

The NCD Alliance

Putting non-communicable diseases
on the global agenda

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Non-Communicable Diseases: Join the Fight

An Online Advocacy Toolkit

The NCD Alliance was founded by:



International
Diabetes
Federation



WORLD HEART
FEDERATION®



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

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Introduction

Non-communicable diseases (NCDs) are the world's number one killer, accounting for 60% (35 million) of all global deaths. No country or community is spared from the impacts of NCDs, affecting rich and poor countries alike. In fact, the NCD burden is increasingly damaging the social and economic stability of low- and middle-income countries (LMICs), where approximately 86% of all preventable NCD deaths occur. Driven in large part by widespread exposure to four common modifiable risk factors – tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol – these conditions perpetuate and entrench poverty within households and communities, and increase inequalities within and between countries

Without immediate and collective action, NCDs will continue to have a severe impact on individuals, communities and countries. By working together, we can embark on a path toward creating a world free from the preventable suffering, disability, and death caused by NCDs and improve the living conditions for all people, everywhere.

About the NCD Alliance

The NCD Alliance is a civil society network of over 2,000 organizations in more than 170 countries focused on raising the profile of NCDs on the global development agenda. Founded in 2009, the NCD Alliance unites four international NGO federations – the International Diabetes Federation, the International Union Against Tuberculosis and Lung Disease, the Union for International Cancer Control, and the World Heart Federation- with a network including global and national NGOs, scientific and professional associations, academic and research institutions, private sector entities, and dedicated individuals. The NCD Alliance works closely with key partners, including the World Health Organization and the United Nations to catalyze action on NCDs at all levels. To learn more about the NCD Alliance [click here](#).

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Purpose of the Toolkit

This online advocacy Toolkit aims to support civil society in national and regional NCD advocacy efforts. It compiles and showcases best practices, drawing from the experiences of NCD alliances across the globe as successful models of collaboration. It distills the recommendations and lessons learnt, and offers concrete tips to help guide national and regional action.

Contents of the Toolkit

The Toolkit includes three sections:

1. [Working in an advocacy alliance](#)
2. [Influencing and monitoring NCD policy and practice](#)
3. [Holding governments accountable: Introducing the Civil Society NCD Status Report](#)

Each section contains relevant examples and tips from the field, and links to helpful resources. The tips from the field are based on interviews with NCD advocates from around the world.

The centerpiece of the Toolkit is a template for developing a *Civil Society NCD Status Report* that can be used to draw attention to national and/or regional successes and challenges in NCD prevention and control, and as a basis for encouraging governments and other relevant stakeholders to adopt and implement policies and actions to support progress on NCDs.

How to Use the Toolkit

The Toolkit should be read sequentially. Readers can click on examples and case studies to learn about the experiences of others who are advocating for improvements on NCD prevention and control. Links are provided throughout, to useful resources and further reading.

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Section 1: Working in an Advocacy Alliance

This section provides a brief introduction to advocacy, and offers the rationale and guidance on how to build a NCD alliance to support advocacy efforts at national or regional levels. Drawing upon experiences from the growing number of NCD alliances around the world, successes and lessons learnt are included throughout to inspire and guide NCD advocates.

1.1 Introduction to advocacy

The NCD Alliance defines advocacy as a process that aims to bring about change in NCD policies and practices of organizations and institutions. It is about building a strong case for action and finding common ground with other stakeholders. Advocacy work may target international agencies, governmental institutions at regional, state or local level, or other civil society organisations (NGOs). Information, education and communication are all essential components of effective advocacy.

Some examples of advocacy activities are outlined below:

- Informing and lobbying leaders, policymakers and other decision-makers;
- Raising public awareness of NCDs by organizing events, press events or public hearings;
- Collecting and disseminating data, evidence and policy research on NCDs;
- Providing technical expertise on NCD policy and practice;
- Creating more open and accountable decision-making processes, procedures, and structures;
- Empowering people at risk or living with NCDs to engage in NCD policy development.

Advocacy can help your organization meet its mission, increase its public exposure, expand its contact network and potentially open the door to new donors. You may already have resources that can be used to support NCD advocacy, such as: access to an active volunteer base (including people living with NCDs), access to NCD experts, knowledge of the needs of people living with NCDs, collaborations with other NGOs and stakeholders, credibility/legitimacy as a service provider, etc.

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1.2 Alliances for effective advocacy

Political advocacy is most effective when there is significant people power behind an issue. For this reason, partnerships and alliances are important enablers for successful advocacy. Alliances are defined as organizational forms of cooperation that allow different groups to work together to accomplish a common goal. They can include organizations from within the same sector (e.g. civil society), or be multisectoral (e.g. civil society, governments and the private sector).

Civil society alliances that bring together like-minded NGOs for a common cause have proven to have significant impact across a range of global health and development issues, including HIV/AIDS, maternal health and issues related to the Millennium Development Goals (MDGs). Experiences have shown that there are clearly many benefits of working in alliances, including:

- Increasing an NGO's voice, legitimacy and support base;
- Creating a coordinated platform for NCD advocacy and action;
- Providing a platform to share complementary skills, ideas, respective credibility and constituencies;
- Increasing resources available.

For the NCD response, partnerships and alliances are particularly crucial – due to the scale, complexity and multisectoral nature of the epidemic. The 2011 UN Political Declaration on NCDs, unanimously adopted by Member States at the [UN High-Level Meeting on NCDs](#), places partnerships at the heart of the NCD response. Over the last four years, alliances and partnerships on NCDs have formed around the world, catalyzed by the NCD Alliance forming in 2009, and followed by a growing number of national and regional NCD alliances.

1.3. Case study: The NCD Alliance

The NCD Alliance unites NGOs by four international NGO federations – the International Diabetes Federation, the International Union Against Tuberculosis and Lung Disease, the Union for International Cancer Control, and the World Heart Federation. The NCD Alliance united NGO

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federations representing four major disease groups, partners working on the four major NCD risk factors, and a wide network of interested stakeholders to bring global attention and action for NCDs.

In its first phase (2009-2011), the NCD Alliance led a global campaign to secure political commitments for NCDs, culminating with the landmark UN High-Level Meeting on the Prevention and Control of NCDs in September 2011. Following the High-level Meeting and an independent review of its activities and structure, the NCD Alliance developed a [Strategic Plan](#) for its second phase (2012-2015).

Over the last four years, the NCD Alliance has grown to become a unique civil society network that unites 1,000 member associations and a further 1,000 civil society organizations in more than 170 countries. Our network includes global and national NGOs, scientific and professional associations, academic and research institutions, and dedicated individuals. We have shared our expertise and combined our voices. It demonstrates what can be achieved when organisations from different backgrounds and disciplines work together to find common ground and campaign for a cause they share.

Notable achievements of NCDA:

- **United and led the first global civil society movement for NCDs:** NCDA brought together 2,000 NGOs from different diseases and risk factors to work for a common agenda and convened a legitimate and respected civil society movement that could not be ignored.
- **Influenced political commitments on NCDs.** Campaigned successfully for the landmark UN High-level Meeting on NCDs in September 2011 and the adoption of a strong UN Political Declaration on NCD Prevention and Control;
- **Secured accountability for NCDs.** Supported the adoption of a comprehensive set of nine global NCD targets and 25 indicators, including the historic target to reduce overall mortality from NCDs by 25% by 2025 (the '25 by 25' target). These are the first set of time-bound targets on NCDs and will encourage governments to honor their commitments and improve data collection and surveillance on NCDs;

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- **Positioned NCDs as a priority in the post-2015 development agenda.** Campaigned for strong reference to NCDs at the UN Conference on Sustainable Development (Rio+20) in June 2012 and ensured NCDs were recognized as a priority in Post-2015.

1.4. Examples of regional/national NCD alliances

A testament to both the demand for and effectiveness of a unified approach to NCD advocacy is the growing number of national and regional NCD alliances. Tailoring the global model of the NCD Alliance to national and regional contexts, many of our members have joined forces to form effective coordinated platforms for NCD action. Today there are 25 alliances: including four regional alliances in Europe, Africa, Latin America and the Caribbean. In just 2-3 years, local and regional alliances have embarked on many successful initiatives, ranging from advocacy with governments, providing education and patient support, and awareness-raising.

Below are some detailed case studies of national/regional NCD alliances:
(Click on the map below to go directly to the related case study)

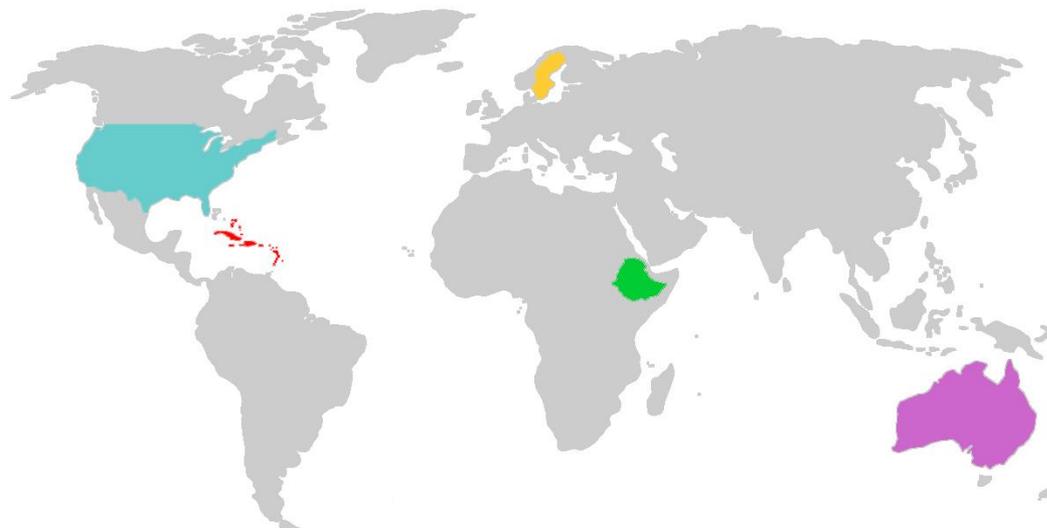


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The Healthy Caribbean Coalition (HCC)

Formed in 2008, [HCC](#) is a network of more than 40 Caribbean-based NGOs and 45 not-for-profit organisations, as well as 150 individual and organisational members. The mission of the HCC is to harness the power of Caribbean civil society in the development and implementation of chronic disease prevention and management strategies.

HCC was launched following the Heads of Government of CARICOM Declaration of Port-Of-Spain: Uniting to Stop the Epidemic of Chronic NCDs in 2007. They agreed that a regional alliance could draw attention to and support for control of NCDs within the region.

HCC has four priority areas – advocacy, communication, capacity building, and promoting m-health and e-health (health communications via Internet and text messaging). Some of HCC's current projects include: creating a civil society movement for cervical cancer control in the region; a Caribbean Smokefree TXT project to support smoking cessation via a m-health text-messaging program; and the Caribbean Civil Society Alcohol Advocacy Capacity Strengthening Initiative. [Back to Map](#)

Uganda NCD Alliance (UNCDA)

The [Uganda NCD Alliance \(UNCDA\)](#) was launched in 2010 as a joint initiative of the Uganda Diabetes Association, the Uganda Heart-Research Foundation, and the Uganda Cancer Society. UNCDA was developed in partnership with the Danish NCD Alliance, and with funding from the Danish International Development Agency (DANIDA).

The first national NCD alliance in Africa, UNCDA uses targeted advocacy and outreach



Photo: HCC's regional civil society cervical cancer advocacy capacity building workshop

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to advance action on NCDs in Uganda. UNCCA is unique in that it functions both as an umbrella advocacy organization and provides direct NCD services to patients.

The main activities of UNCCA include:

- **Convening:** Serves as an inclusive alliance to unite action, hosting meetings, recruiting new partners, and promoting the work of NCD NGOs;
- **Government outreach:** Ensures that the government recognizes NCDs as a national development priority;
- **Patient support:** Provides free screening, counseling, and referral services for NCD patients;
- **Education:** Launches awareness campaigns, using media, advertising, and education to highlight NCD risk factors, end stigma, and promote early screening;
- **Training:** Trains health workers, survivors and other advocates in counseling, screening, advocacy and patient support;
- **Research:** Provides support to research and data gathering processes on NCDs.



Photo: The Uganda NCD Alliance offering screenings in its support center in Kampala

The UNCCA is a formal alliance between the three member associations, with governance guided by a set of by-laws. UNCCA holds an annual general meeting where overall strategic discussions take place, and in which the Board of Directors are elected to. [Click here](#) to see the by-laws of UNCCA. [Back to Map](#)

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Norwegian NCD Alliance (NNCDA)

The Norwegian NCD Alliance (NNCDA) was launched in 2010, prior to the UN High Level Meeting on NCDs. Inspired by the growing global NCD movement, the inclusion of NCDs in the Norwegian WHO Strategy 2010-2013, and the successful launch of the global NCD Alliance, the Norwegian Diabetes Association organized preliminary meetings among the CEOs of NGOs dedicated to cancer, diabetes, cardiovascular disease, and chronic respiratory diseases. They agreed to establish a coalition between the Norwegian Diabetes Association, the Norwegian Cancer Society, the Norwegian Heart and Lung Patient Organization and the Norwegian Health Association, aiming to bring NCDs to the attention of the national government and beyond.

NNCDA has a very loose and informal organizational structure. Meetings are planned and convened by advisors of the members on a rotating basis. Currently, it is mostly advisors, heads of sections and heads of departments with competence within the four key NCD-risk factors that meet to discuss joint plans and activities. [Back to Map](#)

NCD Child

NCD Child is an example of an issue-focused alliance. NCD Child is an independent global coalition of organizations and individuals committed to integrating children and adolescents within the international NCD, health and development discourse.

NCD Child emerged from the Child-focused Working Group (CFWG) of the NCD Alliance in 2011. Following the UN High-Level Meeting on NCDs, there was a strong collective interest in continuing the efforts of the network. NCD Child was subsequently launched as a platform for ongoing advocacy by CLAN ([Caring & Living As Neighbors](#)) - an Australian based NGO formally associated with the UNDP/NGO.

Following the success of an inaugural NCD Child Conference, convened in Oakland, California, NCD Child has continued to establish itself as a passionate advocate for the rights of children and adolescents at risk of, living with and affected by NCDs. In early 2013, NCD Child was

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formally launched as an independent global coalition by its [founding members](#).

NCD Child utilizes an online platform to maintain key objectives of the coalition of advocacy, building community capacity and collaboration. The website (www.ncdchild.org), Twitter (@NCDChild) and Facebook accounts have proven cost effective and sustainable tools for a young and rapidly growing coalition. Collaborating actively with other networks committed to the prevention and management of NCDs – such as NCD Alliance, [NCDFREE](#), Young Professionals Chronic Disease Network ([YPCDN](#)) and others – has reduced duplication of efforts and proven key to NCD Child’s early success. [Back to Map](#)

US NCD Roundtable (NCD RT)

The [US NCD Roundtable \(NCD RT\)](#) was launched in 2010 under the auspices of the Global Health Council (GHC). NCD RT’s mission is to create awareness about the global threat posed by NCDs, mobilizing prevention, diagnosis, treatment and care related to these diseases, and to eliminate the conditions that cause NCDs, including tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets. It was convened to be a neutral platform and credible voice for information, sharing, advocacy, communications, collaboration and best practices in the global health community.



Photo: Loyce Pace Bass of the LIVESTRONG Foundation testifying on behalf of the NCD RT at an open hearing of the house of representatives

The membership of the NCD RT is a mix of NGOs, private sector and academia. It is led by two Co-Chairs elected each year who are responsible for organizing monthly meetings, maintaining the email distribution list, developing and distributing meeting agendas, supporting documentation and minutes. To maintain a lively and productive dialogue, members are strongly encouraged to share information and communicate with one another through the email distribution list and to

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attend monthly meetings.

The NCD RT maintains two working groups -- the U.S. NCD Investment and Impact Working Group to track U.S. engagement in NCDs and the U.S. NCD Leadership and Accountability Working Group to drive the policy and advocacy agenda. [Click here](#) for the NCD RT membership principles and working group priorities. [Back to Map](#)

1.5 Lessons learnt from NCD alliances

There are many benefits of working in alliances. They can be a powerful means of mobilizing and coordinating action. However, there are also inherent challenges that should be considered – including the amount of time it takes to develop relationships of trust, and the potential for competing priorities.

Drawing upon the wealth of experience across our network of NCD alliances - from global, regional and national levels – below are some lessons learnt in establishing a NCD alliance.

- **Establishing and maintaining an alliance is time consuming, but it is worth the effort.** It takes time and effort to establish relationships of trust, which are essential to working in alliances. But the many experiences of NCD alliances around the world demonstrate that they are worth the effort, significantly increasing advocacy impact and legitimacy through a joint platform.

Tips from the field

The UNCTAD acknowledges that forming the alliance has provided each of the members a better platform for lobbying and advocacy related to NCDs. NNCDAs says that forming an alliance has increased access to policy and political decision-makers.

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- **Encourage representation of different voices.** Alliances benefit from a breadth and range of organizations and voices. It is often easier to start small, in terms of membership of an alliance. Membership can be gradually built up once you have a clear plan and governance structure defined.

Tips from the field

HCC puts significant effort into maintaining contact with the smaller, less established groups who focus on their day-to-day survival rather than forging new connections. HCC regularly highlights the success of smaller groups in newsletters and other forms of communication.

- **Establish a clear vision and added value.** Some NGOs are wary of joining alliances due to concerns it may undermine or dilute their own organizational mission. By establishing a clear mission and added value for the alliance early on (e.g. in the form of a strategic plan) will provide a clear roadmap for the alliance, incentivise engagement of members, and avoid competition over resources.

Tips from the field

In 2012, the NCD Alliance conducted a comprehensive strategic planning process, in collaboration with its partners. This resulted in a Strategic Plan 2012-2015, which outlines the NCD Alliance's mission, strategic objectives and activities for this phase. This is a useful framework for guiding activities, monitoring progress, and galvanizing external support for the work of the alliance.

- **Accept that you will not agree on everything!** When starting up an alliance, recognise that seeking alignment among members in all areas is not possible. There will be competing priorities at times, and times when consensus on an issue cannot be reached. Focus on issues that all individual partners have in common, and functions you have the expertise to work in.

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Tips from the field

The Norwegian NCDA works by consensus and only pursues issues that all members agree on. *“We acknowledge that we are united, but diverse – we represent different patient groups. Hence, there should be flexibility for parties to decide when working through and promoting the alliance is preferred to working separately on a case basis”*

- **You can do a lot with a little:** Building an alliance does not necessarily require a lot of resources. All you need is a group of dedicated people who are committed to the cause and can put together a proposal for how the alliance will function. In-kind contributions from members (for example, holding meetings, providing desk space for staff) are an important way of supporting alliances.

Tips from the field

The NCD Roundtable functions without membership fees and without paid staff. It was developed under the auspices of the Global Health Council (GHC), which provides both administrative support and meeting space. The NCD RT also benefitted from GHC’s pre-existing provisions for individual and group membership, established rules, and policies related to conflict of interest and which was highly beneficial for a multisectoral group with public-private partnerships.

- **Harness the expertise and knowledge of individual members to support and sustain the work of the alliance.** Individual members in alliances often have significantly more resources and capacity than the alliance itself. Therefore it is important to harness and pool the expertise of individual members for the alliance. For example, tapping into the fundraising capacity of individual members to raise funds for the alliance’s core operations can be effective. It can also open up new sources of funding for individuals members.

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Tips from the field

HCC has opened up international funding not typically available to NGOs in small Caribbean countries. HCC seeks opportunistic funding for specific project activities, develops strong collaborative partnerships to facilitate fundraising, and relies on a strong core of volunteers. HCC has been successful in securing grants due to building, developing and maintaining relationships with like-minded donors who believe in the power of the NCD movement.

- **Focus on governance.** Governance is a challenge for new organizations, but will determine success or failure of any organization or alliance in the long term. Clarity on the governance structure from the outset, with clear roles and responsibilities and reporting lines are very important. Ensure your alliance's governance structure fits with your goals and functions. Be willing and ready to review and evolve your structure as the landscape, priorities and partners change.

Tips from the field

NCD alliances around the world vary significantly in their governance structure. Some have an informal, loose governance structure – for example, the NCD Alliance. NCDA is governed through a Memorandum of Understanding (MoU) between the founding federations, and includes a Steering Committee, a Supporters Consultation Group, a Network, and a Secretariat. Others are established as formal NGOs – for example the Uganda NCD Alliance and NCD Child – with formal by-laws and a Governing Board.

- **Build strategic partnerships with actors outside of the NCD and health fields.** Once your alliance is well established, forge alliances with other strategically important actors across the health and development field (e.g. HIV/AIDS, maternal/child health, nutrition,

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development). This will elevate NCDs in their own organizational priorities, as well as offer opportunities for collaboration.

- **Form relationships with other NCD alliances in your region or twin with alliances in other regions.** If there are other NCD alliances in your region, build relationships with them to encourage collaboration of efforts. Also, consider twinning with NCD alliances in other regions, to foster knowledge exchange and capacity building.

Tips from the field

The Danish NCD Alliance has formed a twinning initiative with a number of East African NCD alliances – including the Uganda NCD Alliance, Tanzania NCD Alliance, and Zanzibar NCD Alliance. This initiative supports the establishment and sustainability of NCD alliances in these East African countries through capacity building in three main areas – organizational development; political advocacy; and patient empowerment.

1.6 Steps for building a NCD alliance:

Based upon these experiences and lessons learnt, below are some basic steps for forming a NCD alliance.¹⁻²

Scope – the landscape:

- Conduct a stakeholder mapping exercise of relevant NCD organizations in your region, country, or community;
- Determine the organizations that share a similar mission and objectives, and learn more about the scope of their work and reputation;
- Identify champions and influential people who may have an impact on decision-makers.

¹ Sharma, Ritu R., An Introduction to Advocacy, Training Guide, Support for Analysis and Research in Africa (SARA), Health and Human Resources Analysis in Africa (HHRAA) and USAID, Africa Bureau, Office of Sustainable Development, p83
² Adapted from Prevention Institute, “The Eight Steps to Effective Coalition Building,” www.preventioninstitute.org and International Diabetes Federation, “Calling the World to Action on Diabetes: An Advocacy Toolkit,” p. 11.

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Convene - membership:

- Set a criteria for membership of your alliance. Decide if the alliance will solely be NGO, or will include private sector for example;
- Obtain contact details of potential members of your alliance;
- Approach each organization to gauge interest in joining the alliance;
- Organize an initial meeting with members of the alliance.

Tips from the field

HCC encourages potential partners to join the alliance by sending frequent communications, highlighting the added value of being a member, the benefits of creating a shared vision, and reducing costs and greater collective impact. HCC targets at least one new group per month.

Strategize - objectives and priorities:

- Discuss your individual agendas and areas for collaboration (e.g., specific campaigns and/or forums to raise awareness);
- Establish common goals, objectives and priorities for the alliance. These objectives should be “SMART” (specific, measurable, achievable, realistic and time-bound).
- If possible, develop a Strategic Plan – with a mission, strategic objectives, and specific activities the alliance will lead. This will maintain your focus, determine priorities and measure your success.

Useful Resources

To read Strategic Plan’s of various NCD alliances, click on the links below:

- [NCD Alliance Strategic Plan 2012-2015](#)
- [Healthy Caribbean Coalition Strategic Plan](#)

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Organize – structure, decision-making and communication:

- Determine the governance structure for your alliance (i.e. formal or informal), including governing bodies, decision-making processes, membership requirements/criteria and rules for participation and contribution, reporting and accountability. Consider drawing up a Memorandum of Understanding (MoU) between members, or similar documentation.
- Develop a work plan in collaboration with partners, with a detailed budget. Determine resource needs, including possible “in-kind” contributions from members.
- Discuss joint strategies and opportunities for fundraising, including which NGOs may have access to potential donors.
- Determine staffing of the alliance, including roles and responsibilities.
- Develop systems for internal communications within the alliance, and capabilities for external communications (including a website and a social media strategy, if appropriate).

Tips from the field

Communication among decision-makers and members of alliances is important. The NCD RT emphasizes that there are low-cost online methods of keeping members up to date on activities and progress. For example, meetings can be conducted via teleconference or Skype, rather than face-to-face meetings; and listserves (for example google groups) are ideal for updating members via email. For external communication, e-alerts and e-blasts to members are useful channels for sharing up-to-date news (for example, the NCD Alliance weekly [E-Alerts](#)).

Tips from the field

When engaging private sector entities in your alliance, it is imperative to consider and manage conflicts of interest (COI). There may be real or perceived conflicts of interest when different sectors collaborate (financial, commercial, etc). These areas of conflict are to be resolved if the group is to function well. Developing policies to address conflicts of interest in advance, as well as a code of conduct will help your alliance

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(Cont.) protect its legitimacy and credibility. Be clear on all partners' intentions for joining from the beginning.

Act – evaluate - improve:

- Publicly launch your NCD alliance (ideally at a high profile side event), to raise awareness of your objectives, membership, and to convene strategically important actors for your work;
- Implement your work plan, delivering activities and outputs that support your strategic objectives. Aim to achieve some early wins in your work, to build momentum and trust.
- Maintain contact with the NCD Alliance and keep up to date on global NCD advocacy developments and opportunities.
- Continuously monitor your progress and evaluate your outcomes to ensure that you achieve your goals, and seek to improve areas of weakness.

Tips from the field

The NCD Alliance was officially launched at a high profile side event at the 62nd World Health Assembly in Geneva. Over 150 leaders, including Ministers of Health, WHO representatives, civil society and the private sector attended the event. The launch event provided a public platform for the newly formed Alliance to share their advocacy priorities, including calling for a UN High-Level Summit on NCDs, and convene key decision makers and allies to build momentum.

Tips from the field

Seek to identify an early, high profile advocacy success or project that could lead to fast-tracking the profile of the alliance. In the case of HCC, this early, highly visible success was the 2011 “Get the Message” campaign - an advocacy campaign using mobile phones to deliver text messages to raise awareness among people in the Caribbean

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(Cont.) about the importance of healthy lifestyles and build support for the UN High-Level Summit.

Tips from the field

Commissioning an independent evaluation of performance and your organisational structure on a regular basis is strongly recommended. This will ensure the alliance is serving the needs and priorities of its members, and the structure is fit for purpose. The NCD Alliance commissioned an independent evaluation in 2012, after the UN High-Level Meeting on NCDs. This involved in-depth interviews with key partners and stakeholders on the NCD Alliance's performance to date, priorities going forward, and the organizational structure. This informed the new NCDA Strategic Plan 2012-2015.

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Section 2: Influencing and Monitoring NCD Policy and Practice

This section of the toolkit provides advocacy tips and opportunities for NGOs and national or regional NCD alliances to influence and monitor global and national NCD policy development and implementation. The role of NGOs in providing technical expertise and patient perspectives to the development of government NCD policy and practice is crucial to accelerating progress, as is the role of NGOs in delivering essential NCD prevention and treatment services to support government implementation.

2.1 Tips for effective advocacy

There is a wealth of literature on the “how to” of political advocacy, including detailed [advocacy toolkits by the NCD Alliance’s founding federations](#). Below are some headline tips for effective advocacy:

- **Identify target audience:** It is important to identify decision-makers -- the people with decision-making power (primary target audience), as well as the influencers -- people who influence decision-makers such as staff, advisors, media and the public (secondary target audience).
- **Select and frame issues:** Different advocacy messages should be tailored to different audiences.
- **Evidence-based:** Advocacy messages and campaigns should always be based on robust data and research. When combined with compelling real life stories and case studies, data will come to life. NCD Alliance [resources](#) and factsheets are a good starting point.

Tips from the field

Generally, NCD alliances have well established relationships with their government – particularly the NCD units or representatives at the Ministry of Health (MoH). For decision makers, NCD alliances are often considered the focal point for civil society on NCDs. For example, when the Norwegian MoH held a national consultation with NGOs on the issue of NCDs, the Norwegian NCD alliance played a leading role.

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- **Human stories:** Real life stories of people affected by NCDs have the power to turn abstract facts and figures into compelling arguments for action.
- **Identify spokespeople:** Appropriate and compelling messengers have credibility with your target audiences. Spokespeople, including those affected by NCDs, will need to be trained to engage successfully with the target audience and the media to tell their stories.
- **Campaign:** Campaigns – a set of actions and activities designed to influence a specific group - are a powerful tool. Link your NCD campaigns to political events (e.g., relevant national and international days) to create a larger impact.
- **Engage the media:** Building strong relationships with journalists are important avenues to raising awareness, educating the public, demanding attention from decision-makers, and influencing your target audiences to take action on NCDs.
- **Monitoring and evaluation:** Incorporate monitoring and evaluation into advocacy planning from the beginning.
- **Share your successes:** Share your initiatives with the NCD Alliance to build your reputation and inspire other NGOs to learn from your experiences.

Tips from the field

There is a wealth of data and evidence on NCDs, both at global and national levels, to draw upon for your advocacy efforts. Here are some useful publications:

- [WHO Global Status Report on NCDs](#)
- [WHO Country Profiles on NCDs](#)
- [Lancet series on NCDs](#)
- [NCD Alliance: Fact Sheets](#)

Tips from the field

One of the core values of Uganda NCDA has been to involve people directly affected by NCDs. This has ensured the alliance has legitimacy in its advocacy, and represents the needs of patients, survivors and families.

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Tips from the field

The NCD RT believes one reason why their advocacy work has been successful is from the outset by continuously asking themselves questions such as “how does this proposed activity advance our objectives?” and “why are we uniquely positioned to pursue this particular strategy?” This approach also motivates various alliance members to take on pieces of the agenda, in the absence of dedicated resources. Targets, benchmarks and timelines allow the NCD RT to assign tasks and monitor progress.

Useful Resources

- [World Heart Federation, Advocacy Toolkit, Uniting global efforts to fight heart disease and stroke](#)
- [Union for International Cancer Control, Advocacy Toolkit](#)
- [International Diabetes Federation, Calling the world to action on diabetes, an advocacy toolkit](#)
- [International Diabetes Federation Europe, Advocacy and Communications Toolkit](#)
- [World Health Organization, Stop the Global Epidemic of Chronic Disease: a practical guide to successful advocacy](#)

2.2 Linking national advocacy with global advocacy

It is important to link your national or regional advocacy efforts with global NCD commitments and advocacy actions. Here are some ways to do that:

- **Become familiar with global NCD commitments:** For example, the 2011 UN Political

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Declaration on the Prevention and Control of NCDs, the WHO NCD Global Monitoring Framework and the WHO Global Action Plan on NCDs (2013-2020). [See Section 2.3 on key global NCD commitments](#).

- **Get involved in global NCD advocacy campaigns:** For example, sign up to receive news updates from the [NCD Alliance](#). You will receive weekly e-updates on NCD Alliance global campaigns (below) and invitations to join monthly interactive webinars.

★ NCD Alliance: Two Global Campaigns

1) [Global NCD Framework campaign](#): This campaign aims to establish a strong global architecture for NCDs, including advocating for strong NCD targets and plans, ensuring that commitments made at the 2011 UN High-level Meeting and in the UN Political Declaration are kept, and that the actions benefit the millions of people at risk or living with NCDs worldwide.

2) [Global Development Framework campaign](#): This campaign focuses on elevating NCDs as a global development priority, including prioritizing health and NCDs in the successor goals to the Millennium Development Goals (MDGs) – known as post-2015 framework.

- **Build relationships with WHO Country/Regional Offices:** There may be a NCD desk officer in your WHO Country Office, and there should be a NCD Director at each of the WHO Regional Offices. Click [here](#) for more information.
- **Track relevant national/regional NCD commitments:** In addition to learning about the global commitments to NCDs, conduct research on your national government, region, or political bloc commitments to NCDs. Some regional bodies/political blocs are more active in NCD prevention and control than others. Click here to see a summary table of regional commitments on NCDs.

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- **Engage in relevant national/regional meetings, including [WHO Regional Committee Meetings](#).** NGOs are often allowed to attend and make official statements.

Tips from the field

The NCD Alliance (NCDA) coordinates representation at the WHO Regional Committee Meetings (RCM) every year, to ensure a strong NCD civil society voice. This provides good visibility for national NCD NGOs at the regional level, it builds the capacity of national NGOs to participate in regional advocacy, and it is national NGOs who are best placed to follow up with governments and WHO regional offices. NCDA connects the different NCD NGOs attending and encourages joint advocacy efforts; provides briefing materials with key messages; and template statements for representatives to deliver at RCMs.

For example, at the 2012 WHO PAHO Regional Committee Meeting, a statement was delivered on behalf of NCDA by the American Cancer Society (ACS), calling for the development of a comprehensive global NCD plan to reflect the changed global political landscape and establish and resource a robust global monitoring framework.

- **Get in touch with your [country missions to the UN in Geneva and New York](#).** These representatives are charged with following the activities of the UN, such as the WHO in Geneva. Introduce your NGO or NCD alliance to your representatives, keep them updated on your activities, and share news and national developments on NCDs. New York UN mission contact details are published in a document referred to as the [“Blue Book”](#).

Tips from the field

Aliança de Controle do Tabagismo (ACT) is a Brazilian NGO working on tobacco control with a strong advocacy track record. ACT has learnt that the Framework Convention on

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(Cont.) Tobacco Control (FCTC) and other recent global commitments to tackle the challenges of NCDs are essential tools to influence the Brazilian agenda. “We use [the FCTC] in the defense of policies challenged in the judiciary. We use it in defense of legislation and in the advocacy for improving policies and laws relevant to the issue. The same is valid for NCDs, although there is a difference between a legally binding international treaty [i.e. the FCTC] and the UN Political Declaration on the Prevention and Control of NCDs, but both can be used in similar ways.”

Tips from the field

Many NCD NGOs benefit by being in official relations with WHO or the WHO Regional Office. For example the NCD Alliance’s founding federations (IDF, UICC, WHF and The Union) are all in official relations with WHO, and HCC is in official relations with PAHO/WHO.

There are criteria for entering into official relations, including NGO activities centered on health or health-related fields in a non-profit nature; the NGO must be international and represent a high proportion of people globally; the NGO must have a constitution, established headquarters, governing body and administrative structure

The benefits of being in official relations with WHO are that you can appoint a representative to attend relevant WHO meetings, committees and conferences; deliver statements at official meetings; and have greater access to WHO and the discussion papers on specific policies.

2.3 Key global NCD commitments

In recent years there has been unparalleled political attention and action on NCDs. The global political commitments and policies outlined below constitute essential reading for all NCD advocates wanting to hold their governments accountable for national progress.

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[UN Political Declaration on the Prevention and Control of NCDs](#)

[WHO NCD Global Monitoring Framework \(GMF\)](#)

[WHO Global NCD Action Plan 2013-2020 \(GAP\)](#)

[The Post-2015 Development Framework](#)

Useful Resources

Click [here](#) for links to NCDA resources on post-2015

2.4 Opportunities for national advocacy on NCDs

There are many opportunities for national and regional advocacy on NCDs. This section provides insights into some of the policy frameworks at national and regional levels for NCDs that NGO advocates can influence through political advocacy and monitor to hold governments accountable.

2.4.1 National NCD policies and plans

National NCD Plans

The UN Political Declaration commits all countries to develop and take steps to implement national multisectoral NCD plans by 2013. A National NCD Plan is a public health strategy designed to reduce the incidence and mortality of NCDs and to improve the quality of life of NCD patients. Plans should be systematic and employ evidence-based strategies for prevention, early detection, treatment, and palliation, making the best use of available resources.³ National NCD Plans should build on and be informed by the global commitments

³ Adapted from:
<http://www.who.int/cancer/media/en/408.pdf>

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listed in section 1 on global NCD commitments, particularly the [WHO Global NCD Action Plan 2013-2020 GAP](#).

While the commitment is at the NCD-level, it will not undermine progress that countries have made in developing disease-specific plans riskfactors (e.g. diabetes, cancer, CVD or chronic respiratory disease). Disease-specific plans are often discrete components of a broader national NCD framework. Integration and harmonization must be a key principle within these frameworks, both across NCDs and other health and development frameworks, including poverty reduction strategies.

Developing a National NCD Plan is important for making efficient use of limited resources, particularly in settings with a high burden of disease. It is possible to develop an NCD plan that is acceptable to all stakeholders, but implementation and funding is often a challenge in countries with few resources. It is important that national policies, plans or strategies are fully implemented and funded. According to WHO, only 50% of NCD policies, plans and strategies are adequately funded.⁴ Ensuring there is a carry through work plan and budget must be a priority.

CASE STUDY

China's National NCD Plan

Described by as a “direct response to the UN Summit,” the Chinese Government launched the first [National Plan for NCD Prevention and Treatment](#) (NCD Working Plan, 2012-2015). The plan was drafted and adopted by 15 government ministries – demonstrating a “whole of government” approach to NCDs.

The goals for their ongoing collaboration in the implementation phase include:

- Strengthen multisectoral coordination and communication;
- Establish an NCD prevention and treatment interministerial joint conference system;
- Improve working mechanisms with clear divisions of labor, clear-cut responsibilities, and

⁴ World Health Organization, Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2010 global survey, 2012 http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf

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- effective oversight; and
- Coordinate and resolve the major issues in NCDs and implement various control measures.

CASE STUDY **Brazilian National NCD Plan**

Prior to the UN HLM, the Government of Brazil, with the participation of NGOs, developed the [National Plan to Combat NCDs](#) as a response to the increasing burden of NCDs. According to ACT, the Plan represents a collective vision, despite some debate over the effectiveness or scope of some of the proposed measures. ACT participated actively in the development of targets and indicators for the tobacco control elements of the Plan. The current challenge is to develop improved mechanisms to monitor Plan implementation and to seek opportunities to review and adjust some of the indicators.

CASE STUDY **Sri Lanka Commitments on NCDs**

Sri Lanka has demonstrated significant commitment to NCD prevention and control, with a presidential manifesto devoted to NCDs, and funding and appropriations made to NCD control. The Sri Lankan National Policy & Strategic Framework for Prevention and Control of Chronic Non-Communicable Diseases ([here](#)) was approved in 2009, following 2 years of national consultations and WHO support, with the involvement of NGOs.

The government has demonstrated openness towards involving NGOs as partners in NCD strategies, and an understanding that NGOs can play a key role in filling in gaps not

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covered by government programs. The national Sri Lankan Diabetes Society was invited to sit on the government delegation to a WHO-sponsored meeting to formulate a WHO SEARO Regional NCD action plan. The Diabetes Society was then provided with WHO funding to launch a national NCD alliance in 2014.

Now that the WHO Global Action Plan 2013-2020 has been approved, Sri Lanka aims to develop a national action plan in line with regional and global targets. Starting in December 2013, the country will hold a series of consultations to formulate the national action plan, which will map out actions through to 2025. NGO will have a formal opportunity to comment on the draft national action plan developed by the Ministry of Health.

[For more information click here.](#)

CASE STUDY **Pakistan NCD Planning**

[Heartfile](#) is a Pakistani non-profit NGO think tank with a focus on policy analysis and innovative solutions for improving health systems. By using innovative advocacy approaches, Heartfile convinced the government of the need for a public health program on NCDs in Pakistan.

In April 2003, Heartfile became part of a tripartite public-private partnership involving the Ministry of Health, Government of Pakistan, and WHO, for development and implementation of a National Action Plan for Prevention and Control of Non-Communicable Diseases and Health Promotion in Pakistan (NAP-NCD). A [Memorandum of Understanding \(MOU\)](#) formalized the tripartite collaboration and specified roles and responsibilities for each collaborating partner.

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(Cont). The roles and responsibilities of Heartfile included:

- Taking a leading role in coordinating the consultative process, including establishing a secretariat to support activities;
- Conducting a situational analysis, collecting evidence, collating feedback from stakeholders and developing/consolidating the NAP-NCD for final approval from the Ministry of Health.

The Plan received inputs from panels of experts constituting the National NCD Forum and the International Advisory Board. Click here to access the [Process Planning Document](#) outlining the steps that the collaborating partners followed in the development of the plan. The design of the Plan received wide [international acclaim](#). The launch of the finalized [NAP-NCD](#) in April 2003 in Islamabad represented the first time that a public-private-international health agency collaboration was formed to develop a National Action Plan with a health-related focus in Pakistan.

As these case studies demonstrate, NGOs have an important role in influencing the development of National NCD Plans, (through government consultations or by sitting on working groups), supporting governments implement these plans (through advocacy, service delivery, research etc), and acting as a “watch dog” to ensure governments are fulfilling commitments in the National Plan.

In addition to National NCD Plans, WHO Regional Offices are developing or have developed regional NCD strategies or action plans. These too are

★ **WHO Regional Strategies/
Action plans on NCDs**

Click on the links below for more detailed resources:

WHO-AFRO Region:

- [Key prevention and control interventions for reducing cancer burden in the WHO African Region](#)

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are important policy frameworks for advocates to be aware of, influence and support their implementation.

Useful Resources

Below is a checklist of the elements of a good national NCD plan:

- Contains clearly defined objectives and goals with realistic and measurable targets and indicators inspired by the NCD Global Monitoring Framework
- Outlines actions guided by the WHO GAP 2013-2020, as well as consideration for the WHO NCD “best buys” and the WHO PEN package.
- Adopts a whole-of-government approach, going beyond the health sector.
- Actions address the full continuum of care, from prevention to diagnosis to palliative care.
- Recognizes health as a basic human right, with principles of equity, access, service integration and health systems strengthening guiding the plan.

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WHO-EMRO Region:

- [Framework for action to implement the United Nations Political Declaration on noncommunicable Diseases: annex to resolution.](#)
- [Plan of action for the prevention and control of noncommunicable diseases in the Eastern Mediterranean Region](#)

WHO-PAHO Region:

- [Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2019](#)
- [Strategy for the Prevention and Control of Noncommunicable Diseases](#)

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- Multisectoral stakeholders are involved in developing the plan, including NGOs and people living with NCDs, and are factored into implementation.
- Increases surveillance and reporting on the NCD disease burden.
- Includes costing analysis to support the allocation of financial resources for plan implementation and monitoring and evaluation.
- Protects public health policies from undue influence by vested interests, and acknowledges and manages any real, perceived or potential conflicts of interest.
- Includes a launch and dissemination strategy.

WHO-SEARO Region:

- [Regional Action Plan and Targets for the Prevention and Control of NCDs 2013-2020- SEA/RC66/R6](#)

WHO-WPRO Region:

- [Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases \(2014–2020\)](#)

2.4.2 National development plans and policies

NCDs are now widely recognized as a challenge for sustainable human development, particularly impacting upon low- and middle-income countries (LMICs) and vulnerable communities. A series of political documents and reports have firmly placed NCDs as a priority for human development – including the 2011 UN Political Declaration on NCDs, the Global NCD Action Plan 2013-2020, and the official reports of the Post-2015 Development process.

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Despite this, NCDs generally remain under-prioritized in the various national development policy frameworks, including National Development Plans (NDPs), Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs). In addition, NCDs remain absent or marginalized within aid policies of bilateral and multilateral aid agencies. Less than 3% of the \$22 billion health-related Official Development Assistance (ODA) is allocated to NCDs.⁵

The main reasons for this is that development policies of LMIC governments and aid policies of bilateral agencies are focused on the health priorities in the MDGs, within which NCDs are absent. In addition, misperceptions persist within bilateral agencies and the international development community that NCDs are diseases of affluence and do not impact on the poorest. However, by not responding to requests for financial, human and technical resources for NCDs from recipient countries, donors are violating their commitments to the [Paris Declaration on Aid Effectiveness](#) which demands alignment of priorities with

To address this, WHO and the UN Development Programme (UNDP) have [recommended](#) that NCDs are considered an integral part of poverty reduction and other development assistance programs.⁶ NCD NGOs and NCD alliances in both LMICs and donor countries have an important role to play in advocating for and supporting integration of NCDs into development and aid policies – particularly in the planning process and implementation.

National Development Plans (NDPs) and UN Development Assistance Frameworks (UNDAFs)

In order to support countries implement their National Development Plans (NDPs) or Poverty Reduction Strategy Papers (PRSPs) and achieve development goals, the UN uses a framework called the [UN Development Assistance Framework](#), (UNDAF). UNDAFs are based on the priorities in NDPs and serve as a guide for UN Country Teams (UNCTs) on the use of UN system resources at the national level.

Currently, NCD NGOs and alliances are not generally present during national development

⁵ Nugent R, Feigl A: Where Have All the Donors Gone? Scarce Donor Funding for Non- Communicable Diseases. CGD Working Paper 228. Washington, Center for Global Development, 2010

⁶ <http://www.who.int/nmh/highlights/undaf/en/>

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planning processes. NGOs working on health priorities in the MDGs are more likely to be aware of national consultation processes and invited to participate in these processes.

To ensure NCDs are included in key development plans, NCD NGOs need to be aware of consultation timelines and planning processes for NDPs and UNDAFs. As outlined in the Paris Declaration, national development plans should be country-driven, results-oriented, and participatory, reflecting input of civil society. Governments in LMICs need to draw upon the expertise and experience of national level NGOs delivering NCD prevention and care.

CASE STUDY NCDs in the Ethiopian National Development Plan

Led by the Consortium of Ethiopian NCD Associations (CENDA), NGOs played a key role in developing and shaping the first national strategic action plan on NCDs. A National Technical Working Group on NCDs (NTWG) was formed under the Federal Ministry of Health of Ethiopia and supported by the WHO Country Office, including NCD NGOs and physicians. The NTWG conducted a situational analysis on NCDs, which informed the development of the National Strategic Action Plan (NSAP) as a road map for collective action and for resource mobilization for NCD programs in the country.

As a result of CENDA’s continued advocacy efforts, the Federal Ministry of Health approved . the Strategic Framework to be included in the Fourth Health Sector Development Program and Growth and Transformation Plan (GTP) of Ethiopia for 2011-2015. This was a major achievement. Up until then,



Photo: A mass walk organized by the Consortium of Ethiopian NCD Associations in Addis Ababa to raise awareness of NCDs

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the government and donors were focused on implementation of the MDGs, overlooking the growing burden of NCDs. Now with the GTP, NCDs are finally recognized as one of the top three health priorities in Ethiopia, alongside maternal health and strengthening the Health Development Army.

CASE STUDY

Integrating NCDs in the Bolivian UNDAF

Bolivian civil society, with the support of the [Framework Convention Alliance](#), and under the leadership of CSOs such as the [Inter American Heart Foundation](#), promoted the inclusion of tobacco control in the Bolivian national development agenda. They focused on advocacy for the inclusion of the Framework Convention on Tobacco Control (FCTC) in the Bolivian 2013 – 2017 United Nations Development Assistance Framework (UNDAF), which, in turn, reflects the Bolivian National Development Plan.

Civil society engagement initially focused on raising awareness of the linkages between tobacco, poverty and development, which are not fully understood by governments, international development and tobacco control CSOs.

Above all, they learned that, although feasible, incorporating tobacco control into development plans is not the straightforward process that it can be for other areas. Because tobacco control is not institutionalized beyond the health sector, it is not a priority for development donors. Therefore, an important first step is to raise awareness among non-health actors about tobacco control's impact on national development.

They note that tobacco control proponents can learn from the successes of HIV/AIDS and gender perspective advocates and others, who have successfully mainstreamed their issues within the development agenda. "The development agenda terrain is becoming more fertile

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for FCTC promotion now than two years ago, and more countries are viewing tobacco control as a development policy.”

For more information:

- [FCTC: Action Now! Campaign](#)
- [Bolivian UNDAF 2013 – 2017](#)

Campaign for Tobacco Free Kids. Toll of Tobacco Around the World. 2010. Available at:

- <http://www.tobaccofreekids.org/research/factsheets/pdf/0366.pdf>

Bilateral development aid policies

At the donor-level, NCDs need to be integrated into development and aid policies, as well as the associated aid instruments at country level including budget support and [Sector Wide Approaches](#) (SWAs). The UN Political Declaration on NCDs references the importance of Official Development Assistance (ODA) for NCDs, calling for developed countries to reach their commitment of 0.7% of GDP for ODA by 2015. Bilateral aid agencies are also major funders of multilateral agencies, e.g. UN system including WHO, the Bretton Woods institutions (the World Bank), and regional development banks. NCDs therefore need to be a priority in bilateral agencies funding to multilateral agencies too.

At the global level, development and aid policies are decided upon within the [Organization for Economic Co-operation and Development \(OECD\)](#). The OECD includes 34 member countries, ranging from donor countries to some emerging economies. It consists of the OECD Development Assistance Committee (DAC) which specifically tracks development finance and is also influential in setting development policy of the world’s major donors. NCDs are currently absent in OECD DAC’s development strategy and policies.

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In recent years, some bilateral aid agencies have integrated strategies for NCDs into their development aid packages. Civil society can apply pressure to donor governments to increase the appropriate of bilateral aid for NCDs. Here are a few examples of how some governments decide and divide development aid for NCDs.

CASE STUDY Australian Development Aid (AusAID)

In response to the escalating burden of NCDs in the Pacific region, AusAID places priority on measures that require multisectoral approaches, regulatory frameworks, taxation policies, community-based interventions and screening programs. AusAID has committed \$25 million over 4 years (announced in 2011) to help the Pacific Islands launch healthy lifestyle campaigns, introduce tobacco and alcohol legislation, and fund diabetes clinics.

CASE STUDY Sweden International Development Aid (SIDA)

The Swedish Government places priority on health promotion and preventive health programs, sustainable healthcare systems and early warning systems for NCDs as part of its global development policy. SIDA acknowledges the rising prevalence of NCDs in sub-Saharan Africa, and that NCDs are responsible for the majority of illnesses and deaths in the region.

SIDA have designated aid to design a health policy to reduce the demand for tobacco and alcohol, improve traffic safety, and promote sustainable chemicals management and healthy living and working environments. A primary focus of this aid is on disease prevention and health promotion initiatives and universal access to good healthcare. Sweden also seeks to increase the availability of existing medicines and encourage development of drugs for diseases prevalent in areas where effective and suitable medicines, diagnostics and vaccines are not currently available.

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In addition to advocacy from the donor country side, advocates in recipient countries need to ensure health aid is allocated to the priority development issues, including NCDs. Currently many small and poor countries dependent on aid for health do not have the capacity to influence bilateral policies or are reluctant to request support for NCDs for fear of being criticized for not focusing on the MDGs. Governments with a high burden of NCDs however know they must address both NCDs and infectious diseases, not least because they are linked. NCD civil society in LMICs must continue to raise awareness of the burden of NCDs to their governments, remind bilateral agencies of their commitments in the Paris Declaration, as well as explicitly asking for technical and financial assistance for NCDs.

Useful Resources

- [UN supports for FCTC implementation: opportunities in 2013](#)
- [United Nations Development Assistance Framework](#)
- [WHO: Integrating NCDs into the UNDAF design processes and implementation](#)

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Section 3: Holding Governments Accountable: Introducing the Civil Society NCD Status Report

This section of the toolkit provides tips, tools and resources for holding your government accountable on NCDs. Drawing upon the experiences of accountability efforts of other health and development communities, this section includes a template *Civil Society NCD Status Report* and a *benchmarking exercise*, which can be used by NCD NGOs and NCD alliances to assess their government's progress in implementing political commitments.

3.1 Civil society monitoring initiatives

Other health and development precedents have shown how 'civil society monitoring' (e.g. scorecards and shadow reporting) have been effective in successful implementation of conventions or declarations. The example of the HIV/AIDS community, after the UN General Assembly Special Session adopted the Declaration of Commitment on HIV/AIDS in 2001, has established the importance of citizen's monitoring in strengthening advocacy, assessing national progress on HIV/AIDS and providing balance and objectivity to government progress reports. Citizen's monitoring has also been a powerful means to increase the engagement and ownership of people in national responses to health and development issues.

CASE STUDY AIDS Accountability International Scorecard

The [Scorecard on Women](#), released by the AIDS Accountability International (AAI) in 2009, assessed responses to the specific needs of women in the context of the AIDS epidemic, and the extent to which governments were meeting their commitment to report on those responses. The scorecard was designed to provide advocacy groups with useful leverage when pushing countries to reach the UN MDGs and other internationally agreed AIDS targets.

In 2001, UN member states unanimously adopted the Declaration of Commitment on HIV/AIDS, which included specific targets for prioritizing women in AIDS responses.

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(Cont). However, the scorecard found that three-quarters of countries were failing to report basic information on HIV services for women and girls.

The specificity of the scorecard to include data on women led countries to report more often and led to the acknowledgement the challenges countries faced in providing basic HIV services for women and girls.

3.2 A Civil Society NCD Status Report

The NCD civil society community can play an important “watch dog” role in holding governments accountable to national, regional and global commitments on NCDs. To support NGOs and NCD alliances, the NCD Alliance has developed a template for a “Civil Society NCD Status Report”, [available here](#).

The purpose of the Civil Society NCD Status Report is to understand and assess the national/regional response to NCDs, from a civil society perspective. It is meant to complement and support government official surveillance, monitoring and reporting on NCDs. In the Report, civil society advocates will identify progress, good practice and challenges in the response. In some cases, advocates may decide to assess a region’s progress on NCDs gathering data on more than one country.

Specifically, the Report analyses stakeholder engagement in NCDs, highlights national/regional success stories and best practices, identifies gaps and challenges faced in the country/region’s response to NCDs, and makes calls to action to improve NCD prevention and control. The Report summarizes national (or regional) NCD response using a benchmarking tool, [available here](#), that tracks policy and action in key areas aligned with the six objectives of the [WHO Global NCD Action Plan 2013-2020](#).

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The NCD Alliance has based the benchmarking tool around the six objectives of the WHO GAP, because this is the roadmap for action on NCDs for all stakeholders (WHO/UN, governments and civil society) in the next decade. It covers the full spectrum of priority areas for NCDs (including advocacy, multisectoral action, prevention, treatment, research and monitoring), and all governments are mandated to report progress against the GAP in 2016, 2018, and 2021.

Advocates can develop a Report by using the templates provided ([Civil Society NCD Status Report, and NCD Civil Society Benchmarking Tool](#)) and following the instructions below. Refer to section 3.5 of the Advocacy Toolkit for suggestions on how to promote and use the Civil Society NCD Status Report in your ongoing advocacy efforts.

Instructions for Advocates

- The [Civil Society NCD Status Report](#) should be a short and concise document (maximum of 10 pages). Annexes can be used for any detailed data tables. Useful data sources are provided to support the development of the report.
- Reach out to key NCD country contacts for support in obtaining and verifying the data included in the benchmarking exercise.
- Engage government NCD focal points and WHO country representatives in the early planning stages of developing a Civil Society NCD Status Report. This will encourage buy in from government/WHO, and it could inform the timing of the initiative (i.e. to align with official government reporting cycles on NCDs).
- Consider developing and launching the report in parallel to official government reporting cycles on NCDs. The agreed timeline for government reporting on NCDs to WHO/UN can be found [here](#). The [UN Review and Assessment on NCDs](#) in New York in 2014 is an idea political milestone to launch Civil Society NCD Status Reports around, as this will be the first time governments return to the UN General Assembly to take stock on the global NCD response.

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- The [benchmarking tool](#) provides a core set of indicators intended to allow for comparisons of country/regional capacities and responses. The benchmarking tool intends to be simple and easy to use. Examples of data sources are listed [here](#).
- In most cases, indicators are measured according to ‘yes/no’ or ‘present/absent’. The benchmarking tool uses a traffic light color-coding system - for each indicator yes/present corresponds to green, and no/absent to red. When a number of indicators are being considered, green corresponds to a positive response on all indicators; yellow to a positive response on half or more of the indicators, and red when there is a positive response for less than half of the indicators.
- Where indicators are looking to quantifiably measure a certain element, add a footnote to the tool to specify which indicator the number corresponds to.
- Advocates are encouraged to add additional indicators as a way of tailoring the tool to national/regional circumstances.
- Module 4 in the benchmarking tool provides a set of general indicators to capture a top line view of health system strengthening for NCDs. Advocates may expand this module to include more disease-specific indicators on health system capacity. For support with this, advocates are encouraged to reach out to the relevant founding federations ([International Diabetes Federation](#), the [World Heart Federation](#), [the Union for International Cancer Control](#) and the [International Union against Tuberculosis and Lung Disease](#)).
- Examples of some disease-specific indicators can be found in the [2012 PAHO country profiles on NCDs](#) (these explore country health services and NCD medicines) and the [2013 PAHO/WHO country profiles on cancer in the Americas](#); as well as the policy options listed under objective 4 of the WHO Global Action Plan on NCDs 2013-2020.

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3.3. How to use the Civil Society NCD Status Report as an advocacy tool

Below is a checklist for advocates developing a Civil Society NCD Status Report.

- **Hold face to face meetings with main target audience, to present Report and ‘asks’:**
Understand who the main national NCD decision-makers are, their positions, influencers, and motivations. Possible decision makers to meet include:
 - NCD focal points in Ministry of Health (MoH)
 - Government representatives of other sectors beyond health (i.e. agriculture, education, trade etc)
 - WHO country representative
 - Parliamentarians with a track record on NCDs/health
 - Business leaders
- **Hold a Report launch event:** Identify a “hook” to launch the results of the Civil Society NCD Status Report (e.g. coinciding with a political event or date related to NCDs). Use traditional and social media to publicize the launch event. Carefully select spokespeople – for example people living with NCDs to personalize the results. Use real life stories to illustrate gaps in policies and programs. Extend an invitation to the advocacy targets to attend the launch. Invite NCD opinion leaders and other groups with an interest in NCD (business leaders, community and religious groups, health professional networks, health rights organizations, researchers, sports organizations, women’s organizations, and groups representing the elderly, the disabled, etc.)

Tips from the field

Meeting with Decision Makers Remember to:

- **Keep it simple:** Convey the problem you are addressing, the change you want, why the change is important, and who will benefit from it. Tell them exactly what they should do

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- to support your issue and the consequences of not taking action.
 - **Support your messages with data:** Use data from your National Civil Society NCD Status Report. Data should always be from credible sources.
 - **Be prepared to counteract any opposition:** Consider what opposition you may receive to your Status Report findings and calls to action and prepare your counterarguments. Use credible data to support your points.
 - **Plan carefully:** If representing more than one organization at the meeting, meet with partners beforehand to review key points, “asks”, and each partner’s role. Anticipate questions and brainstorm potential challenges.
 - **Stay on message:** Stay focused on the issue. Make the most important points first in case time is limited. Tell them what you want them to do.
 - **Follow-up after the meeting:** Send a thank-you letter, and any further information that was requested.
-
- **Disseminate the Status Report widely:** Send the Civil Society NCD Status Report to appropriate government officials and decision makers (national and international) with an accompanying cover letter that introduced the Report and calling for action.
 - **Develop a media strategy:** Take the time to develop advocacy messages and talking points from the calls to action identified in the Status Report. Determine the best messengers and best vehicle for the messages. Media work could involve a press release, fact sheets, holding press conferences, placing letters to the editors, working closely with journalists to educate them about the results of the Report. Also consider developing a

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social media strategy to release the results of the Report. This includes using Twitter, Facebook and other relevant platforms to draw attention to the results, invite the public to events related to the Report, and mobilize public support for your positions (i.e., use social media to collect tweets for support, etc.).

Tips from the field

When it is relevant to the public debate, ACT Brazil prepares op-eds to send to newspapers, highlighting a public health measure related to tobacco. ACT uses different people from various institutions participating in the coalition to sign the articles in order to have multiple voices spreading the same message.

- **Incorporate the Status Report in a long term advocacy strategy:** Develop follow up advocacy activities related to the Report and engage multisectoral groups in strategizing about how to address the gaps identified by the Report. Consider adopting a phased approach to advocacy, focusing attention on specific gaps and challenges identified in the Report over time.
- **Follow-up:** The Civil Society NCD Status Report is the NCD Alliance 's first effort to assist advocates in monitoring countries' national NCD response. As part of this pilot initiative, the NCD Alliance strongly encourages advocates to:
 - Share Civil Society NCD Status Reports with the NCD Alliance.
 - Report back on how the Report was used in advocacy efforts, and any advocacy results achieved.
 - Offer feedback to the NCD Alliance on how the Civil Society NCD Status Report and the associated benchmarking exercise can be improved.



1. Raise priority of NCDs through international cooperation and advocacy		
1.1	Inclusion of NCDs in current national development plan	✓
	If yes to 1.1, does the national development plan include a goal or target on NCDs?	✗
	If no to 1.1, are NCDs included in sub-national development plans?	
	If no to 1.1, are NCDs included in the national health sector plan?	
1.2	(If a high income donor country use this indicator) Inclusion on NCDs in Official Development Assistance	✓
	(If a low/middle income country use this indicator) Government inclusion of NCDs in UN Development Assistance Frameworks (UNDAFs)	✓
1.3	Operational national NCD alliance/coalition/network of NGOs that engages People Living with NCDs (PLWNCDs)	✗
1.4	Government led, supported or endorsed national NCD conference/summit/meeting held in the last 2 years with active participation of NGOs	✓
1.5	Government-led or endorsed public media campaign on NCD awareness of NCD prevention, partnering with NGOs and held in the last 2 years	✗

2. Strengthen national capacity, multisectoral action and partnerships for NCDs		
2.1	Operational National NCD Plan (number of key elements outlined below): If score less than 4, please refer to 2.2	3/4
	National NCD Plan with a 'whole of government' approach ie with areas for action beyond the health sector	✓
	Functional national multisectoral stakeholder NCD commission/mechanism (incl. NGOs, People Living with NCDs and private sector)	✗
	National budgetary allocation for NCDs (treatment, prevention = health promotion, surveillance, monitoring/evaluation, human resources)	±
	NGOs and PLWNCDs engaged in National NCD Plan development	✓
2.2	Number of subnational jurisdictions (state, district, etc) with an operational NCD plan that meets the full criteria outlined above	2/10
2.3	Number of operational NCD public-private partnerships supporting elements of National NCD Plan	3 ⁱ
2.4	National Government partnerships with NGOs on NCD initiatives	✗
	If yes, describe the nature of the partnership and the initiative focus	

KEY: ✓ In place ± In process/partially implemented ✗ Not in place * Not applicable ■ No information

ⁱ List public private partnerships

¹ For cases when advocates are utilizing this tool to benchmark several countries to assess a region's progress on NCDs



3. Reduce NCD risk factors and social determinants		
3.1	Number of tobacco (m) POWER policies/interventions in existence:	3/6
	Existence of recent nationally representative information on youth and adult prevalence of tobacco use	✓
	National Legislation banning smoking in health-care and educational facilities and in all indoor public places including workplaces, restaurants and bars	✓
	Existence of national guidelines for the treatment of tobacco dependence	X
	Legislation mandating visible and clear health warnings covering at least half of principal pack areas	✓
	Legislation banning tobacco advertising, promotion and sponsorship OR legislation comprehensively banning all forms of direct tobacco marketing, covering all forms of media and advertising	X
	Tobacco taxation policy of between 2/3 and 3/4 of retail price	X
3.2	National strategies on the major NCD risk factors (out of total listed below)	4/4
	Tobacco	✓

4. Strengthen and reorient health systems to address NCDs		
4.1	Government initiatives strengthening the capacity of primary health care for NCDs (out of total listed below):	1/5
	Cancer - Number of evidence based guidelines for the cancers prioritized in National Cancer Plan	3/3
	Cardiovascular disease	X
	Chronic respiratory diseases	X
	Diabetes	X
	Mental Health	X
4.2	Government initiatives strengthening the capacity of primary health care for NCDs:	1/4
	NCD health promotion and prevention (advocates to add own indicators)	✓
	Screening and early detection (advocates to add own indicators)	X

KEY: ✓ In place ± In process/partially implemented X Not in place * Not applicable ■ No information

¹ For cases when advocates are utilizing this tool to benchmark several countries to assess a region's progress on NCDs



	Harmful use of alcohol	✓
	Unhealthy diet	✓
	Physical activity	✓
3.3	Increased taxes on alcohol in last 5 years	✗
3.4	National policies and regulatory controls on marketing to children of foods high in fats, trans fatty acids, free sugars or salt	✓
3.5	National action on salt reduction	2/2
	National policies/regulatory controls on salt reduction	✓
	Number of voluntary private sector commitments/pledges to salt reduction	4 ⁱⁱ
3.6	Physical education in schools with resources and incentives	✗

	Treatment and referral (advocates to add own indicators)	✗
	Rehabilitation and palliative care (advocate add to own indicators)	✗
4.3	Number of NCD medicines included in the country essential medicines list (EML) made available at low cost to patients with limited resources	6
4.4	National EML list updated since last time WHO updated EML? If yes, are NCD medicines included in the update (Annex EM list as resource and highlight NCD meds on the EML)	✓
4.5	NCD-related services and treatments are covered by health insurance system	+ ⁱⁱⁱ
4.6	Operational NCD Surveillance system (number of elements below):	0/2
	Cause-specific mortality related to NCDs included in national health reporting system	✗
	Population-based NCD mortality data and population-based morbidity data included in national health reporting system	✗

KEY: ✓ In place ± In process/partially implemented ✗ Not in place * Not applicable ■ No information

ii Specify the voluntary commitments

iii Specify why only partially implemented. Which NCD treatments and services are not covered by your health insurance system? You may choose to expand on this in sections 5 and 6 of your Civil Society NCD Status Report

1 For cases when advocates are utilizing this tool to benchmark several countries to assess a region's progress on NCDs



5. Promote national capacity for research and development on NCDs		
5.1	National research agenda for NCDs	X
5.2	Government funding support for national research on NCDs	X
5.3	Number of published articles on NCDs in country in the last 5 years	25 ^{iv}

6. Monitor and evaluate progress on NCDs		
6.1	National NCD targets/indicators with monitoring mechanisms in place	✓

KEY: ✓ In place ± In process/partially implemented X Not in place * Not applicable ■ No information

^{iv} This indicator may serve as a proxy measure for research into a country's own NCD burden, impact and tailored solutions

¹ For cases when advocates are utilizing this tool to benchmark several countries to assess a region's progress on NCDs



Examples of data sources:

Global status report on noncommunicable diseases 2010. Geneva, World Health Organization, 2011. http://www.who.int/nmh/publications/ncd_report_full_en.pdf

Non-communicable diseases country profiles 2011. Geneva, World Health Organization, 2011. http://whqlibdoc.who.int/publications/2011/9789241502283_eng.pdf

Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2010 global survey. Geneva, World Health Organization, 2010.

http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf

WHO MPOWER for tobacco control. <http://www.who.int/tobacco/mpower/publications/en/index.html>

WHO Tobacco Control Country Profiles. WHO Report on the Global Tobacco Epidemic, Geneva, World Health Organization, 2013. http://www.who.int/tobacco/surveillance/policy/country_profile/en/index.html

WHO Regional Offices resources. E.g.

PAHO, NCDs:

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=1199&Itemid=852&lang=en

PAHO Country profiles on noncommunicable diseases, 2012

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17854&Itemid

Cancer in the Americas, Country Profiles 2013, PAHO/WHO

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=1866&Itemid=3904

Strategic Action Plan for the Prevention and Control of NCDs in the Caribbean Community 2011-2015:

http://www.caricom.org/jsp/community_organs/health/chronic_non_communicable_diseases/ncds_plan_of_action_2011_2015.pdf



WHO AFRO, NCDs: <http://www.afro.who.int/en/clusters-a-programmes/dpc/non-communicable-diseases-managementndm/overview.html>

National government sources/resources. E.g.

Brazil National NCD Plan 2011-2022:

http://portalsaude.saude.gov.br/portalsaude/arquivos/pdf/2012/Ago/29/cartilha_ingles_13102011.pdf

South Africa Strategic Action Plan for NCDs 2013-2017:

<http://www.hsrc.ac.za/uploads/pageContent/3893/NCDs%20STRAT%20PLAN%20%20CONTENT%208%20april%20proof.pdf>

To determine the **total number of published articles on NCDs in your country in the last 5 years**, go to <http://www.ncbi.nlm.nih.gov/pubmed> . Enter the text below in the search box. Replace South Africa from the example below with your country name. As well as the search below for publications on “Non communicable diseases” try replacing “Non communicable diseases” for “chronic diseases” or the acronym “NCDs” ((South Africa[Affiliation]) AND Non communicable diseases) AND ("2008/11/1"[Date - Publication] : "3000"[Date - Publication])



1- Executive Summary

- Provide a stand-alone narrative, summarising main report findings and gaps in your country/region's response to NCDs;
- Highlight recommendations for action addressed to the relevant stakeholders (eg government representatives; international and regional bodies; the private sector; civil society; etc).

2- Who we are

- Outline the mission, objectives and characteristics of your civil society organisation/network;
- Establish your purpose with this report: understanding and assessing your national/regional response to NCDs from your unique civil society angle, in an effort that complements your own government(s) progress reporting.

3- Global Commitments to Action on NCDs

Note: This section summarises your government's commitments to NCDs from a global/regional perspective. It should be succinct. You will delve deeper into the national/regional response in section 5.

- [Recall](#) the 2011 UN High-level Meeting on the Prevention and Control of NCDs and its resulting Political Declaration. Highlight your country/region's [commitments](#) at the HLM.
- Recall the WHO Global Action Plan on NCDs (2013- 2020) and emphasise the Global Monitoring Framework with its global targets and indicators.



- Consider mention of the Rio+20 Outcome Document – NCDs acknowledged as *“one of the major challenges for sustainable development in the twenty-first century”*, the UN Secretary-General’s report *A Life of Dignity for All* and other major UN agreements and reports citing NCDs as a development priority for countries.
- Mention any other relevant global policies and resources, and any regional NCD commitments (e.g. the Caribbean’s Port of Spain Declaration, [etc.](#)).

4- Status of the National NCD Epidemic

Note: This section provides an overview of the NCD epidemic in your country/region. It should be a maximum of 4 paragraphs. Any data should be included in tables as annexes.

- Briefly outline the public health burden and impact of NCDs in your country/region, in order to provide the context and rationale for action. This should include NCD mortality and morbidity (total and under 60) and mortality of each of 4 main NCDs as percentage of total country deaths all ages.
 - You could also specify any of the following for further support in stating the impact of NCDs to your country/region: Behavioural risk factor prevalence (current daily smoking, alcohol intake and physical inactivity), metabolic risk factors (raised blood pressure, blood glucose, overweight, obesity, blood cholesterol) and infection rates (hepatitis B virus, human papillomavirus).
- Refer to the impact of NCDs on human development: NCDs as contributors to poverty, a burden on health systems and burden on country economies. Concept of equity and health as human right and the moral imperative to address NCDs.



- Data sources:
 - Data on public health burden can be found for 2008 at: WHO country NCD profiles 2011, http://whqlibdoc.who.int/publications/2011/9789241502283_eng.pdf
 - Some data on financial burden of NCDs can be found at:
 - WHO: Global Status Report on NCDs 2010. Chapter 2: NCDs and Development. http://www.who.int/nmh/publications/ncd_report_chapter2
 - WHO and World Economic Forum: From “Burden to Best Buys”: reducing the burden of NCDs in low and middle income countries. http://www.who.int/nmh/publications/best_buys_summary.pdf
 - World Bank: ‘Economic Costs of NCDs in the Pacific Islands’ Nov 2012; <http://www.worldbank.org/content/dam/Worldbank/document/the-economic-costs-of-noncommunicable-diseases-in-the-pacific-islands.pdf>
 - NCDs in Jamaica: moving from prescription to prevention” September 2011, http://www.wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2011/10/24/00333037_20111024013404/Rendered/PDF/651010BRI00PUB0nBreve01710Printable.pdf

5- The National/Regional NCD Response

- Summarise your country (or regions)’s progress to date on NCD response and associated NCD capacity: National NCD plans, allocation of budgetary resource, allocation of additional human resources, policies and implementation (referring to your benchmarking exercise in **Annex 1**).
 - As well as referring to current policies and practices, please highlight any significant national or regional commitments to action on NCDs made prior to the 2011 UN High Level Meeting on NCDs.



- Provide an analysis of stakeholder engagement. How has civil society been engaged in NCDs? Have people living with NCDs been involved in the dialogue? What are the strengths of the civil society response to NCDs? Has there been active involvement of civil society in national (and regional) NCD planning efforts? How can civil society be further leveraged to complement national (and regional) NCD efforts? How have other sectors of society been involved in NCDs?
- Be sure to highlight national/regional best practices/success stories. The purpose of this section is to share lessons learned with other countries.

6- Challenges and Gaps – a civil society perspective

- Describe the main national/regional challenges and gaps in response to NCDs, based on your national/regional Civil Society NCD benchmarking exercise in **Annex 1**.
- This narrative could cover, for example:
 - Policies
 - Prevention and health promotion
 - Health systems response (early detection, diagnosis, treatment and palliation)
 - Balance of efforts across range of NCDs, particularly cancer, diabetes, cardiovascular diseases and chronic lung diseases
 - Access to affordable medicines and technologies
 - Integration of NCD commitments into work on existing health services and the MDGs
 - Research
 - Surveillance
 - Human rights
 - Resources (financial, infrastructure, health care workers)



- Civil society participation / capacity / voice

7- Call to action

- Outline a “call to action” with the main policy, resourcing, service development and implementation “asks” that stem from your assessment of your country’s response and capacity for NCD prevention and control.
- Specify your ‘asks’ according to different target audiences: national government(s)/international and regional bodies/private sector/the media/civil society etc. Add subnational (regional/state/municipal) government level action points if you have sufficient data to base these recommendations upon.
- Contextualise your recommendations within reaching the globally agreed NCD premature mortality reduction target of 25% by 2025.
- Be sure to include recommendations on how to improve and increase civil society participation in NCD planning and how civil society can better support policy implementation.
- Clarify how you intend to follow up on your National/Regional Civil Society NCD National Status Report.

Annex 1: National/Regional Civil Society NCD Benchmarking Exercise

- Describe the purpose of the benchmarking exercise: “This National/Regional (delete as appropriate) Civil Society NCD Benchmarking Exercise aims to assess the national (or regional if that is your case) capacity for responding to NCDs – from a civil society perspective. It is framed to complement national reporting processes on NCDs, as well as WHO monitoring on NCDs (including the 2013 WHO Country Capacity Survey). It includes elements of the NCD national response/capacity that are not reflected in official



government/WHO reporting, such as elements that relate to civil society organization engagement and capacity. “

- Describe the methodology used in creating your NCD benchmarking exercise.
 - “This benchmarking exercise assesses key aspects of the national (or regional if that is the case) response and capacity for the prevention and control of NCDs. Items being assessed include legislation, plans and policies. The benchmarking exercise focuses on six modules aligned with the six objectives of the WHO Global NCD Action Plan 2013-2020. The benchmarking also reflects commitments in the UN Political Declaration on NCD Prevention and Control, 2011, as well as national/regional commitments: (list any relevant national and/or regional political commitments). The benchmarking exercise was built from a core tool provided by the NCD Alliance in support of civil society NCD monitoring efforts worldwide.”
 - List your main data sources used in filling your benchmarking exercise
- Fill out the benchmarking tool [provided](#) by the NCD Alliance to track your country (or region)’s capacity and response to NCD prevention and control.

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This toolkit was developed by the NCD Alliance and made possible by a generous grant from Medtronic Philanthropy in support of the program “*Strengthening Health Systems, Supporting NCD Action*”.

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The NCD Alliance thanks the detailed comments and feedback received during the development toolkit from the National Implementing Partners of “*Strengthening Health Systems, Supporting NCD Action*”: the Healthy Caribbean Coalition, the South African NCD Alliance, and ACT Brazil.

To assist and inform the development of the National/Regional Civil Society NCD Status Report template and its associated benchmarking tool, the NCD Alliance convened an Expert Review Committee (ERC) consisting of one representative of each NCD Alliance Federation, the NCD Alliance’s Executive Director of Policy and Campaigns, one representative of each of the National Implementing Partners, and two external experts: Sir George Alleyne, Director Emeritus of PAHO, and Chris Bostick of Action on Smoking and Health (ASH). We thank Committee members for their expertise, time and invaluable comments and advice in the development of the Status Report template and benchmarking tool. ([More](#))

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A crowd listens to Bangladeshi political leader Shaikh Hasia's speech before an upcoming election held on 29 December 2009 in Pabna, Bangladesh. © 2008 Zahidul Karim Salim, Courtesy of Photoshare

A grandmother and her granddaughter in the District of Dolakha, Nepal.
© 2013 Valerie Caldas/ Johns Hopkins University Center for Communication Programs, Courtesy of Photoshare

Volunteers conduct screenings at the Uganda NCD Alliance Support Center in Kampala courtesy of the Uganda NCD Alliance

ACT Brazil and volunteers in Sao Paulo street demonstration, June, 2013. Courtesy of ACT Brazil.

The NCD Alliance

Putting non-communicable diseases
on the global agenda

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UN Political Declaration on the Prevention and Control of NCDs

In September 2011, Heads of State and Government met at the United Nations in New York for the United Nations High-Level Meeting on NCDs. This meeting was only the second time in history that the UN General Assembly has met on a health-related issue, the first being the successful UN Special Session on HIV/AIDS in 2001. As a result of the 2011 NCD Summit, Member States adopted the [UN Political Declaration on the Prevention and Control of NCDs](#), shaping the global political agenda for NCDs.

The most significant outcome of the High-level Meeting was the Political Declaration (PD) on the Prevention and Control of NCDs. The PD was negotiated by all 193 UN Member States and adopted unanimously by the UN General Assembly. Although not legally binding, a Political Declaration is one of the most powerful tools within the UN for international cooperation and action.

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

Tips from the field

In the lead up to the UN Summit, the NCD Alliance consulted members and experts to develop a detailed set of priority asks for the UN Political Declaration. NCD Alliance's [Proposed Outcomes Document \(POD\)](#) proved to be a valuable advocacy tool and catalyst for priority setting by governments. All four federations of NCD Alliance contributed disease-specific priorities to create the POD and its 34 recommendations that was our definition of Summit success. In May, the 34 recommendations were condensed down into 10 priority actions, and these were used as a crib sheet at the country-level by advocates.

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Useful Resources

Click on the links below for more detailed resources on the UN High-Level Meeting and the UN Political Declaration:

- [NCD Alliance materials on the High-Level Meeting](#)
- [IDF Advocacy Toolkit on the UN Political Declaration on NCDs](#)
- [Summary table of the Political Declaration on NCDs](#)
- [Summary table of government commitments and quotes from the High-Level Meeting](#)
- [UN Press releases and webcast of the High-Level Meeting](#)

WHO NCD Global Monitoring Framework (GMF)

The WHO Global Monitoring Framework (GMF) on NCDs was formally adopted by Member States at the 66th World Health Assembly in May 2013. The GMF was the result of 18 months intense consultation and negotiations, including Member States and NGOs. It is a significant achievement in the NCD response, representing the first set of global targets that all governments have to report progress against and are accountable for.

The GMF includes a comprehensive set of nine voluntary global targets and 25 indicators on NCDs, balancing both prevention and treatment. The GMF includes the historic target to reduce overall premature deaths from NCDs by 25% by 2025. Referred to as “25 by 25,” this ambitious target was a landmark event in the fight against NCDs.

“The indicators and voluntary global targets are key building blocks of our fight against NCDs (...) They will provide the foundation for advocacy, raising awareness, reinforcing political commitment and promoting global action to tackle these deadly diseases.”

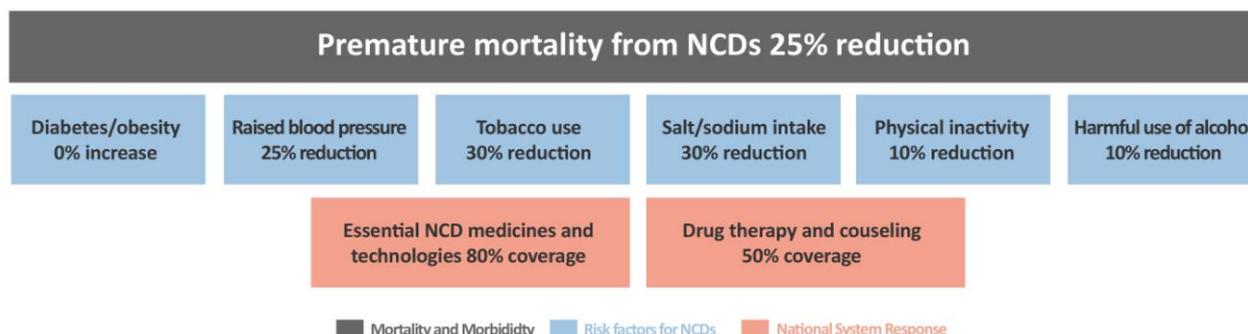
-Dr Oleg Chestnov, WHO’s Assistant Director-General for NCDs and Mental Health

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For NGOs, the GMF and global NCD targets represent an important advocacy instrument. Over time, the GMF will inspire improved data collection and surveillance on NCDs at the national and regional level, which will be useful to monitor progress and identify gaps in the response. Also NGOs can use the targets to hold governments accountable on NCDs.

Set of nine voluntary NCD targets for 2025



Tips from the field

In 2012, the NCD Alliance launched a global campaign called the “Global NCD Framework”, which aimed to secure a Global Monitoring Framework (GMF) on NCDs, a Global NCD Action Plan 2013-2020 (GAP), and a Global Coordination Mechanism (GCM) to inspire future action and accountability on NCDs. Specifically for the GMF, we campaigned for the adoption of a comprehensive monitoring framework which included an ambitious set of global NCD targets that balanced both prevention and treatment.

During the 18 months of intense consultations and negotiations, the NCD Alliance provided thought leadership, expert policy recommendations through briefing papers, advocacy hand-outs and ensured a strong voice for NGOs at the meetings. We worked with UN Permanent Missions in Geneva and New York through face-to-face

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(Cont.) meetings and informal mission briefings, and we mobilized the NCD Alliance network to engage governments in capital by providing template submissions and letters on the GMF.

Despite pressure from some Member States to agree a very small set of targets that focused primarily on risk factors, as a result of the NCD Alliance's concerted advocacy efforts the final GMF included a comprehensive and ambitious set of 9 global targets that balanced both prevention and treatment. Notably, the GMF includes dedicated targets on all four major risk factors, two health systems targets (availability of essential medicines and technologies, and multidrug therapy), and an ambitious target to halt the rise on diabetes and obesity.

WHO Global NCD Action Plan 2013-2020 (GAP)

With the global NCD targets as the vision for what we want to achieve, the [WHO Global Action Plan for NCDs 2013-2020](#) defines the roadmap for NCD prevention and control. The GAP 2013-2020 was unanimously adopted by Member States at the 66th World Health Assembly in May 2013.

The WHO GAP 2013-2020 outlines six objectives, with proposed activities for Member States, the WHO Secretariat, and International Partners (which includes NGOs). The six objectives are:

- To raise the priority accorded to NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.
- To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country responses related to NCDs.
- To reduce NCD risk factors and underlying social determinants by creating health-promoting environments.

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- To strengthen health systems to address NCD prevention and control through people-centered primary health care and universal health coverage.
- To promote and support national capacity for high-quality research related to NCD prevention and control.
- To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.

Governments will submit reports on progress made in implementing the GAP 2013-2020 in 2016, 2018, and 2021, and on the GMF on NCDs in 2016, 2021, and 2026, to the WHO Executive Board and to the World Health Assembly.



Photo: HRH Princess Dina Mired of Jordan speaking at the UN High-level Meeting in New York on 19 September 2011
Photo Credit: UN Photo/JC McIlwaine



Photo: WHO Formal Member States Consultation on Global Monitoring Framework on NCDs, November 2012.
Photo Credit: WHO

Useful Resources

Click on the hyperlink below for more resources on the GAP:
[WHO Global NCD Action Plan 2013-2020](#). Includes annexes on:

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- **Appendix 3 Menu of Policy Options & Cost-effective Interventions:** These policy options assist Member States in implementing the WHO GAP.
- **Appendix 5:** Sets out examples of whole-of-government and multisectoral stakeholder action.

The Post-2015 Development Framework

In 2000, world leaders signed the Millennium Declaration and committed to achieve a set of eight international development goals – the Millennium Development Goals (MDGs) – by 2015. With three of the eight goals directly related to improving health outcomes (MDGs 4, 5, and 6), the MDGs are rightfully acknowledged as having contributed to the widespread understanding that health is central to human development.

Whilst the NCD Alliance has always given our full support to the MDGs, the absence of NCDs has been a major barrier in generating political priority, resources, and accountability for NCDs in low- and middle-income countries (LMICs). Many LMICs lack the national capacity to respond to the epidemic, which is crippling national economies, overwhelming ill-equipped health systems, and pitching poor households and vulnerable populations into vicious cycles of poverty.

As the 2015 end date of the MDGs draws nearer, the global health and NCD community has a unique opportunity to shape the framework and priorities for the successor development agenda. The UN has launched a process to inform the priorities and format of the post-2015 development framework. This process is reviewing the current MDGs – including what worked and did not work – and consider the design, scope and priorities of the post-2015 development framework. Arguably unlike the MDGs, the process this time round is inclusive and participatory, with multiple opportunities for civil society to engage and influence the process. The NCD community must now take strong actions to ensure NCDs are fully integrated into the post-2015 development agenda.

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Below are links to official post-2015 reports to date, which reference NCDs as a priority:

[UN Millennium Development Goal Review Outcomes Document, 2010](#)

[UN Conference on Sustainable Development \(Rio+20\) Outcomes Document – The Future We Want, 2012](#)

[WHO/UNICEF Global Thematic Consultation on Health in Post-2015, 2013](#)

[UN High-Level Panel Report on Post-2015, 2013](#)

[UN Secretary-General Report, A Life of Dignity for All, 2013](#)

Tips from the field

NCDA has developed a series of think pieces and advocacy publications to inform the post-2015 development dialogue, and to keep NCDs central to the debate. In May 2013 NCDA launched a policy brief entitled [*Healthy Planet, Healthy People: The NCD Alliance Vision for Health and NCDs in Post-2015*](#). Developed with the assistance of a task team of global experts, the policy brief provides an analysis of the MDGs from a health and NCD perspective; the rationale for inclusion of NCDs in post-2015; and a proposed framework for health in post-2015, including goals, targets, and indicators.

The recommendations in the policy brief have underpinned NCDA's advocacy efforts during the post-2015 discussions. It has been a useful advocacy tool, for both global and national advocates. NCDA officially launched the brief at a side event at the 66th World Health Assembly (WHA) in Geneva, as well as promoted it via a comprehensive dissemination strategy (including social media, targeted outreach to key decision-makers, and at other global conferences/events).