sector and the ministry of health

has led to joint public health education campaigns, expanded screening services in underserved communities and innovative funding strategies to support projects.

- Both the Belize and Jamaica projects were featured as models of south-south cooperation by the WHO Global Coordination Mechanism on NCDs (GCM/NCDs) at its Multi-stakeholder Dialogue in November 2015.
- CSOs have developed an active network for resource sharing and referral in an attempt to address cancer treatment gaps in the region.
- Partner CSOs shifted to financial management software and significantly improved fund management and financial reporting.
- The cancer societies in Jamaica and Belize that demonstrated success during their first round of C4PI funding went on to secure further direct funds to build on their achievements.

### LESSONS LEARNED

- There is added value in leveraging the strengths of CSOs to improve access by underserved and marginalized populations to screening services.
- Well-managed small grants can yield significant impact.
- The HCC model of sharing a grant with several sub-grantee organizations helps ensure efficient use of resources for funders and facilitates capacity building among smaller CSOs in terms of organizational capacity, resource mobilization and increased organizational sustainability.
- It is important to build multisectoral partnerships into projects during the design phase and through implementation to ensure wide stakeholder buy-in, high-quality programmes, efficiency and maximal benefit to target groups.
- The ongoing grant model serves to expand the alliance by creating tangible membership benefits. HCC members see greater value in membership as a result of receiving grants and engaging in these multi-country projects, which allow them to achieve their organizational objectives and strengthen their capacity and networks with other organizations both nationally and within the region.



Cervical cancer outreach in a Mayan community in Belize

# Leveraging Member Capacity to Improve Access to NCD Services in Rural Areas

## ALLIANCE

NCD Alliance Malawi

## COUNTRY

Malawi

## DATE

September 2016 to present



Access



Awareness

The NCD Alliance Malawi leveraged the expertise and reach of its members to promote public health awareness and services for hypertension, diabetes and cancer diagnosis in rural areas. Channels such as radio stations and village headmen were used to ensure that people with limited exposure to modern communications were able access the services.

## CASE SUMMARY

In response to the low access to NCD services in the country, members of the NCD Alliance Malawi set out to conduct free NCD screenings in communities around the Lilongwe and Blantyre districts. While also serving urban populations, the initiative primarily targeted those in the rural areas of these districts, in which access to and awareness of such services is low.

The alliance followed a two-pronged strategy that combined NCD awareness generation with providing access to screening for a range of physiological risk factors. For instance, people attending hypertension camps were assessed using a broader NCD checklist and received advice about all NCDs and their risk factors. Collectively, the members of the alliance undertook a series of activities to address the challenges related to cancer, diabetes and hypertension.

Two organizations contributed to the cancer component of these activities. Cancer Survivors Quest, an alliance member, organizes monthly birthday parties for child cancer survivors. The event aims to celebrate the lives of the children and improve their quality of life, while putting a spotlight on the lack of treatment and medicines. The Women's Coalition Against Cancer (WOCACA) set up a social media page that discussed real-life experiences of women with cancer and shared information about the available screening services.

The diabetes component involved people living with diabetes, who shared their experiences, while the Jiya-Vannie Diabetic Foundation (JDF) led efforts by presenting on radio talk shows, conducting awareness programmes in hospitals and workplaces and organizing long walks. With assistance from the Diabetes Association of Malawi, rural communities were tested for diabetes in clinics and government hospitals. Those diagnosed with diabetes received nutrition counselling and referral for further treatment in government clinics.

Hypertension screenings, led by the National Stroke Association of Malawi with assistance from other alliance members, were organized in different parts of Malawi throughout the month of May 2017. These sessions were conducted in places in which people naturally gather, instead of requiring them to visit hospitals or other specific locations. These places included offices, schools, markets, malls and shopping centres. The screenings were done publicly to attract interest and provide NCD and risk factor information to passers-by. Those diagnosed with hypertension were referred to hospitals for further treatment and counselling. The data from the screenings is being used to inform campaigns addressing hypertension.

The alliance intends to extend its work throughout the rest of Malawi and to improve awareness and access for all. It is developing and implementing initiatives and projects that span the major NCDs, complementing the strengths of all members.

“

This initiative has created access to various NCD services in rural areas and has benefitted the less privileged, especially those without access to clinics due to distance.

Mr Chikhu Stanley Ng'ombe, Cancer Survivors Quest, member, NCD Alliance Malawi.

## ANALYSIS

### Power of Alliances

The power of collaboration was demonstrated by the alliance member organizations extending their outreach from their base cities to other areas where there was need for access initiatives. Between them, they were able to deliver NCD services to larger populations and achieve greater geographical coverage.

While the activities started off focusing on specific NCDs, the members worked beyond disease silos to provide advice on healthier lifestyles and address questions or provide referrals across NCDs.

The initiative benefitted from the members' willingness to share volunteers, equipment and contacts with medical professionals for the screenings.

### Innovation

Members demonstrated innovation in their choice of media and messengers to spread awareness and increase public participation at the NCD screenings. To this end, for example, the women's cancer groups shared stories of women on social media. The diabetes organization revived the use of traditional media such as radio to host talk shows and reach out specifically to people with limited access to the Internet or electronic media.

Involving village leaders to mobilize people reflects the ability of the alliance to identify and engage people of influence in communities to improve the reach and effectiveness of its messages.

The organizations also found novel ways of mobilizing resources. The diabetes efforts successfully tapped into private sector corporate social responsibility initiatives to secure free talk time on radio and television. Cancer awareness and access were partly funded by the sale of ribbons and bookmarks to the general public. The International Hypertension Society and the World Hypertension League donated the hypertension resources and equipment.

## RESULTS

- The outreach by alliance members helped to improve access to better information and healthcare systems, achieving 90% reach in the chosen rural areas.
- For the screening, a pool of equipment was created for testing blood pressure and diabetes and screening for cancer, and it could be used throughout Malawi.
- The media strategies have helped to spread awareness beyond the scope of the localized screenings to people across the country.
- The data collection established among the members has helped to address information gaps on specific NCDs in Malawi.
- The activities have created visibility and credibility for the alliance, its members and its mission.
- Through the diabetes effort, over 3,000 people were screened.
- As a result of the hypertension screenings, an average of 2 out of 10 people were found to have high blood pressure or borderline hypertension.

### LESSONS LEARNED

The alliance has learned the power of collaboration in multiplying the strengths of its individual members.

The members have also learned to integrate NCDs beyond those of their immediate focus in their own programmes.

Accessing resources available from the media and private sector with no conflicting interest can help scale up efforts.

Hypertension screening in public places taking place as part of this initiative



# Expanding Access to Nutritious Food and Health Services Among Vulnerable Urban Communities

## PROGRAM

Securing health through safe treatment and other interventions (SHOSTI)

## ALLIANCE

Non-Communicable Diseases Forum

## COUNTRY

Bangladesh

## DATE

July 2014 to present



Access



Awareness

This initiative aims to bring affordable NCD prevention and treatment services to communities living in the urban slums of Bangladesh.

## CASE SUMMARY

SHOSTI aims to provide integrated healthcare service delivery and NCD screening in poor urban areas of Bangladesh. It seeks to scale up access to affordable and comprehensive healthcare services for combating NCDs in vulnerable communities.

The initiative consists of a package of diverse interventions including the establishment of health and nutrition service centres, the provision of low-cost screening facilities, the promotion of health insurance and the creation of accessible clinic services that operate at convenient times for working families. Community management groups comprising local representatives of each community were established to improve access to and feedback from the communities served.

Each centre conducts a household survey to identify target beneficiaries. The centres then offer healthcare services through various membership schemes at different price points (ranging from around 12.20 USD to 122 USD per year). These 'health cards' include the 'Essential service package' set out by the government, covering check-ups for one year and bi-monthly check-ups, which promote healthy lifestyles among community members. All costs can be paid through flexible instalments to increase accessibility.

Local shopkeepers were engaged to publicize health services and a chain of healthy food shops was created to increase access to nutritious food options.

Schoolchildren were also involved through a behavioural change communication project involving 24 different types of leaflets containing disease awareness information. This sought to encourage young people to become child ambassadors for health in their communities.

In the future, SHOSTI seeks to increase its reach and the range of essential healthcare services provided, improve its health and demographic data collection activities, launch an e-health service and expand its engagement of young people in NCD prevention.

“

The integration of primary care for NCDs in utility services can ensure maximum population coverage. Small shops, banking services, mobile services and restaurant services can also be a part of NCD services.

Dr Md. Shamim Hayder Talukder, Chief Executive Officer, Eminence Associates for Social Development.

## ANALYSIS

### Power of Alliances

The power of collaboration was demonstrated by the Eminence Associates for Social Development provided the core concept, organogram, development strategy and financial support for the initiative. It continuously provides technical training to SHOSTI centre staff while monitoring and evaluating activities.

Logistics for the distribution of healthy food to local shops was led by Spike Apple, an organization that promotes entrepreneurship for social development. It involves local women in producing and distributing packaged healthy food products labelled with nutritional information to the chain of healthy food shops developed by SHOSTI.

Another organization, Guava, has recently engaged with the initiative by lending its IT expertise to expand the social media coverage of activities in the community.

In order to produce clinical evidence from vulnerable communities in Bangladesh, Eminence Associates for Social Development has built a partnership with the Population Health Research Institute (PHRI) in Canada which provided technical training in conducting clinical research along with financial grants and clinical material.

### Innovation

New means of implementing preventive interventions were developed thanks to close involvement with the target community. Spike Apple's women's empowerment initiative was adapted into an NCD risk control tool as the healthy foods produced by participating women are sold in healthy shops to the communities. The government is currently being engaged to conduct regular food quality testing of food samples from these stores.

The involvement of schoolchildren as ambassadors through behaviour change communication campaigns is also an innovative aspect of the initiative.

In a resource-constrained environment, SHOSTI tries to stand out from traditional for-profit private hospitals and clinics. Through its combined financing strategy encompassing donors, healthcare services and patient health insurance, SHOSTI is focused on creating a sustainable and efficient model.



## RESULTS

- Coverage: this SHOSTI service was initiated in two centres and is now extending to eight others in Bangladesh. Each centre covers 2,500 households as primary beneficiaries and 20,000-25,000 households as secondary beneficiaries.
- Integrated service: the initiative combines NCD services with the existing primary healthcare service. Service centres also contain laboratories and pharmacies, which reduce the burden of travel.
- Accessible food package labelling: a new model of food package labelling has been created thanks to suggestions made by beneficiaries. Information is framed with respect to daily, weekly and monthly requirements for an individual, as current labelling systems are not accessible to many users.
- Branding health shops: branding local community shops as healthy shops not only recognizes such businesses but also inspires others and promotes healthy behaviour in the community.
- Awareness leaflet as concession for service: 24 different types of awareness leaflets have been developed to improve knowledge on disease prevention and healthy lifestyles. Leaflets can also be exchanged for a concession on services at health centres.

## LESSONS LEARNED

Involving the local community by partnering with local shopkeepers has improved accessibility and acceptance. This served to motivate people to learn about NCD risk factors and healthy lifestyles.

The strategy of providing services at convenient times for users has also increased acceptance and uptake.

Providing affordable coverage schemes payable through flexible instalments can motivate people greatly to take up health insurance schemes.

The power of engaging children in spreading awareness and information on NCDs also became apparent throughout the course of the behaviour change communication campaign.

Finally, it was found that creating a household health database can serve as a vital resource for research initiatives, which can also create opportunities for collaboration with national and international NCD organizations.

Healthcare provider seeing a patient at a SHOSTI urban clinic



# Annexes

## Annex 1:

Directory of contributing national and regional NCD alliances

## Annex 2:

Resourcing and donor acknowledgements

# Annex 1

## Directory of contributing national and regional NCD alliances

Country/region	Name, year of establishment and alliance composition*	Focus of work
<b>Australia</b>	<p>Australian Chronic Disease Prevention Alliance (2001).</p> <p>A five-member alliance of organizations that are themselves networks addressing various NCDs.</p>	The ACDPA works for the primary prevention of chronic diseases caused by obesity/overweight, poor nutrition and physical inactivity in Australia.
<b>Bangladesh Network</b>	<p>Bangladesh Network for NCD Control &amp; Prevention (2015).</p> <p>A network of 11 member organizations, primarily medical professional bodies and NGOs relevant to NCDs.</p>	The BNNCP was established to harness the advocacy potentials of relevant renowned medical societies and civil society organizations to build awareness, advocate for policies and generate evidence in support of policy changes.
<b>Bangladesh Forum</b>	<p>Noncommunicable Diseases Forum Bangladesh (2014).</p> <p>A forum of small local NGOs.</p>	The Noncommunicable Diseases Forum Bangladesh undertakes initiatives to develop and test community-based interventions through community participation to provide integrated primary healthcare service.
<b>Brazil</b>	<p>Rede ACT de Promoção da Saúde, Brazil (2013).</p> <p>A large network involving over 140 organization members and others.</p>	The Rede ACT de Promoção da Saúde is dedicated to promoting public health policies for the prevention and control of NCD risk factors in Brazil. Tobacco control and healthy food policies have been the focus of its work so far; it also supports initiatives related to alcohol abuse control and physical activity promotion.
<b>Burundi</b>	<p>Burundi NCD Alliance (2014).</p> <p>Founded by five member organizations addressing various NCDs, now expanded to 15.</p>	The Burundi NCD Alliance advocates the recognition of NCDs as a public health problem. In Burundi, prevention of modifiable risk factors and control of NCDs by improving access to diagnosis and medicines.
<b>Caribbean</b>	<p>Healthy Caribbean Coalition (2008).</p> <p>A regional alliance with over 100 health and non-health CSOs and other partners from across the Caribbean.</p>	The HCC's work is focused on accountability, advocacy, capacity building, communication and sustainability. Priority areas for action include childhood obesity prevention, cervical cancer prevention, tobacco and alcohol control and supporting the multisectoral response to NCDs.

\*Member organizations are often networks with a large membership of their own, thus expanding the reach and scope of the national/regional NCD alliances.

Country/region	Name, year of establishment and alliance composition*	Focus of work
<b>Colombia</b>	<p>Mesa Colombiana de incidencia frente a las Enfermedades Crónicas (2016).</p> <p>A six-member alliance comprising organizations working on consumer and patient concerns, foundations and organizations addressing tobacco and food issues.</p>	The Mesa Colombiana de incidencia frente a las Enfermedades Crónicas focuses on NCDs and their risk factors through advocacy for reducing the consumption of sugar-sweetened beverages and ultra-processed foods and tobacco control.
<b>East Africa</b>	<p>East Africa Noncommunicable Diseases Alliance (2014).</p> <p>The six national alliances of Burundi, Kenya, Rwanda, Tanzania, Uganda and Zanzibar constitute this network.</p>	The East Africa Noncommunicable Diseases Alliance supports NCD advocacy, capacity building, NCD research and awareness at the national and regional levels.
<b>Eastern Mediterranean</b>	<p>Eastern Mediterranean Region NCD Alliance (2016).</p> <p>A 12-member alliance comprising national NCD alliances, regional networks and organizations from countries in the region addressing various NCDs.</p>	The Eastern Mediterranean Region NCD Alliance focuses its efforts on NCD advocacy, capacity building and awareness generation.
<b>Ethiopia</b>	<p>Consortium of Ethiopian NCD Associations (2012).</p> <p>The five members of the alliance each address specific NCDs.</p>	The Consortium of Ethiopian NCD Associations advocates for NCD policies and plans with the government, coordinates joint action by members and enhances the capacity of member organizations.
<b>Finland</b>	<p>Finnish NCD Alliance (2014).</p> <p>An eight-member joint action network comprising the country's largest public health, patient and health professional organizations.</p>	The Finnish NCD Alliance strives to prevent the spread of NCDs, reduce the factors causing them and ensure that patients receive treatment and rehabilitation. It also aims to have government, municipalities and NGOs collaborate on preventing NCDs by making an impact on lifestyles and human environment.
<b>India</b>	<p>Healthy India Alliance (2015).</p> <p>An alliance of 14 organizations addressing NCDs, their risk factors and health concerns.</p>	The Healthy India Alliance focuses on generating awareness, building capacity, empowering people living with NCDs and advocating for health-promoting policies.
<b>Jordan</b>	<p>Jordan NCD Alliance (2017).</p> <p>Comprising six member organizations, several of which are networks themselves.</p>	The Jordan NCD Alliance aims to prioritize NCD prevention and control in Jordan's health agenda and support the implementation of core NCD policies. It also advocates for health promotion and healthy behaviours.
<b>Kenya</b>	<p>Noncommunicable Diseases Alliance Kenya (2012).</p> <p>An alliance comprising 26 members, spanning different health and development CSOs.</p>	The Noncommunicable Diseases Alliance Kenya works on risk factor reduction and healthy environment, health system re-orientation, universal health coverage, NCD research evidence and surveillance.

Country/region	Name, year of establishment and alliance composition*	Focus of work
<b>Latin America</b>	<p>Coalición Latinoamérica Saludable CLAS (2011).</p> <p>Comprises 250 organizations including health and consumer organizations, academics, patients and others.</p>	<p>The CLAS focuses on regional advocacy, research, information exchange and capacity building for policy actions in various countries and response to threats to policies that promote health. It also maintains a policy resources repository and provides a platform to review the region's situation and develop priorities and strategies.</p>
<b>Malawi</b>	<p>NCD Alliance Malawi (2016).</p> <p>A seven-member alliance of organizations working on various NCDs.</p>	<p>The main areas of the NCD Alliance Malawi's work are diabetes, cancer, hypertension, stroke and kidney disease.</p>
<b>Mexico</b>	<p>Coalición México Salud-Hable (2013).</p> <p>An alliance of 56 member CSOs, patient groups, research agencies, medical professional bodies and women's and children's rights organizations,</p>	<p>The Coalición México Salud-Hable is involved in awareness raising, prevention, support for the treatment and rehabilitation of patients, promotion of public policies, media advocacy on cardiovascular, cerebrovascular, respiratory and chronic renal diseases, cancer and diabetes, inadequate nutrition and mental illness.</p>
<b>Nepal</b>	<p>Nepal NCD Alliance (2013).</p> <p>An eight-member alliance consisting of medical professional bodies, CSOs and networks addressing health, alcohol and children's rights issues.</p>	<p>The main focus areas of the Nepal NCD Alliance are advocacy, public education and training of health professionals on prevention and control of NCDs and their risk factors.</p>
<b>Peru</b>	<p>Alianza ENT-Perú (2011).</p> <p>A 14-member alliance of health and medical professional bodies, CSOs and universities.</p>	<p>The Alianza ENT-Perú advocates for the prioritization of NCDs and implementation of the FCTC through policies. It also supports the government through its input.</p>
<b>Rwanda</b>	<p>Rwanda Non Communicable Diseases Alliance (2014).</p> <p>A thirteen-member alliance of health and professional bodies and CSOs addressing various NCDs.</p>	<p>The Rwanda Non Communicable Diseases Alliance works with the ministry of health and public hospitals for better care for people living with NCDs. It conducts regular awareness and media campaigns for public education, screenings at monthly Kigali Car-Free Days and peer education training for health professionals.</p>
<b>Scotland</b>	<p>ScotHealth 2021 Coalition (2016).</p> <p>A coalition of four CSOs working on tobacco, alcohol and obesity.</p>	<p>The ScotHealth 2021 Coalition focuses on the prevention and reduction of health harm caused by tobacco, alcohol, unhealthy diet and obesity. It shares knowledge and identifies common themes and ways to improve public health in Scotland.</p>

Country/region	Name, year of establishment and alliance composition*	Focus of work
<b>South Africa</b>	<p>South African NCDs Alliance (2013).</p> <p>Four member organizations - three of which address a particular NCD, one of which is a patients' organization.</p>	<p>The South African NCDs Alliance addresses NCD prevention and control issues of relevance to South Africa and the African region. It promotes integrated person-centred NCD prevention and care as part of universal health coverage and access.</p> <p>It has active projects improving access, accountability, advocacy and awareness with regard to NCDs.</p>
<b>Tanzania</b>	<p>Tanzania NCD Alliance (2012).</p> <p>Four-member alliance, with each member addressing a major NCD. Organizations addressing other NCDs and prevention attend its meetings.</p>	<p>The efforts of the Tanzania NCD Alliance are geared towards community engagement and outreach through NCD screenings, advocacy for policies, public awareness about NCDs and their risk factors, membership recruitment and patient support to address stigma.</p>
<b>Uruguay</b>	<p>Alianza ENT-Uruguay (2011).</p> <p>An alliance of 23 members comprising medical and health professional bodies, public health and research organizations, universities, patient networks, NCD prevention NGOs and a government secretary.</p>	<p>The main areas of work of the Alianza ENT-Uruguay are the mobilization of high-level political support for NCD control at national and international level, promoting the support of patients and medical groups for NCD control, coordinating advocacy action among members and building NCD capacities at national level.</p>
<b>USA</b>	<p>Taskforce on Women and NCDs, USA (2010).</p> <p>A network of some 17 organizations addressing health and women's rights globally.</p>	<p>The Taskforce on Women and NCDs works to highlight a life-course approach to women's health by providing tools that provide technical guidance and support advocacy efforts. It aims to influence the global dialogue on women and NCDs by holding visible events and through important stakeholder discussions at key strategic meetings.</p>
<b>Zanzibar</b>	<p>Zanzibar Non Communicable Disease Alliance (2013).</p> <p>The alliance comprises three organizations working on cancer, diabetes and heart diseases respectively.</p>	<p>The alliance works to raise community awareness on NCDs and their risk factors, screening for major NCDs and advocacy for nutrition and tobacco control.</p>

## Annex 2

### Resourcing and donor acknowledgements



#### ADVOCACY

<b>LATIN AMERICA</b> Page <b>30</b>	Rapid Regional Response to Strengthen and Defend National NCD Policies in Latin America	<p>The InterAmerican Heart Foundation contributed staff time to organize CLAS advocacy actions.</p> <p>The NCDA awarded a grant to support the strengthening of the coalition and its advocacy activities.</p> <p>Various members of the CLAS are covered by their own organizations or volunteer their support to this initiative.</p>
<b>FINLAND</b> Page <b>32</b>	Reaching Multisectoral Consensus on Actions to Meet Ncd Goals in Finland	The Medical Society Duodecim and the Academy of Finland funded this entire initiative.
<b>COLOMBIA</b> Page <b>34</b>	Multi-Stakeholder Advocacy for Sugar-Sweetened Beverages Tax in Colombia	The initiative was supported by the TFK Incubator.
<b>AUSTRALIA</b> Page <b>36</b>	Joining Forces for an Improved Food Labelling System in Australia	<p>The ACDPA is entirely self-funded by its five member organizations. Together, the member organizations funded the consensus forum to agree on the public health position for front-of-pack labelling in 2009 and continued advocacy work to date.</p> <p>The Australian health star rating system and information campaign has been jointly funded by the Australian, state and territorial governments and developed in partnership with industry and public health and consumer groups.</p>
<b>EMRO</b> Page <b>38</b>	Setting the Stage for Regional Cso Collaboration and Capacity Building in the Eastern Mediterranean	Funding for this work was provided by the founding organizations in collaboration with the WHO/EMRO.
<b>SOUTH AFRICA</b> Page <b>40</b>	Crafting a Collective Advocacy Agenda in Support of a Sugar-Sweetened Beverages Tax in South Africa	<p>This work was supported by the NCDA as part of the Expanding access to care, supporting global, regional and country level NCD action programme in partnership with Medtronic Philanthropy.</p> <p>As an urgent and important intervention that occurred outside of normal planning and funding cycles, this initiative required reallocation of resources. Therefore, existing priorities were changed to accommodate resources for advocacy activities within the SANCD. In-kind support was received including supplies, venues and staff from the main and regional offices of the SANCD partner organizations (including the Cancer Association South Africa and the Heart and Stroke Foundation South Africa). Individuals also gave expertise pro bono.</p>
<b>URUGUAY</b> Page <b>42</b>	Securing High-level Political Support for Global Ncd Advocacy	This initiative relied on contributions of time, work and personal contacts of the national NCD alliance members and the support of the NCDA along with other international partners.

<b>NEPAL</b> Page <b>44</b>	Supporting National Alcohol Policy Development in Nepal	This work was funded by contributions from the member organizations.
<b>USA</b> Page <b>46</b>	Speaking Up About Ncds as a Women's Rights Issue at the Global Level	The initiative relied heavily on pooling both human and financial resources from its membership. The time committed by staff at each of the organizations as well as other support team members allowed for the execution of the deliverables of this initiative.
<b>BANGLADESH</b> Page <b>48</b>	High-level Advocacy for Ncd Prevention Through Tobacco Control in Bangladesh	The National Heart Foundation of Bangladesh has been receiving a grant from Bloomberg Philanthropy through the Campaign for Tobacco-Free Kids, USA, for involving physicians in tobacco control through network formation. This initiative was partially supported by the grant. Telenor Health provided resources for organizing round table events with Prothom Alo. The secretariat of the BNNCP is located at the offices of the National Heart Foundation of Bangladesh and is supported by its own fund.
<b>ZANZIBAR</b> Page <b>50</b>	Collaborating with Government to Improve Healthy Eating Opportunities in Zanzibar	This work was funded by the Danish Civil Society in Development Organization (CISU) and pro bono contributions.
<b>MEXICO</b> Page <b>52</b>	Working to Strengthen the Implementation of FCTC Article 14 in Mexico	This initiative was possible thanks to the support of the Pfizer Independent Scholarship Program for Learning and Change as part of the Global Bridges Network, with the collaboration of the National Commission against Addictions and with the Mexican National Office for Tobacco Control.
<b>INDIA</b> Page <b>54</b>	Standing Up to Industry to Secure Higher Sugar-Sweetened Beverage Taxes	The Healthy India Alliance has been funded by the NCD Alliance since 2015 as part of the Expanding access to care, supporting global, regional and country level NCD action programme in partnership with Medtronic Philanthropy.
<b>PERU</b> Page <b>56</b>	Litigation and Public Mobilization to Demand Healthy Food Regulation in Peru	The financial support came from fee payments made by around 6,500 nutritionists who work in Peru.  Branded t-shirts with the message "Yo quiero alimentación saludable" (I want healthy food) were also sold during the walk.
<b>TANZANIA</b> Page <b>58</b>	Turning Members of Parliament into Ncd Advocates through Screenings and Seminars	The TANCD Alliance receives funding and support from the Danish NCD Alliance through the Civil Society Fund in Denmark.
<b>SCOTLAND</b> Page <b>60</b>	Rallying Support for Ncd Prevention in Parliament through a Cross-Party Group	This initiative is funded through Alcohol Focus Scotland and ASH Scotland, by way of the contribution of staff time and payment for refreshments at meetings.
<b>MEXICO</b> Page <b>62</b>	Speaking with one Voice to Rally Support for a Sugar-Sweetened Beverages Tax in Mexico	This initiative was possible thanks to the support given by international organizations (and partners) to public health issues.
<b>ETHIOPIA</b> Page <b>64</b>	Advocating to Integrate NCDs into Ethiopia's Health Sector Programme	Make NCDs the major health agenda in Ethiopia has received support from the American Cancer Society, Pink Ribbon Red Ribbon and GlaxoSmithKline. The recent consultative meeting held from 23 to 24 June 2017 was supported by the Campaign for Tobacco-Free Kids. The indispensable support of the Federal Ministry of Health of Ethiopia, the WHO Ethiopia Country Office, H.E. Mrs Roman Tesfaye, the First Lady of Ethiopia and other partners must also be acknowledged.



## ACCOUNTABILITY

<b>EAST AFRICA</b> Page <b>68</b>	<b>Benchmarking to Track and Advance Regional NCD Action in East Africa</b>	This initiative was financed by the Danish Civil Society Fund.
<b>PERU</b> Page <b>70</b>	<b>Exposing Tobacco Industry Participation in Development Initiatives in Latin America</b>	This initiative did not involve any financial cost. Social networks and institutional resources were used to send communications and mobilize actors.
<b>CARIBBEAN</b> Page <b>72</b>	<b>Working to Ensure Accountability on NCD Commitments Across the Caribbean</b>	<p>The major funding for the initiative was provided by Medtronic Philanthropy through NCDA's global programme: Strengthening Health Systems, Supporting NCD Action.</p> <p>The HCC provided in-kind funding to manage the grants over the four years and complementary funding was provided by other donors on a number of activities initiated under the grant including those related to national NCD commissions, private sector responses and childhood obesity.</p>
<b>BRAZIL</b> Page <b>74</b>	<b>Ensuring Government Accountability and Action on Obesity Through Civil Society Shadow Reporting</b>	This initiative was part of a project funded by Medtronic Philanthropy through the NCDA's global programme: Strengthening Health Systems, Supporting NCD Action. It was also partly funded by an American Cancer Society grant (for the meetings that created the Healthy Food Alliance).



## AWARENESS

<b>TANZANIA</b> Page <b>78</b>	Creating a Journalists' Forum to Raise Awareness About NCDs	The TANCDA receives funding and support from the Danish NCD Alliance through the Civil Society Fund in Denmark.
<b>JORDAN</b> Page <b>80</b>	Using a Media Campaign to Spread Public Awareness About Jordan's Smoking Ban	The Royal Health Awareness Society and King Hussein Cancer Foundation and Centre funded the mass media campaign development and production; the ministry of health funded the printing of material; and other civil society members (Greater Amman Municipality and the Tobacco-Free Jordan Society) provided free locations for outdoor announcements.
<b>KENYA</b> Page <b>82</b>	Adopting a Community Participation Strategy for Ncd Prevention and Control	The project on the prevention and control of NCDs for healthy lifestyles is a three-year initiative funded by the Danish Red Cross and has been implemented in Nairobi County and Nyeri County (October 2014 to December 2017).
<b>INDIA</b> Page <b>84</b>	Ensuring High Quality Palliative Care by Educating Hospital Volunteers and Staff	Workshop 2 on improving the quality of care, during which Dr Rajgopal from Pallium India provided the necessary technical support, was funded under the HIA advocacy in action grant programme. The cost of the rest of the initiative was borne by the Indian Cancer Society, Delhi. ICS financial support to advance the spread of knowledge and put advocacy plans into action constituted the main source of funds.
<b>JORDAN</b> Page <b>86</b>	Celebrating Healthy Lifestyles at an Ncd Festival in Aqaba City	This initiative was resourced partly by the host, the Aqaba Chamber of Commerce, and the rest of the cost was divided between JNCDA partners as well as local private businesses working to promote healthy lifestyles and support the government and civil society initiatives.
<b>BURUNDI</b> Page <b>88</b>	Strengthening Alliance Membership to Inspire Action on Ncds in Burundi	This work was funded by the Danish Civil Society in Development Organization (CISU).
<b>FINLAND</b> Page <b>90</b>	Using Online Tools and Support Services to Prevent Arterial Diseases in Finland	The Finnish Lottery Fund provided the resources needed to build the collaboration, central website and the new tools for this programme.
<b>INDIA</b> Page <b>92</b>	Protecting Children's Health by Involving Paediatricians, Teachers and Students in Ncd Prevention	The programme was funded under the NCD child advocacy in action grant programme by NCD Child to provide national paediatric societies and previously trained champions and financial support to put advocacy plans into action to end childhood obesity. The ministry of health and family welfare and the WHO supported the initiative and provided resource people for the awareness workshops.

## AWARENESS

<b>SOUTH AFRICA</b>  Page 94	Facilitating Provincial Action to Implement South Africa's National Ncd Framework	<p>This work was supported by the NCDA as part of the Expanding access to care, supporting global, regional and country level NCD action programme in partnership with Medtronic Philanthropy.</p> <p>The provincial governments of Gauteng, Kwa Zulu Natal and the Northern Cape provided educational resources, the supply of venues such as the hospital and nursing college hall, and local personnel to act as hosts.</p> <p>The Heart and Stroke Foundation South Africa, CANSA, and Diabetes South Africa provided human resources in the provinces.</p> <p>Screening equipment and personnel were provided by Project Hope (Gauteng), HSFA (Kwa Zulu Natal) and device suppliers (Northern Cape).</p> <p>The Human Sciences Research Council also provided additional funding.</p>
<b>RWANDA</b>  Page 96	Promoting Ncd Awareness and Screening at Car-Free Day Events in Kigali	<p>The Kigali Car-Free Day is funded by the KCFD partners, which include the RNCDA, MoH, Kigali City and private enterprises.</p> <p>The event also attracts many private sponsors due to its popularity and the involvement of Kigali city leaders.</p> <p>One of the leading bottled water companies provides water for all participants, and telecommunication companies advertise the event to their subscribers. NCD screening, one of the pillars of the KCFD, is managed and implemented by the members of the RNCDA.</p>
<b>INDIA</b>  Page 98	Creating Risk Factor Peer Educators by Training Children and People Living With Ncds	<p>The slum-based project was funded by NADA India under Barrier-free services: peer-based approach to NCD prevention, workshop on need assessment, funded by the Healthy India Alliance.</p> <p>Training involved young volunteers and The Peace Gong newspaper published by the Guru Rabindranath Tagore Foundation in association with NADA India was printed thanks to an individual donation from Suneel Vatsyayan, New Delhi.</p> <p>Awareness activities for students in different states were funded by DakshamA Health.</p>
<b>TANZANIA</b>  Page 100	Turning High-level Government Leaders into Physical Activity Champions	<p>The TANCDAs were able to fund this work thanks to the support of the Danish International Development Agency.</p>
<b>KENYA</b>  Page 102	Working Together to Stage Public Events for Stroke Awareness	<p>This initiative has been resourced through subscriptions by stroke survivors and caregivers. Educational material, refreshments and planning for this initiative were provided by various partners.</p>



## ACCESS

<b>CARIBBEAN</b> Page <b>106</b>	<b>Building Civil Society Capacity to Improve Access to Cancer Services for Underserved Populations</b>	Funding for the C4PI was provided by the Australian Direct Aid Programme and the American Cancer Society Meet the Targets Initiative. In-kind funding for technical management and oversight and administration were provided by the HCC and the beneficiary CSOs.
<b>MALAWI</b> Page <b>108</b>	<b>Leveraging Member Capacity to Improve Access to NCD Services in Rural Areas</b>	World Hypertension League and International Society of Hypertension.
<b>BANGLADESH</b> Page <b>110</b>	<b>Expanding Access to Nutritious Food and Health Services Among Vulnerable Urban Communities</b>	<p>Utilizing its funds to run the initiative under a community business model rather than a not-for-profit entity, SHOSTI centres are now aiming to become self-sustainable. Currently, the initiative relies on internal funding (income from clinical and investigative services; health insurance funding received from holders of the health card; and funding from its parent organization, Eminence).</p> <p>External funding (research grants from the Population and Health Research Institute, Canada and the US State Department and donations from national and international sources).</p>







[facebook.com/ncdalliance](https://facebook.com/ncdalliance)

[twitter.com/ncdalliance](https://twitter.com/ncdalliance)

[linkedin.com/company/ncd-alliance](https://linkedin.com/company/ncd-alliance)

[youtube.com/c/NCDAllianceOrg](https://youtube.com/c/NCDAllianceOrg)

[instagram.com/ncdalliance](https://instagram.com/ncdalliance)

**NCD Alliance** unites 2,000 civil society organisations in more than 170 countries, dedicated to improving NCD prevention and control worldwide. The mission of NCD Alliance is to unite and strengthen civil society to stimulate collaborative advocacy, action and accountability.