



Expanding Access to Care, Supporting Global, Regional and Country level NCD Action

Programme Achievements and Lessons Learned

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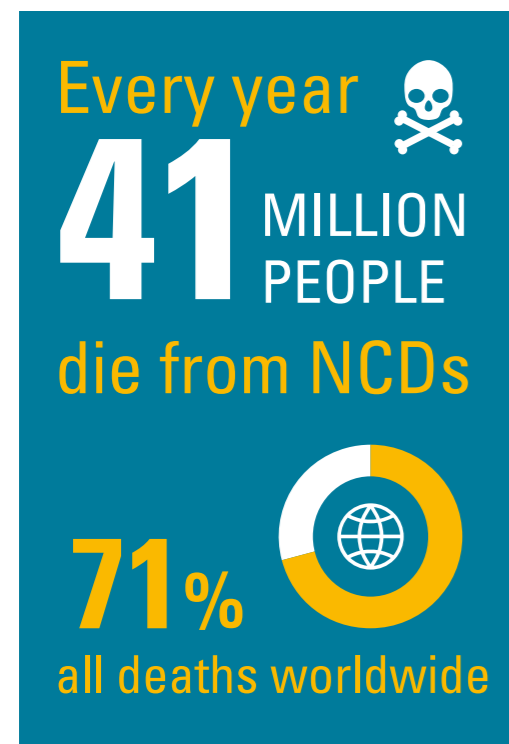
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Background

Reducing the burden of non-communicable diseases (NCDs) is essential to ending extreme poverty, reducing inequality, and improving health and wellbeing. NCDs are estimated to kill 41 million people every year, accounting for 71% of all deaths worldwide. Although the burden is universal, low- and middle-income countries (LMICs) are hit the hardest, with over three quarters of all deaths occurring in these countries.



Since 2010, NCDs have been elevated onto national and global health and development agendas through a series of political commitments, including the landmark 2011 UN Political Declaration on NCD Prevention and Control and the recent Political Declaration on NCDs adopted at the 2018 UN High-level Meeting on NCDs (UN HLM), the WHO 2025 Global NCD Targets and the WHO Global NCD Action Plan 2013-2020. NCDs are also included as a target in the 2030 Agenda for Sustainable Development, which prioritizes health as a central factor in promoting and achieving sustainable social, economic and environmental development.

The 2018 UN HLM on NCDs was a watershed moment to take stock of progress thus far, assess gaps and reaffirm political commitment to NCDs. A key message that emerged was that global progress and commitment is yet to translate into sustained and sufficient progress at the national. For example, more than half of all countries are not on track to achieve a UN Sustainable Development Goals (SDGs) target to reduce by one-third the rate of premature deaths from NCDs by 2030.

Translating global commitments into national action will require political leadership and a whole-of-society approach that engages all sectors in the response. Civil society and people living with NCDs play a critical role in the NCD response by creating awareness, improving access to services, advocating for action and ensuring accountability. The NCD civil society movement is relatively young, particularly in LMICs. Although many professional societies and disease-specific or risk factor-specific associations have been active for many years, the decision to unite with other like-minded organisations across the NCD spectrum is relatively recent. The NCD Alliance (NCDA) was formed in 2009 and has been uniting and strengthening NCD civil society community to stimulate collaborative advocacy, action and accountability. NCDA believes that a vibrant and strong NCD civil society movement powered by the insights of those with lived experiences is essential to accelerate and sustain progress on NCDs at national and regional levels.

A response to the demand for, and effectiveness of, a unified and whole-of-society approach to NCD advocacy has been the emergence of a network of national and regional NCD alliances around the world. In nearly a decade of NCDA's existence, this network of alliances has grown dramatically, with 59 alliances active in 2019 in 49 countries spanning the different world regions. These alliances share a common focus and play an important role in stimulating government action on NCDs by providing a platform for coordinated advocacy. Over the years, NCDA has aimed to scale up its efforts to support and strengthen the capacity of NCD civil society organisations (CSOs) and national and regional NCD alliances to stimulate government action and ensure accountability for NCDs. Sharing experiences on supporting civil society to deliver on its key roles is essential for strengthening the NCD response.

Expanding Access to Care, Supporting Global, Regional and Country level NCD Action, was a 5-year NCD Alliance programme during 2013-2017, aimed at strengthening NCD civil society capacity to stimulate progress on NCD prevention and control. It focused on coalition building, multi-sectoral engagement, health systems strengthening, accountability and meaningful involvement of people living with NCDs. The programme's in-country activities were led by CSOs that developed networks for coordinated action on NCDs – Brazil's ACT Health Promotion, the Caribbean's Healthy Caribbean Coalition¹, the South African NCDs Alliance (SANCDA), and India's Healthy India Alliance (HIA).

Alliances monitored national progress on NCDs, identified gaps to address to meet global and national commitments, initiated dialogue with governments and other key stakeholders, and advocated for improved NCD policies, programmes and health systems strengthening. They advocated for the inclusion of NCD civil society in decision-making processes, called for multi-sectoral action on NCDs and held decision-makers accountable for commitments made regarding NCD prevention and control. These vibrant alliances play an essential part in the NCD response and are now well established NCD civil society stakeholders in their country/regional settings offering effective platforms for coordinated civil society advocacy. By being involved in national as well as regional and global advocacy efforts, they are embedded in a growing network of alliances, serving as role models for nascent NCD networks in other locations. Resources developed as part of this programme have been used for supporting national and regional NCD civil society worldwide. Building on the successes of this programme and drawing from the lessons learned in developing NCD civil society capacity, NCDA has expanded its capacity development efforts to strengthen NCD civil society globally.

This report serves as a resource for stakeholders interested in supporting and strengthening civil society efforts in the NCD space. It supports NCD stakeholders in making the case for coalition building and capacity development of civil society to accelerate action on NCDs. The report documents the **Expanding Access to Care, Supporting Global, Regional and Country level NCD Action** programme, outlining good practices, highlighting achievements, and providing examples of successful approaches with the potential for replication in other settings.

¹ In the case of the Caribbean, the coalition was already in existence and joined the programme to strengthen its strategic regional efforts.

Programme Description

Expanding Access to Care, Supporting Global, Regional and Country level NCD Action aimed to:

Build, develop and strengthen networks of support for action on NCDs, including strengthened coordination and cooperation between civil society networks that encompass different diseases and risk factors.

Develop NCD civil society's advocacy capacity at the national and regional levels.

Monitor progress against international and national commitments for action on NCDs.

Encourage governments to accelerate the development and implementation of NCD policies, programmes and services.

Elevate the voices of people living with NCDs (PLWNCDs) in advocacy efforts.

Support global advocacy efforts, with a specific focus on civil society strengthening, meaningful involvement of people living with NCDs, access to healthcare and synergies between NCDs and other global health priorities.

Achievements at a Glance

A mobilised and unified civil society effectively advocating on NCD prevention and control

- 4 strong and sustainable national and regional NCD alliances in the Caribbean, Brazil, South Africa and India advocating at national, regional and global levels
- Sugary drinks tax passed in South Africa with SANCOA making a strong call for earmarking the tax revenues as a way to address the underfunding of NCDs. The health promotion levy enacted in April 2018 raised over ZAR 2 billion in revenue with a portion of the funds committed to supporting the Department of Health's deliverables to decrease diabetes, obesity and other NCDs in South Africa
- The HIA supported the Ministry of Health and Family Welfare in drafting Civil Society engagement guidelines for the National NCD response
- The Government of India's Minister of Health upheld the implementation of large pictorial warnings on tobacco in March 2016 with HIA members actively advocating to this effect
- ACT Health Promotion and its network advocated on financing for the health system at the 15th National Conference on Health with tobacco and alcohol taxation consequently recommended as a new source of revenue in the National Health System in the Conference outcomes
- HCC developed relationships with major regional organisations to represent the interests of Caribbean civil society, entering official relations with PAHO, establishing an MOU with CARPHA, and obtaining observer status at CARICOM Chief Medical and Chief Nursing Officer Meetings

Promoted multi-sectoral action on NCDs and 'whole of society' approach

- Provincial/national/regional multi-sectoral meetings held in the Caribbean, Brazil, South Africa and India identified progress and gaps in the NCD response
- The Healthy Caribbean Coalition produced a landmark detailed assessment of the status of CARICOM National NCD Commissions with recommendations on the Commissions as key instruments of national coordinated multi-sectoral action

Governments of Brasil, South Africa, India and CARICOM were held to account against national/regional and global commitments

- 4 NCD civil society status reports assessed national (regional in the case of the Caribbean) progress on NCD prevention and control

Made the case for supporting NCD civil society

- Conducted the first **Situational Analysis** of national and regional NCD alliances exploring how NCD alliances have developed and how their growth can be accelerated and sustained
- Political Declaration of the 2018 UN High- Level Meeting on NCDs recognised the contribution of civil society and people living with NCDs to the response

Put people first in the NCD response and promoted the voices of people living with NCDs

- Programme alliances are actively engaging people living with NCDs
- Nearly 2,000 people living with NCDs from across the world shared their views to produce the **Advocacy Agenda of People Living with NCDs**, a document that serves as a compass to guide advocacy efforts of the NCD movement
- HIA created the India Advocacy Agenda of People Living with NCDs
- Created the Our Views, Our Voices initiative that seeks to meaningfully involve people living with NCDs in the NCD response, supporting and enabling individuals to share their views to take action and drive change



Advocacy Agenda of People Living with NCDs, Our Views, Our Voices initiative

National and Regional Coordination

Coalition building is essential to addressing NCDs, with an imperative to bridge across diseases and risk factors to reach a shared agenda.

During the inception of the programme, following a competitive process, the NCD Alliance identified and selected lead organisations to coalesce civil society and spearhead national or regional action in the key geographies (beginning with Caribbean, Brazil and South Africa in 2013; India was later added in 2015):

The Healthy Caribbean Coalition (HCC)

The Healthy Caribbean Coalition (HCC) was informally established in 2008, arising out of the the 2007 Port of Spain Declaration by Heads of Government of the Caribbean Community (CARICOM) on NCDs and officially registered as a not-for-profit organisation in 2012. HCC is the only Caribbean NCD alliance and its membership comprises more than 60 Caribbean-based health NGOs and over 65 non-health NGOs. HCC works closely with regional and international organisations and leaders in NCD prevention to leverage the power of civil society, by strengthening and supporting its membership in the implementation of programmes aimed at reducing associated morbidity and mortality.

ACT Health Promotion

Originally formed in 2006 as a tobacco control organization –Aliança Controle Tabagismo (ACT) Brazil– ACT expanded its mission to include NCDs and become ACT Health Promotion as a result of this programme. ACT Health Promotion coalition has now 1120 members, from 152 different organizations and focuses on tobacco control, alcohol control, healthy food and physical activity. The coalition promotes public health policies and social contexts that facilitate healthy choices and has also been active in the creation of the Alliance for Healthy Food.

The South African NCDs Alliance (SANCUDA)

Formed in 2013 as a result of this programme, the SANCUDA is an alliance between long established and well-respected disease-specific organizations: the Cancer Association of South Africa, Diabetes South Africa, the Heart and Stroke Foundation South Africa, and the Patient Health Alliance of Non-Governmental Organizations. Its focus is on co-produced NCD policy advocacy and accountability to unite and strengthen civil society. The ultimate mission is to improve NCD prevention and control for the people of South Africa.

The Healthy India Alliance (HIA)

An informal alliance formed in 2015 as a result of this programme, HIA seeks to strengthen collective civil society advocacy and capacity to meet India's NCD targets through effective policies, partnerships and programmes. Following an NCD civil society organisation (CSO) roundtable meeting convened by NCD Alliance, the alliance of 13 pan-India organisations was proposed by consensus with secretariat support provided by Health Related Information Dissemination Amongst Youth (HRIDAY).



SANCUDA's first key stakeholder meeting, February 2014, Johannesburg, South Africa

During the programme, NCD Alliance provided technical assistance and grants to the lead organisations to:

- **Build** networks of coordinated action on NCD prevention and control;
- **Conduct** national (and regional in the case of the Caribbean) level research to monitor progress on NCDs and identify gaps;
- **Develop** dialogue with governments and other key stakeholders to advance national action;
- **Advocate** for improved NCDs policies, programmes and health systems strengthening;
- **Convene** networks for PLWNCDs to be meaningfully involved in the NCD response at national and regional levels.

In the first phase of the programme, each lead organisation held a national NCD multi-stakeholder meeting and a national meeting on NCD Health Systems Strengthening and developed a national NCD Civil Society Status Report, with the aim of understanding national/regional responses to NCDs and assessing them from a civil society perspective.

In the later phases of the programme, the lead organisations designed and conducted strategic NCD advocacy campaigns, networked with a variety of NCD stakeholders, engaged PLWNCDs to amplify their voices in decision-making, and made strides to ensure sustainability, among other activities. In the final phase, the alliances joined the NCD Alliance's Advocacy Institute Accelerator Programme - as part of a strategy to develop a sustainable trajectory for the alliances after programme support ended. The NCD Advocacy Institute's Accelerator Programme, launched in early 2017, involves national and regional NCD alliances in global advocacy efforts, providing a platform to showcase national action at regional and global fora. NCD Alliance has been working with alliances part of the Accelerator Programme to improve their sustainability, increase their legitimacy and relevance, including by broadening their bases of support, strengthening external engagement, involving non-health actors, and mobilising grassroots. It has strengthened alliances' knowledge of global, and regional policy relating to NCD prevention and control, connecting national advocacy efforts to global UN and WHO processes.

Key Programme Activities and Achievements

Programme achievements are described below, grouped under headings that encompass the areas of activity that support a strong and effective NCD response and were strategically chosen to underpin the programme:

A. Civil society coalition-building and advocacy support - bringing together diverse organisations within the NCD community advocating on a shared and unified agenda;

B. Involvement of people living with NCDs (PLWNCDs) - promoting an NCD response that puts people at its centre;

C. Multi-sectoral engagement - supporting a whole of society approach to NCDs.

D. Health system strengthening - taking a holistic approach to NCD control that integrates and strengthens the existing health system.

E. Accountability - monitoring progress and holding decision makers to account against commitments made.

F. Promoting NCDs within other global health priorities.

A. Civil society coalition-building and advocacy support

The importance of coalition building in the case of national and regional NCD alliances relates to the ability to unify members towards a shared goal of prioritizing and accelerating NCD prevention and control.

All lead organisations already had a demonstrated track record of convening power, evidenced by a history of building networks and alliances. The programme succeeded in nurturing strong and sustainable civil society-led alliances for NCDs active at the national or regional level in the four selected geographies. These alliances fostered the meaningful involvement of civil society in national policy development and implementation, and, in instances, led to the implementation of more effective national policies and multi-sectoral mechanisms for NCD prevention

and control. It supported the alliances to accompany policy developments and political contexts and establish strategic advocacy plans. Within the geographies, NCD alliances were established as key stakeholders in NCD policy dialogue, development and implementation. The lead organisations actively engaged in coalition-building activities, utilizing strong communication efforts to underpin the burgeoning NCD movements. As part of this programme, civil society organisations coalesced into active NCD movements, as described below.

Brazil

In Brazil, ACT's expanded scope of work as a result of this programme led to its evolution into ACT Health Promotion in 2014. As ACT expanded its mission beyond its initial tobacco focus, it grew its network to incorporate other NCD stakeholders, such as the Alliance for Healthy Food (main proponent of unhealthy food regulation in the country).

Consequently, ACT Health Promotion was nominated to be the vice-coordinator of the National Health Commission on Nutrition and was invited to become a member of the Technical Committee of the National Interministerial Commission to fight Obesity (CAISAN). As a member of the National Health Council, ACT Health Promotion has brought heightened attention to NCDs. Furthermore, as part of its growth, ACT Health Promotion secured funding

from donors seeking to support a range of NCD prevention initiatives, including, for example, the Bloomberg Obesity Prevention Initiative.

As an organization well-versed in sophisticated tobacco control advocacy, ACT Health Promotion's experience in this area provided valuable insight into the formulation of advocacy activities for a broader NCD agenda. For example, ACT Health Promotion regularly monitors progress against the National NCD Plan. In addition, ACT Health Promotion uses its own advocacy expertise to help develop civil society advocacy capacity at the national level, a service for which there is growing demand.



ACT Health Promotion at the IV Brazilian NCD Plan Monitoring Forum

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We have achieved the creation of an NCD coalition and the inclusion of the broader NCD perspective into ACT's institutional identity. We have also reached out to partners in different areas and developed an analysis of the implementation of the National NCD Plan. We have laid the groundwork to keep advocating for better NCD prevention and control in Brazil with a united voice.”

ACT Health Promotion

South Africa

The SANCDAs were established in 2013 as a result of this programme and established itself as a credible advocacy group by, at first, proving its commitment to scientific data through compiling data for the benchmarking tool associated with the Civil Society Status Report (CSSR) (described below), and thereby ensuring the respect of policymakers. This work also facilitated the alliance's convening power and enabled it to bring together a diverse group of stakeholders for a national Health Systems Strengthening Meeting (2014), ultimately positioning itself as an entity capable of unifying national NCD efforts.

Over time, the SANCDAs investigated ways to engage selected provincial-level health departments as they are responsible for NCD policy implementation. According to the SANCDAs, this strategy simultaneously heightened the profile of the alliance and expanded its ability to build national-level coalitions.

The SANCDAs have consistently advocated for increased funding for NCDs. It mobilized its network to make a strong call for earmarking the sugary drinks tax revenues as a way to address the underfunding of NCDs. The tax (health promotion levy) went into effect in April 2018 raising over ZAR 2 billion in revenue. In the 2017 budget speech, the Minister of Finance, Pravin Gordhan, said the government was committed to increasing investment towards health promotion targeting NCDs alongside the implementation of the tax, such as diabetes screening and nutrition education.

Since 2014, the SANCDAs advocated for the formation of a NCD Commission and in 2017 the Department of Health announced that the South Africa National Health Commission would be legally constituted, taking on NCD prevention and control as part of its broader agenda. At the time of writing, major

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As a result of our KwaZulu-Natal Indaba (meeting) and outreach to provinces in national efforts, most of the provincial Departments of Health feel that the SANCDAs are supportive of their efforts and their difficult position in the provision of care.”

South African NCDs Alliance

political change and restructuring has slowed South Africa's UHC agenda. Legislative enablement is in progress and NCDs are expected to get improved equity within UHC.

India

In India, HIA formed in 2015 as part of this programme, and rapidly established itself as a reliable civil society coalition on NCDs among decision-makers by demonstrating its commitment to data-driven research and grassroots advocacy, among other factors. As part of its coalition building strategy, the alliance convened the first National NCD Civil Society Consultation on NCDs (April 2016), which brought together government representatives, UN institutions (WHO, UNDP, UNICEF) and nearly 80 civil society organizations to develop strategic partnerships. Building on this success, the alliance was then invited to mobilize its partners to participate in and serve as the voice of civil society in the National Consultation on NCDs organized by the WHO Country Office for India and the Ministry of Health and Family Welfare, Government of India (June 2016). HIA has gone on to consult with grassroots organizations in the process of developing Civil Society Engagement Guidelines to strengthen the role of civil society organizations in addressing the NCD epidemic in the country. The Alliance has also spearheaded efforts to engage regional level (sub-national) CSOs from the four regions of the country through Regional Civil Society Consultations on NCDs (2017). In addition, the Alliance has focused on meaningful engagement of PLWNCDs by conducting a series of regional consultations.

The strength of a unified civil society voice

HIA members wrote a letter on behalf of the alliance to the Government of India's Minister of Health around the need to implement large (85% coverage) pictorial health warnings on tobacco products. Subsequently, the Ministry upheld the implementation of the pictorial warnings despite intense pressure from the tobacco lobby to reverse it (March 2016).

Caribbean

Established in 2008, HCC solidified its advocacy network as part of this programme by establishing the HCC Advocacy Technical Working Group consisting of 11 representatives from leading NCD civil society organisations across the Caribbean to represent a united civil society voice. According to HCC, constrained resources initially presented a challenge to rallying civil society organizations around NCD advocacy.

Advancing a Regional Strategic Plan to Accelerate Civil Society Action on NCDs

The HCC Strategic Plan, 2017-2021, with strategic pillars of accountability, advocacy, capacity development, communication and sustainability, aimed at enabling Caribbean civil society contribution to national, regional, and global action on NCD prevention and control. Arising out of this Plan the HCC developed an **Action Plan** to guide the civil society contribution to national and regional responses to childhood obesity in the Caribbean between 2017 and 2021. According to HCC, “We have contributed to the regional response to childhood obesity and are now poised to provide a blueprint for action and tools to support civil society action and meaningful contribution to national and regional efforts in this area over the next five years.” Implementation of the Action Plan is now fully underway with the support of key regional partners including the Pan American Health Organisation (PAHO), the Caribbean Development Bank (CDB), The University of the West Indies Open Campus, regional member CSOs; and international partners including the NCD Alliance and the Global Health Advocacy Incubator (GHA).

- 1  Trade and fiscal policies
- 2  Nutrition literacy
- 3  Early childhood nutrition
- 4  Marketing of healthy and unhealthy foods and beverages to children
- 5  School- and community-based interventions
- 6  Resource mobilisation
- 7  Strategic planning, monitoring, and evaluation

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Not unlike other civil society organisations globally, health care NGOs in the Caribbean traditionally struggled with the concept of advocacy, particularly against the background of resource constrained settings and the urgent and ongoing need for service delivery as a means of income generation. The Technical Working Group has allowed the HCC to work directly with an engaged group of civil society leaders in the region to demonstrate the importance and value of advocacy from the unique perspective of a civil society organisation. The result is a shifting of perspectives among civil society organisations to allow for an increased appreciation of the relevance and importance of advocacy to the successful achievement of their organisational objectives.”

Healthy Caribbean Coalition

Seven priority areas included in HCC's Action Plan



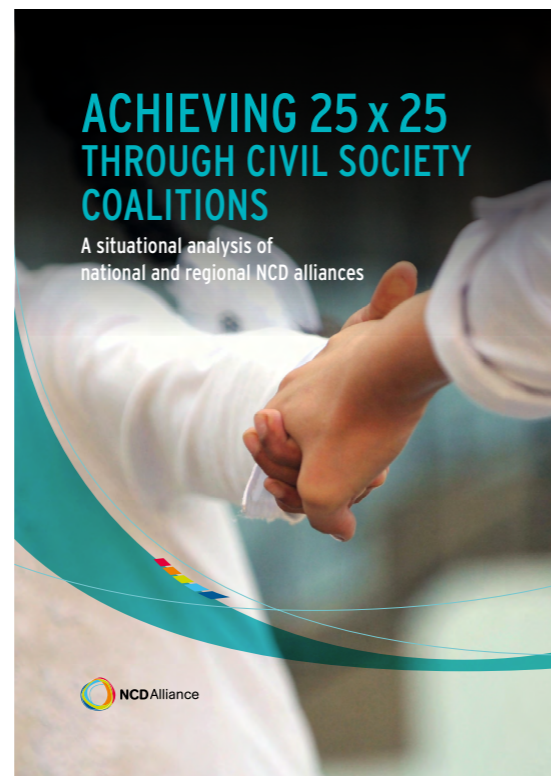
NCD Advocacy, Accountability and Conflict of Interest meeting hosted by HCC in partnership with the Antigua & Barbuda Ministry of Health and the Environment (Antigua, Feb 2017)

Global advocacy

NCDA has actively promoted the role of civil society in the NCD response, namely advocacy, awareness, access and accountability. This programme has supported national and regional civil society efforts and has helped contribute to the body of knowledge on NCD civil society.

In 2015, via this programme, NCDA commissioned an independent situational analysis of national and regional NCD alliances designed to understand how NCD alliances have developed and how their growth can be accelerated and sustained; provide a snapshot of national and regional priorities and advocacy, including an inventory of advocacy activities being undertaken; identify key challenges or support needs; identify key assets and opportunities for potential cooperation between countries; and inform civil society strengthening initiatives as well as the development of NCDA's capacity development work part of its 2016-2020 Strategic plan. The resulting report **Achieving 25 x 25 through civil society coalitions** was launched at the first Global NCD Alliance Forum in Sharjah, United Arab Emirates (2015)².

NCDA's advocacy work on the importance of civil society can be seen reflected in its 2018 ENOUGH Campaign towards the UN High Level Meeting on NCDs and supportive language on civil society can be found in the Political Declaration of the 2018 UN High-Level Meeting on NCDs.



² The first situational analysis set the basis for further work of the NCD Alliance in this area. In 2017, for the second Global NCD Alliance Forum NCDA produced the **Atlas of Case Studies** highlighting the work and impact of national and regional NCDs alliances. The Atlas aims to share good practices among NCD alliances and to help make the case for the critical role played by civil society in the NCD response.

B. Meaningful involvement of People Living with NCDs (PLWNCDs)

The views and perspectives of PLWNCDs are essential to inform laws, policies, healthcare services and other systemic NCD decisions.

Their meaningful involvement stands to make the NCD response more urgent, more accountable, more robust and effective. As a direct result of the programme, NCDA recognized the absence of PLWNCDs' voices in the NCD response and the need to capture the valuable insights of those with lived experiences to accelerate action on NCDs. Accordingly, NCDA launched Our Views, Our Voices (OVOV), a five year initiative (2016-2020), which seeks to meaningfully involve PLWNCDs in the NCD response, equipping people living with NCDs with the skills, knowledge and opportunities to be leaders and active players in the response to these diseases.

Advocacy Agenda of People Living with NCDs (PLWNCDs)

Drawing from the experience of the HIV/AIDS movement, NCDA consulted with PLWNCDs from different regions as well as disease and risk factor communities to better understand their needs, priority asks, and how they would like to be involved in the NCD response. NCDA collaborated with a series of organisations to pilot "community conversations" (facilitated discussions with PLWNCDs aimed at collecting views on needs and priorities). Based on the success of these pilot conversations, in 2017, NCDA convened a widespread consultation to inform the development of an **Advocacy Agenda of People Living with NCDs**. A total of 1,893 PLWNCDs from 76 countries took part in the consultation (via 72 community conversations hosted in 16 countries and an online survey with responses from 958 people from 74 countries). Consultation results are available in **visual public dashboards** which allow advocates to access the data, search quotes and interact with the results. A workshop with 34 PLWNCDs from 22 countries (October 2017) discussed the

consultation results and finalised the *Advocacy Agenda of PLWNCDs*. The *Advocacy Agenda* is a reference document which articulates the priorities of PLWNCDs and serves as a compass for the NCD community. The Agenda was launched at the Global NCD Alliance Forum in Sharjah, United Arab Emirates, to an audience of 350 delegates. Subsequently, the Advocacy Agenda has been broadly promoted through the NCDA network, through the group of PLWNCDs that helped inform its development, and through social media channels.

NCDA produced a series of **micro-documentaries** of individuals living with NCDs to bring the Advocacy Agenda to life, by illustrating the people behind it. The Advocacy Agenda is now being framed through a national lens, as led by national NCD alliances in different countries, so that countries can own the agenda and take it forward. In addition, an Our Views Our Voices group of over 200 PLWNCDs was formed as a result of the interest sparked by the consultation.



South Africa

During public events, the alliance has engaged audiences in discussions stemming from the prompt: “Do you have an NCD or risk factor?” The SANCDAs utilized this approach at a series of events, including the National Treasury sugar tax workshop, Parliament Joint Sitting of Health and Finance Portfolio Committees, South Africa Medical Devices Association workshop, African Population Health Research Centre workshop, and Gauteng Provincial NCDs Workshop, etc. It has brought a human face to the complex issue of NCDs by demonstrating how many people in the audiences were directly touched by NCDs and their risk factors.

Caribbean

HCC has committed to directly engaging PLWNCDs in the development of all of its NCD advocacy efforts. To this effect, HCC placed the voice of cancer survivors at the heart of developing a **regional cancer advocacy agenda** in February 2017, the first attempt to do so in the region. HCC hosted a community consultation with breast and ovarian cancer survivors in partnership with University of Trinidad and Tobago (UTT) and Cancer survivors in Action (CSIA) at the Inaugural Caribbean Cancer Survivorship Conference 2016. In collaboration with the Caribbean Cancer Alliance, the community consultation results capturing the perspectives of PLWNCDs were consolidated into the HCC Caribbean Cancer Alliance Cancer Advocacy Agenda

(officially launched on World Cancer Day in 2017) with priority areas of action in prevention, early detection, diagnosis and treatment, palliative care, survivorship and monitoring and evaluation. HCC has gone on to grow this work and has appointed an Our Views, Our Voices adviser - Ms Tara Lisa Persaud. Ms Persaud has been working to ensure that all of HCC’s work reflects the experiences and voices of PLWNCDs.

India

During the programme, HIA members placed a priority on patient and caregiver-led advocacy within the scope of HIA’s activities. For example, the alliance organized a workshop on “Needs Assessment – Capacities of Patients to Manage Non-Communicable Diseases and Lead Advocacy for their Prevention and Control.” This workshop sought to elevate the patient voice in advocacy by orienting patients, caregivers and community leaders about their role as advocates in the prevention and control of NCDs. Aligning to the needs, challenges and priorities of PLWNCDs, the Alliance has been focusing on meaningfully engaging patients and caregivers in prioritizing NCD prevention and control in the country. The Alliance participated in the Our Views, Our Voices initiative and contributed to the development of the Global Advocacy Agenda of PLWNCDs. In 2018, the Alliance set up a working group on Patient Empowerment and Palliative Care, to develop a National Advocacy Agenda of PLWNCDs through four Regional Consultations, on meaningful engagement of PLWNCDs, derived from the Global Advocacy Agenda of PLWNCDs.



Youth Walk the Talk on NCDs, India, May 2018

C. Multi-sectoral engagement

An effective NCD response necessitates a multi-sectoral whole-of-society approach, with the different stakeholders playing key roles, with careful consideration and management of real or perceived conflict of interest (COI). An understanding of these roles is critical to ensure that coordinated, collective efforts are leading towards healthier societies.

The programme supported lead organisations to convene National NCD Stakeholder meetings as a way to bring diverse stakeholders together to assess the current status of NCDs in the country (or region, in the case of HCC) and as part of a strategy to position civil society as an active player and NCD watchdog.

These meetings discussed priority areas for action, improvement and follow up, and helped develop coalition networks of support. Meeting attendees reviewed international and national NCD commitments, with the active participation of experts and government representatives. Meeting outcomes and findings reflected the realities unique to each geographic setting. These meetings, held in

the first year of the programme, represented unique NCD multi-sectoral convening opportunities. In the case of the Caribbean, the meeting brought forth civil society from across the region to network with national governments and regional NCD leadership.

Engaging diverse partners emphasized both the validity and depth of a multi-sectoral approach to NCDs. For Brazil, the meeting served to organize a national NCD civil society response to monitor the implementation of the National NCD Plan. For South Africa, the national meeting served to build consensus around the need for multi-stakeholder action on NCDs and to firmly establish the SANCDAs as a key stakeholder in NCD policy formulation and implementation.

South Africa

The SANCDAs sought to collaborate with provincial health departments as the main providers of comprehensive health services through a district-based public healthcare model. As a result of outreach, the KwaZulu-Natal Department of Health partnered with the SANCDAs to hold the first “KZN NCD Indaba” (isiZulu for ‘meeting’) (2014). The “Indaba” established a model of multi-sectoral collaboration by bringing together healthcare providers, government representatives, civil society, academia and the private sector to examine provincial NCD prevention and control using a multi-sectoral response.



“
The Indaba gave standing and credibility to both the SANCDAs and the provincial Department of Health with the National Department of Health, other provinces and the Deputy Minister of Health.”
SANCDAs’s member organizations gained closer access to communities and PLWNCDs and providing another platform for partner organizations to interact using their structures. Upon opening the meeting, Dr. Dhlomo, the KZN provincial health minister, galvanized the delegates by stating: ‘We need to start treating NCDs with the same passion as with HIV/AIDs, and we need to become aware that we can change our NCD future.’ ”

South African NCDs Alliance

◀ Dr Sibongiseni Dhlomo, KZN provincial health minister, having his blood pressure taken on occasion of the KZN NCD Indaba



Second National Civil Society Consultation on NCDs organised by the Healthy India Alliance in collaboration with the release of the HIA Civil Society Status Report on 2016 Ministry of Health and Family Welfare, Government for India and WHO Country Office for India in July 2017

India

During the programme, HIA dedicated itself to building relationships with global, national and state level partners to advance its efforts. For example, the alliance initiated field level activities through dedicated Working Groups on Alcohol Control, Sugar Sweetened Beverages and Patient Engagement and Palliative Care. HIA also focused on working more closely with national partners including the Ministry of Health and Family Welfare (MoHFW), WHO Country Office for India and the India Office of the United Nations Development Programme. HIA assisted MoHFW in drafting the Civil Society engagement guidelines for the National NCD response. According to HIA, an officer from the Ministry of Health championed the importance of a multi-sectoral response when he said, "Human health itself is a multisectoral subject matter, so I would like to highlight here the need and importance of a multisectoral response. We are here to reiterate the importance of coherence of multiple organisations towards a common goal, implementation plan and to bridge gaps in the capacities of these organisations."

Caribbean

HCC has supported and promoted the importance of a multi-sectoral approach to NCDs in the Caribbean region. As part of this programme, it produced the [2015 HCC/NCDA Assessment of National NCD Commissions \(NNCDC\)](#), a landmark report that provided a detailed assessment of the status of CARICOM National NCD Commissions and made recommendations for their future structure and roles as key instruments of national coordinated multi-sectoral action. In 2016, HCC worked with the Commonwealth Secretariat to develop the NNCCDC Implementation Framework to support the

establishment and strengthening of NNCCDCs in Antigua & Barbuda; Grenada; and St. Vincent & the Grenadines. The final Framework was disseminated regionally to PAHO, CARPHA, CARICOM, and CARICOM Ministers of Health.

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The HCC/NCDA relationship has resulted in increased regional and global visibility, credibility and networking and general organizational capacity building. The project has also provided a platform for HCC to promote the importance of a multi-sectoral, 'whole of society approach' to NCD prevention in the Caribbean and to highlight to a wide cross section of relevant stakeholders the vital importance of civil society in a coordinated multi-sector response to NCDs. HCC is bringing greater regional and international attention to the NCD Commissions model of multi-sectorality employed throughout the region. An assessment of the successes, challenges and lessons learned has been a springboard for further funding to develop and test a model for national mechanisms of multi-sectoral engagement in the prevention and control of NCDs.”

The Healthy Caribbean Coalition

D. Health Systems Strengthening

Health system strengthening requires attention to governance and policy, health service delivery, health workforce, information systems, essential medicines and technology and financing alongside addressing the underlying social and economic determinants of NCDs.

The programme mobilised national stakeholders around the need for health systems strengthening in order to address the growing burden of NCDs. Alliances called for increased financing for national health systems.

National Health Systems Strengthening Meetings

Lead organisations convened national or regional multi-stakeholder meetings on health systems strengthening (HSS) for NCDs. These meetings sought to identify areas in need of improved policy and implementation, and to mobilize action on health systems strengthening and integration of NCD programming. In Brazil (November 2014), participants focused on how to guarantee equitable quality public health within a universal health access framework. In the Caribbean (October 2014), the meeting created regional awareness of the need to adopt a health systems strengthening approach to NCD prevention and control, and emphasized the importance of intersectoral partnerships and of engaging health care providers to encourage open dialogue around key issues of importance to PLWNCDs.

In South Africa, the Health System Strengthening "Kopano" (Setswana for 'meeting/unity/together') (November 2014) considered solutions to the epidemic of NCDs. Participants explored ways in which patient advocates and civil society groups can work with government to ensure the prioritization of NCDs. It built on work that the SANCDAs had previously initiated in the provinces. This contributed to the deputy minister of health calling for inclusive and coordinated action among the national and provincial health departments and other stakeholders.

Advocacy

In South Africa, SANCDAs inputted government discussions and advocated for NCDs to be addressed as part of the country's efforts on Universal Health Coverage. When advocating for a sugary drinks tax in the country, SANCDAs made the case for earmarking the tax revenues as a way to fund NCDs. In February 2017, the Finance Minister's budget speech stated that the "Government is committed

to increasing investment towards health promotion targeting non-communicable diseases alongside the implementation of the sugary drinks tax, such as diabetes screening and nutrition education"

In Brazil, ACT Health Promotion regularly collaborates with ABRALE (a cancer patient organization) and the Movement All Together Against Cancer (TJCC) on advocacy for the strengthening of the SUS (Universal Health System), actively taking part in the TJCC yearly congresses on cancer care. In addition, ACT Health Promotion actively mobilizes its network to advocate on health system financing. In 2015, ACT Health Promotion mobilised its network to advocate on financing of the health system for tobacco related diseases through tobacco taxation. ACT Health Promotion also participated actively in the 15th National Health Conference³ where it coordinated one of the groups that discussed financing for the health system. Tobacco and alcohol taxation were consequently recommended in the Conference results as a new source of revenue in the National Health System⁴. ACT also advocated for the reimbursement by the tobacco industry of the amount spent by the federal government on the treatment of tobacco related diseases.

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Increasingly civil society is being acknowledged as an important partner in regional high-level dialogue around key issues such as health systems strengthening and universal health coverage.”

The Healthy Caribbean Coalition

³ National conferences consist of spheres of deliberation and participation designed to provide guidelines for the formulation of public policy at the federal level. At the end, a final document containing the guidelines for the design of public policy is produced, as the result of a long process of deliberation and consensus formation between government and civil society. They take place every 4 years.

⁴ Document produced by the Financing Commission of the National Health Council, resulting from Brazil's 15th National Health Conference.

E. Accountability

NCDAs recognize accountability as an imperative for political and programmatic change and key to tracking progress on NCDs.

Defined as a cyclical process of monitoring, review and action, accountability enables the tracking of commitments, resources, and results and provides information on what works and why, what needs improving, and what requires increased attention. As part of the programme, the alliances monitored progress against international and national commitments on NCDs, calling for accountability among decision-makers. Alliances advocated on concrete issues particular to their settings and held decision-makers to account for national progress.

Civil Society Status Reports (CSSR) on NCDs

To support accountability efforts by civil society, NCDAs created a template for a Civil Society Status Report (CSSR) on NCDs as well as a benchmarking tool to assess progress against international and national commitments for use by advocates worldwide. NCDAs designed these as a way to complement government official surveillance, monitoring and reporting on NCDs, from a civil society perspective. As part of their activities to promote accountability, all alliances included in the programme produced national (or regional) CSSRs launched around a political milestone for NCDs. National activities included dialogue with government representatives to review progress and promote further action, media launch events, and social media activity. The CSSRs provided a solid evidence base upon which to build a robust civil society NCD advocacy agenda and served to position civil society organizations as respected, research driven, and knowledgeable NCD stakeholders.

Caribbean

The 2014 **Caribbean Regional CSSR on NCDs** represented the first occasion that civil society in the region came together with academia to produce an in-depth and comprehensive assessment of NCDs. HCC worked with researchers of the University of the West Indies (UWI) to capture progress against commitments outlined in the 2007 Port of Spain (POS) Declaration. Key CSSR recommendations included the need to: increase action to address NCD risk factors and social determinants of health, strengthen health systems and improve access to health care, and build a true 'all-of-society' approach with a fully engaged civil society. The President of Trinidad and Tobago, along with the Minister of Health and other high-level representatives attended

the CSSR launch. The report's key findings and calls to action were also shared in country stakeholder HCC visits, including with the Minister of Health of Grenada and the Honorable Dr. Clarice Modeste, the President of Dominica. HCC's work on accountability has continued beyond the end of the programme. CARICOM and PAHO were charged with evaluating the impact of the POS Declaration, and the evaluation was led by the University of the West Indies, in collaboration with the Caribbean Public Health Agency, HCC and the University of Toronto, with the support of the Canadian International Development Research Centre. This work was published in a **report** in 2017, which included recommendations for accelerated implementation of measures to prevent and control NCDs.

South Africa

In South Africa, the CSSR on NCDs and specifically its benchmarking tool assessing government policy and civil society engagement served as a useful 'calling card' for the newly established advocacy alliance. As part of the benchmarking exercise, multisectoral peer review forced people and organizations to analyze the national NCD plan and discuss its strengths and challenges. Throughout the process, the SANCDAs adopted an open, transparent and all inclusive approach, sharing the benchmarking results online for public consultation and validation. Developing its own unique methodology, the SANCDAs used the benchmarking results to structure the Health Systems Strengthening Kopano held in November 2014 where diverse stakeholders discussed the results and jointly built recommendations for action. The results of the benchmarking exercise were presented to the Deputy Minister of Health. Utilizing the **2010-2015 CSSR**, the SANCDAs advocated for the increase in funding for NCD prevention and control to support implementation of the National NCD Plan.

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The CSSR on NCDs proved to be the key to all of the SANCDAs advocacy initiatives. The CSSR and associated benchmarking tool have been the unifying core link that allowed for the systematic analysis of the government's response to NCDs. The CSSR findings enabled us to push for action, forge new coalitions and to gain access at the national and provincial levels. The CSSR was used to push, first a crack and later a hole, in the wall preventing civil society involvement in NCD policy and implementation. The benchmarking tool proved to be effective in opening up the discussion on NCDs, exposing an advocacy agenda and ensuring that civil society was heard.”

South African NCDs Alliance

Brazil

The 2014 **Brazilian National CSSR on NCDs** reviewed local data, published articles, official reports, coalition members' contributions and interviews with key actors. Main recommendations included: expanding the evaluation of the national plan; increasing coordination between government ministries, departments, agencies and organized civil society; developing prevention and control strategies to reduce health inequities resulting from the social inequalities of the Brazilian population; safeguarding NCD public policies from commercial interests of companies which profit from the consumption of products associated with increased risk. The main findings of the Brazilian National Status Report on NCDs were presented and shared at the IV Brazilian NCD Plan Monitoring Forum, held in August 2014. Ensuring civil society presence and presenting a civil society monitoring report at a Forum significantly attended by government representatives was a major advocacy gain and positioned ACT Health Promotion as an emerging major player and organized force. ACT Health Promotion has continuously advocated for the existence of regular National NCD Plan monitoring meetings and underlined the importance of civil society participation therein. As part of its accountability work, ACT Health Promotion issued yearly updates of its CSSR. In addition, in 2016, ACT Health Promotion joined Brazil's Civil Society Group for the 2030 Sustainable Development Agenda and has been responsible for monitoring SDG 3 in Brazil. The Civil Society Group has produced two **"light reports"**, a deliberate alternative option to "shadow" reports as they are intended to shed light in the ways ahead.

India

The India Civil Society Status Report was launched in July 2017, during the Healthy India Alliance's Second National Civil Society Consultation on NCDs in India. The consultation, organised in collaboration with Ministry of Health and Family Welfare, Government of India, and the WHO Country Office for India provided a platform for health and non-health CSOs to engage in discussions for identifying action priorities for CSOs. Four key priority areas emerged out of the India Civil Society Status report, namely: national coordinating and implementing mechanisms for the prevention and control of NCDs to be established urgently; greater action-oriented and multisectoral engagement in advancing NCD prevention and control strategies in India; meeting international standards, best practices and evidence based approaches to prevention, management and control of NCDs; and NCD related health services to be integrated under Universal Health Coverage. Throughout the civil society consultation, the report was used as a reference document to understand where the country stands in terms of progress and main challenges faced.

F. Promoting the integration of NCDs within other health priorities

Given the programme's focus on health system strengthening and integration of NCDs, the programme also sought opportunities to build synergies within and across other areas of global health and sustainable development.

For example, the programme made efforts to link across to the nutrition, HIV/AIDS and Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) community, as part of NCDA's broader advocacy strategy to integrate NCDs within these areas, all of which are priorities within the 2030 Agenda for Sustainable Development. To this end, NCDA convened events with a focus on building synergies, collaborated with global health and development communities to promote the integration of NCDs, and sought opportunities to influence consultations to promote integrated responses to health and development.

Since its inception, NCD Alliance mobilised its network to advocate for the inclusion of NCDs in the global agenda to follow the Millennium Development Goals. NCD Alliance, was manager and member of the Health in Post-2015 listserv, collaborating with other global health groups such as the International HIV/AIDS Alliance, Partnership for Maternal and Newborn Child (PMNCH), Handicap International, PATH International, Jhpiego, and the Stop AIDS Alliance to advance health in the 2030 Agenda for Sustainable Development. The group developed statements and written inputs to various processes to ensure that NCDs, and health more broadly, were prominently featured in the 2030 Agenda. As part of NCDA's efforts and of the NCD community broadly, NCDs were secured as a priority in the 2030 Agenda for Sustainable Development with target 3.4 calling for a reduction by one-third of premature mortality from NCDs by 2030. This has the potential to transform the NCD response in low- and middle-income countries, as well as unlocking new partnerships, capabilities and funding across the sustainable development community.

At the **2015 World Health Assembly**, the NCDA and PMNCH hosted a roundtable discussion with more than 20 delegates to discuss a shared agenda on NCDs and Women's, Children's and Adolescents' Health, with the discussions centering on promoting a life course approach in the updated Global Strategy and ensuring it addressed NCDs and shared risk factors.

In May 2015, **NCDA joined a coalition of 20 international organisations** in a call to the WHO, urging bold action on nutrition, at the 2016 World Health Assembly. To help reach an important milestone in the efforts to curb the epidemic of overweight and obesity, NCDA contributed to the work of the WHO Commission on Ending Childhood Obesity (ECHO) during several rounds of public consultations. NCDA Expert Advisory Council Member, Dr Sania Nishtar served as a Co-Chair and presented the Commission's final report to the WHO Director-General at the Executive Board in January 2016. The comprehensive implementation of the report's recommendations will be critical to achieve the nine NCD targets, as well as the World Health Assembly nutrition targets.

In July 2016, at the **21st International AIDS Conference**, NCD Alliance in collaboration with SANCA and GNP+ (a network of people living with HIV/AIDS) held a community conversation in the People living with HIV networking zone of the Conference's Global Village. It explored meaningful involvement given the lessons learned and strong involvement history in the HIV/AIDS movement. In addition, it recognised the need for integration of health services.

At the **2015 and 2017 Global NCD Alliance Forum**. NCDA's global convening of NCD civil society - NCDA highlighted synergies with priority areas of sustainable development, engaging groups such as PMNCH, Women Deliver, World Cancer Research Fund International, Center for Food Policy, the Global Network for People Living with HIV (GNP+), FIGO, etc.

Lessons Learned

Recommendations for Supporting NCD Civil Society

The programme's experiences in fostering the development of strong and unified civil society networks to address the root causes and ramifications of NCDs have resulted in a body of knowledge that can be of use to organizations interested in such strategies.

A. There is no "one size fits all" –different civil society alliance models exist depending on the needs and setting, and different approaches to coalition-building may be necessary.

With a formalized membership organisation in the Caribbean, to the informal union of four leading diseases organizations in South Africa, to the network led by a tobacco control organization in Brazil, the programme featured different models of national alliances. Experiences from South Africa and India, where NCD-focused alliances were born during the programme, demonstrated that coalition building can often take time and follow a complex process. Given the complexity of the NCD agenda, which requires a variety of stakeholders (disease groups, risk factors, health and non-health groups, youth groups, and others), organizations need to allow ample time for structural evolution, as well as relationship building before embarking on large-scale advocacy activities.

B. Capacity development of alliances requires strong technical assistance in addition to sustained investment.

NCDA assumed a critical role in cultivating and supporting a growing network of national or regional NCD alliances over a sustained period of time through the provision of technical assistance coupled to tailored grants. Technical assistance allows for consistent help with programme progress, deploying network resources to support an alliance. This included facilitating access to NCD Alliance expertise, connecting to other alliances and organisations, being part of a larger advocate network, facilitating networking and peer-to-peer learning opportunities, offering platforms for alliances to showcase successes, sharing intelligence to maximise linkages

between national, regional and global advocacy, and offering technical written resources (such as the NCD Alliance model for developing a civil society status report). This technical assistance maximises the impact of grants awarded.

C. Context matters.

The pace of coalition building at country or regional levels can be influenced by a variety of internal and external factors, including social and political environments that are beyond the control of an alliance. For example, changes and volatility in government can impact advocacy strategies, but also highlight civil society's vital role in spotlighting key NCD issues over time. Likewise, member organisations themselves go through cycles and internal changes that may impact alliance effectiveness. Consequently, NCDA learned how to adjust strategies to accommodate the unique needs of alliances forming under different contexts to best nurture their nascent or growing advocacy efforts.

D. PLWNCDs must be meaningfully involved in every aspect of NCD policy making and programme implementation.

Over the course of the programme, NCDA increasingly sought avenues to elevate the perspective of PLWNCDs into the NCD response. This process led to the creation of the Our Views, Our Voices initiative upon realisation that meaningful involvement needs to become commonplace to ensure policies and systems respond to the actual needs and priorities of those they are meant to be serving. All stakeholders in the NCD response can play a part to promote the meaningful involvement of PLWNCDs in their work. It is clear that there is an interest from individuals in wanting to be involved. For example, the Our Views



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The HCC/NCDA relationship has resulted in increased regional and global visibility, credibility and networking and general organizational capacity building. As a result of this programme, we are better equipped to serve our member CSOs and to build their capacity to be effective advocates while we advocate at the regional and global level in support of attainment of national, regional and international NCD targets leading to reduced NCD-related morbidity and mortality in the Caribbean.”

The Healthy Caribbean Coalition

Strengthening Health Systems, Supporting NCD Action Meeting November 2013, Ed Clarke and Sir George Alleyne

Our Voices initiative and its consultation to arrive at an **Advocacy Agenda of PLWNCDs** had a much larger reach than originally anticipated. Although the original engagement target was to reach over 700 individuals, nearly 2000 individuals took part in and helped to build the Agenda.

E. Seek opportunities to leverage support for NCDs by collaborating with other stakeholders - health and non-health.

The programme made the case for integrated approaches and win-win solutions to advocacy, drawing upon synergies between different stakeholders. For example, ACT Health Promotion collaborates with well established cancer groups and networks on advocacy for financing the national health system. ACT Health Promotion is actively involved in national civil society coordination around the 2030 Agenda. In South Africa, SANCDAs regularly connects with HIV/AIDS groups and in India, HIA includes the Association of Adolescent and Child Care and Pallium India in its governing board. Alliances' interest in strengthening health systems is shared across stakeholders well beyond the groups of the main NCDs by burden. Including these groups in advocacy efforts strengthens the overall reach and potential for impact of advocacy efforts.

The programme has seen the growth of NCD efforts result in the growth of work in cross-cutting areas in the sustainable development agenda. ACT Health Promotion secured funding for establishing an alliance for healthy food and works with consumer groups, nutritionists, Slow Food Brasil, Greenpeace, and others on this topic. In the Caribbean, HCC is playing an instrumental coordination and leadership role in advocacy on childhood obesity, engaging a wide variety of partners such as the Caribbean Development Bank and the Global Health Advocacy Incubator.

F. Provide networking opportunities and link global to national advocacy.

There is great value in advocates belonging to a network that facilitates exchange of expertise and experience between peers. Also, ensuring that national advocacy efforts are occurring in the knowledge of and aligned with global policy developments, taking advantage of global advocacy opportunities to further national action as well as strengthening global advocacy through national efforts.

This programme offered global platforms for alliances to showcase their work, providing an on-the-ground perspective and increasing their global exposure.

G. Apply expertise from specific areas of NCD prevention and control to new areas of work.

The programme has demonstrated the utility of CSOs sharing expertise in specialized areas with one another to strengthen the movement. For example, ACT Health Promotion applied its tobacco advocacy expertise to other areas of NCD prevention.

H. Expect and accommodate for challenges in coordinating among several countries in the development of regional alliances, or among different provinces in national alliances.

The programme has witnessed instances in which networks had to be mindful of the challenges associated with coordinating across different countries or within different regions of one country. For example, according to HCC, “When dealing with several different independent countries, albeit small ones, one has to be mindful of not only CSO priorities but also national priorities which may differ between countries. This needs to be considered going forward.” The SANCDAs also noted the importance of reaching out systematically to key provincial governments in order to strengthen its network. In India, HIA has navigated among the priorities of different geographic areas by conducting regional consultations to engage sub-national stakeholders and partners linked to engagement and empowerment of PLWNCDs.

I. Heighten the profile of NCD alliances through strategic communications and other outreach activities.

The programme demonstrated the power of strategic communications and outreach in creating sustainable alliances of NCD stakeholders. The lead organisations noted that establishing themselves as credible sources of data through, such as the CSSR and benchmarking tool, opened new avenues for productive networking with other stakeholders. According to the SANCDAs, “Irrespective of sectors, we judged that the greatest obstacles was to be accepted and to be taken seriously as an advocacy group...It meant covering lots of ground. We made sure that we stayed on top of NCDs news and became a source of ‘breaking NCDs news.’”

J. Civil society strengthening initiatives must be designed with viable sustainability strategies to ensure continuity and growth.

In early 2017, NCDA launched the NCD Advocacy Institute, a capacity development initiative aimed at supporting and strengthening NCD civil society. The NCD Advocacy Institute includes a Seed Programme to cultivate NCD civil society and an Accelerator Programme to fast track advocacy efforts. Several of the lessons learned throughout the course of this programme have been applied to the NCD Advocacy Institute.

In order to encourage the sustainability of the alliances in India, Brazil and South Africa, these organisations have been included in the Accelerator Programme, which was a natural next step for these alliances as they are established active advocates.

The alliances receive in-depth technical assistance and tailored coalition support to fast track their growth. They have been offered increased access to peer support and in-depth issue specific technical assistance, and training to increase their legitimacy and relevance. At the broader environment level, NCDA is advocating for increased investment in NCD civil society as a key piece of the global NCD response and essential to sustainability efforts.

During the programme, the lead organisations demonstrated their abilities to secure additional funding for activities. Moreover, HCC and HIA conducted strategic planning exercises as part of their efforts to ensure sustainability.

Conclusion

The Expanding Access to Care, Supporting Global, Regional and Country level NCD Action programme demonstrated that targeted and sustained support and investment in civil society leads to tangible results.

NCD civil society in the Caribbean, Brazil, South Africa and India was supported to coalesce and drive change via technical assistance, grants, technical resources and access to a broad network of advocates and experts. As a result, NCD civil society in these geographies is coordinated and mobilised in strong national (or regional as in the case of the Caribbean) alliances that bring together organisations that encompass different diseases and risk factors, within the health and non-health space.

These alliances are well established as platforms of unified civil society and are key players in the NCD response, representing civil society and inputting national/regional decision-making processes. They are actively involved in NCD accountability, monitoring national/regional progress against established commitments by regularly conducting benchmarking, evaluation and shadow reporting exercises. A multi-sectoral approach to NCDs has been promoted, and work in the Caribbean assessing National NCD Commissions has lessons that can be applied across geographies.

NCD alliances are powerful advocates for change, and across geographies have called for increased funding for NCDs, health system strengthening, action on NCD prevention and control and inclusion/integration across the 2030 Agenda for Sustainable Development.

As the network of national and regional NCD alliances continues to grow across the world, it is key that civil society is supported, drawing from lessons learned such as those shared in this report. Strong NCD alliances capable of delivering on their missions are an essential component of an effective NCD response.



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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