

Mapping of NCD Civil Society Organisations in the WHO European Region



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Abstract

A vibrant civil society is an important contributor towards progress on NCD prevention and control. A mapping of civil society organisations (CSOs) working on NCDs in the WHO European Region was performed to offer a broad portrait of the state of civil society action on NCDs and inform efforts to strengthen civil society's contributions. The mapping analysed data collected via an online survey of CSOs in addition to a series of in-depth interviews with civil society informants.

The mapping reveals a largely experienced NCD civil society movement interested in engaging with policy through advocacy efforts. It is important to note that CSOs in the region face a wide variety of contexts and political climates. There is a noted need for monitoring tools and mechanisms needed to hold governments to account on national progress on NCD prevention and control. Financial constraints are seen to be one of the main obstacles to CSOs' work in the region.

Mentoring, peer support, and knowledge sharing are areas for capacity building requested by CSOs. While many respondent organisations had over 15 years of experience of working on NCDs, the few that had less than five originated from Eastern European or Central Asian countries including Tajikistan, Romania, Kazakhstan, Georgia, and Russia, potentially indicating that this topic has taken root more recently in this part of the region. Preliminary mapping results were discussed at the regional meeting *The European Response to Chronic Diseases - the Role of Civil Society*¹, which explored the roles and contributions of NCD civil society and resulted in recommendations for actions to strengthen civil society. According to interviewees and participants of *The European Response to Chronic Diseases*, there is a need to support the civil society response on NCDs in the region. NCD prevention and control requires a multisectoral approach with active involvement of civil society organisations. At the regional level, NCD CSOs can play an active role in supporting the WHO Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region (2016–2025).

¹ *The European Response to Chronic Diseases - the Role of Civil Society* took place on the 12th and 13th of December 2016 in Brussels, Belgium, co-organised by the NCD Alliance and the European Chronic Disease Alliance (ECDA), with co-sponsorship from the World Health Organization, Regional Office for Europe.

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I. Executive Summary

Synthesising the views of 49 survey respondents from 20 countries and the perspectives of 15 interviewees, this mapping offers a broad portrait of the state of civil society action on NCDs in the WHO European Region. While these results do not claim to be definitive, a number of clear observations emerge from these analyses viewed alongside the outcomes of the European Regional Meeting held on the 12th and 13th of December 2016, which brought together 67 participants from 22 countries. Key messages are outlined below.

CSOs across the region count targeting governments and advocating for improved NCD policies among their core functions

The most frequently selected top target audience, chosen by survey respondents from a diverse sample of countries, was the government. Likewise, an overwhelming majority of respondents selected advocacy with policy makers for improved policies as one of their top three NCD-related activities.

Generating additional research, evidence, and general understanding of NCDs is viewed as a priority

Approximately a quarter of survey respondents marked NCD related research and knowledge generation as their top activity relevant to NCDs. Interviewees not only mentioned the need for improved evidence, but also for commonly shared sets of evidence they could use in advocacy and awareness raising. Lack of understanding of NCDs, even within the health sector, was also flagged.

CSOs in the region face a wide variety of contexts and political climates

The region is home to many very well established civil society organisations. However, in some countries the political environment towards civil societies is considered 'unfriendly' due to financial and bureaucratic obstacles to CSOs.

The need to increase cooperation among CSO activities is widely recognised as a challenge and an opportunity

Both survey respondents and interviewees noted obstacles such as segmentation of CSOs, lack of cooperation, and lack of a coordinated response. However, opportunities identified included joint strategic planning and increased exchange of practice among CSOs.

Identifying a clear common agenda is viewed as a crucial success factor

Developing powerful and clear programmatic messages for advocacy and raising awareness emerged as a key element of success. This is particularly important for building common vision within national and regional alliances.

WHO Regional Office for Europe, the NCD Alliance, and the ECDA have clear roles to play in supporting or enabling civil society action

Interviewees indicated that they anticipate not only recommendations, but also technical and even financial support from the WHO. Meanwhile, regional and global alliances such as NCD Alliance and ECDA are well situated to coordinate regional action of national CSOs.

II. Background

Over the last six years, NCDs have been elevated onto national and global health and development agendas. Through a series of landmark political commitments – including the 2011 UN Political Declaration on NCD Prevention and Control, the 2025 global NCD targets, the WHO Global NCD Action Plan 2013-2020, and Agenda 2030 – it is clear that the world’s governments now recognise NCDs as an urgent global problem. With the global prioritisation of NCDs and associated commitments now in place, the responsibility for action has shifted to the national and regional level. However, the UN High-Level Review on NCDs in July 2014 highlighted that progress at national and regional levels has been “insufficient and highly uneven”.

Consequently, Member States adopted a roadmap of time-bound commitments for the national level – including setting national NCD plans, targets, and multisectoral commissions. A robust national and regional NCD response must be mobilised so that progress can be showcased at the 2018 UN High-Level Meeting on NCDs. A fundamental strategy to drive progress on NCD prevention and control is to stimulate a vibrant civil society movement. Within all major political commitments on NCDs, the important role of civil society and civil society organisations (CSOs) is reinforced, as is a “whole-of-society” and “multisectoral” response. This mirrors notable global health victories in recent history, including the HIV/AIDS campaigns, where strong civil society and community based efforts have been instrumental to success.

The WHO Regional Office for Europe commissioned from the NCD Alliance a mapping of CSOs working on NCDs in the WHO European Region to inform efforts to strengthen civil society’s contribution to the NCD response. The mapping aims to describe the current status of civil society action on NCDs in the WHO European Region by outlining some of its pressing needs and challenges as well as highlighting potential solutions, best practices and opportunities. As the fourth NCD civil society mapping of a WHO region to be conducted over the last two years, it forms part of a series of similar efforts to inform the future direction of civil society action globally.²

Preliminary results of this mapping served to enrich discussions at the regional meeting *The European Response to Chronic Diseases - the Role of Civil Society* that took place on the 12th and 13th of December 2016 in Brussels, Belgium.³ The meeting was co-organised by the NCD Alliance and the European Chronic Disease Alliance (ECDA), with co-sponsorship from the World Health Organization, Regional Office for Europe. The meeting explored the roles and contributions of NCD civil society and was framed by the 2016-2025 WHO European Action Plan for the Prevention and Control of NCDs.

² Mappings of the [EMRO](#), [SEARO](#), and AFRO (forthcoming) Regions are available on the NCDA website.

³ The ‘Discussion Paper: Survey of NCD Civil Society Organisations in the WHO European Region’ is available [online](#).

III. Mapping Methodology

The mapping analysed data collected via an online survey of CSOs working in the region in addition to a series of in-depth interviews.

Survey

Survey responses were collected between the 9th and 21st of November 2016. The questionnaire, which was disseminated in both English and Russian, can be found in Annex 1.

Employing a purposive sampling method, extensive efforts were made to reach a maximum number of respondents representing as wide a thematic and geographic range as possible within the given time constraints. The sampling frame consisted of:

- Members of the seven international NCD Alliance federations based in the European region
- National NCD alliances in the region
- Participants of the European regional CSO meeting 12th and 13th of December 2016
- Civil society contacts of the WHO Regional Office for Europe, the European Chronic Disease Alliance (ECDA), and the Confederation of Consumer Societies (KONFOP).

The survey questionnaire, administered through Survey Monkey software, has been repeatedly tested and fine-tuned over the course of the previous three mapping exercises.

From a total of 68 responses, 11 were incomplete, seven were invalid due to unrecognisable responses, and a final response was eliminated as it was the second one from the same organisation and offered less detail. The remaining 49 responses were analysed.

Responses were gathered from 20 out of the 53 countries in the WHO European Region, of which 30% are non-EU or EEA countries (not counting Switzerland). These included Bosnia and Herzegovina, Georgia, Kazakhstan, Russian Federation, Tajikistan and Turkey. The high proportion of responses from Russia is likely attributable to the survey being disseminated among the networks of Confederation of Consumer Societies (KONFOP), a Russian NGO involved in the production of this research (Fig 1).

Key Informant Interviews

Key informant interviews were conducted in both English and Russian between 24th of November and 13th of December, each following the discussion guide provided in Annex 2. Key informants were also selected with a view of achieving thematic and geographic diversity.⁴ A list of interviewees' details can be found in Annex 3. Due to the limited time provided, five respondents opted to offer their insights in written form. The interviews were conducted via Skype, and during the regional meeting held between the 12th and 13th of December 2016 in Brussels, Belgium. Interviewees represented patient organisations, consumer groups, national NCD alliances, and regional alliances. Interviewees' organisational backgrounds mainly included tobacco, alcohol control, unhealthy diets, diabetes and cancer.

⁴ Key informant views, perspectives, and opinions have been included to deepen the analysis and conclusions presented in this report; however, these contributions have not been independently verified.

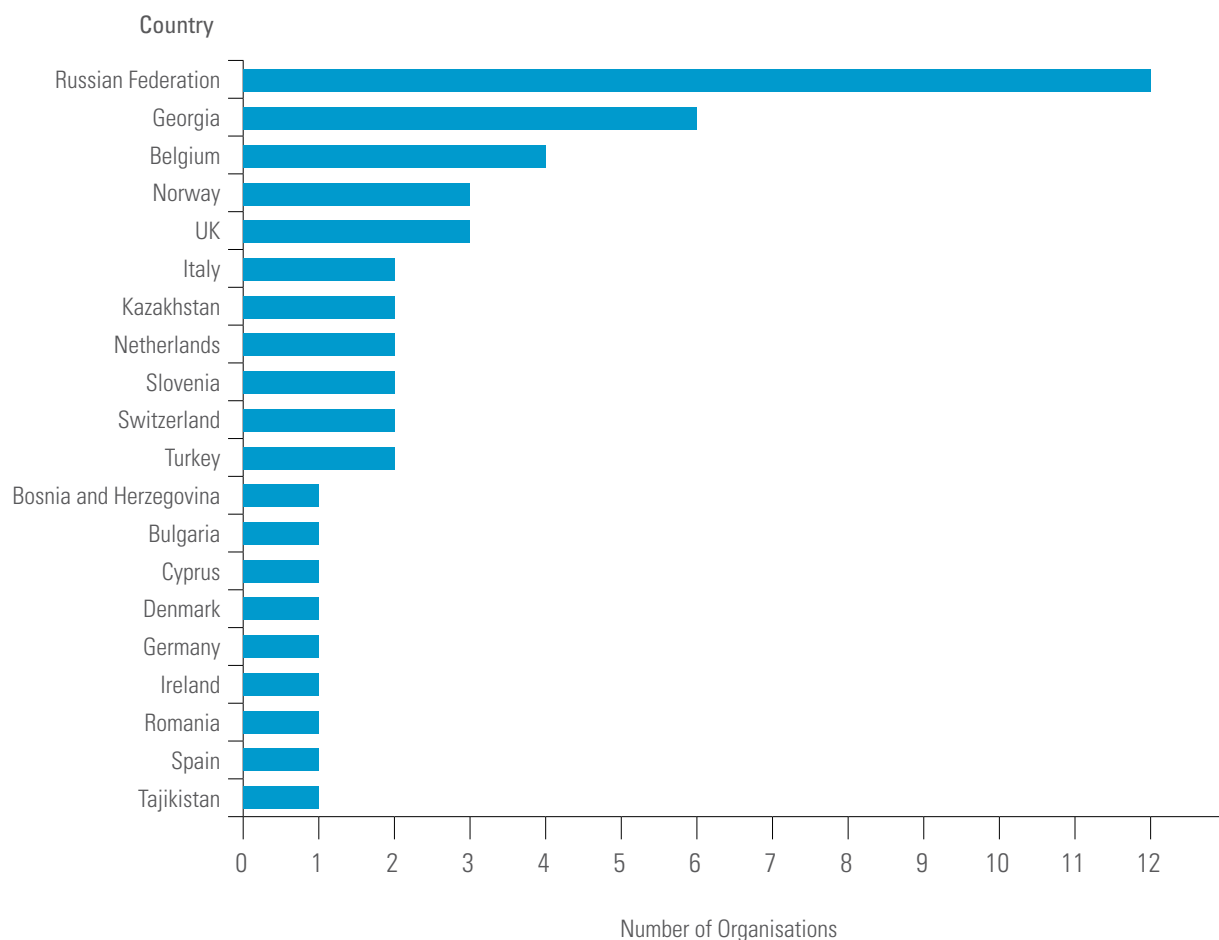


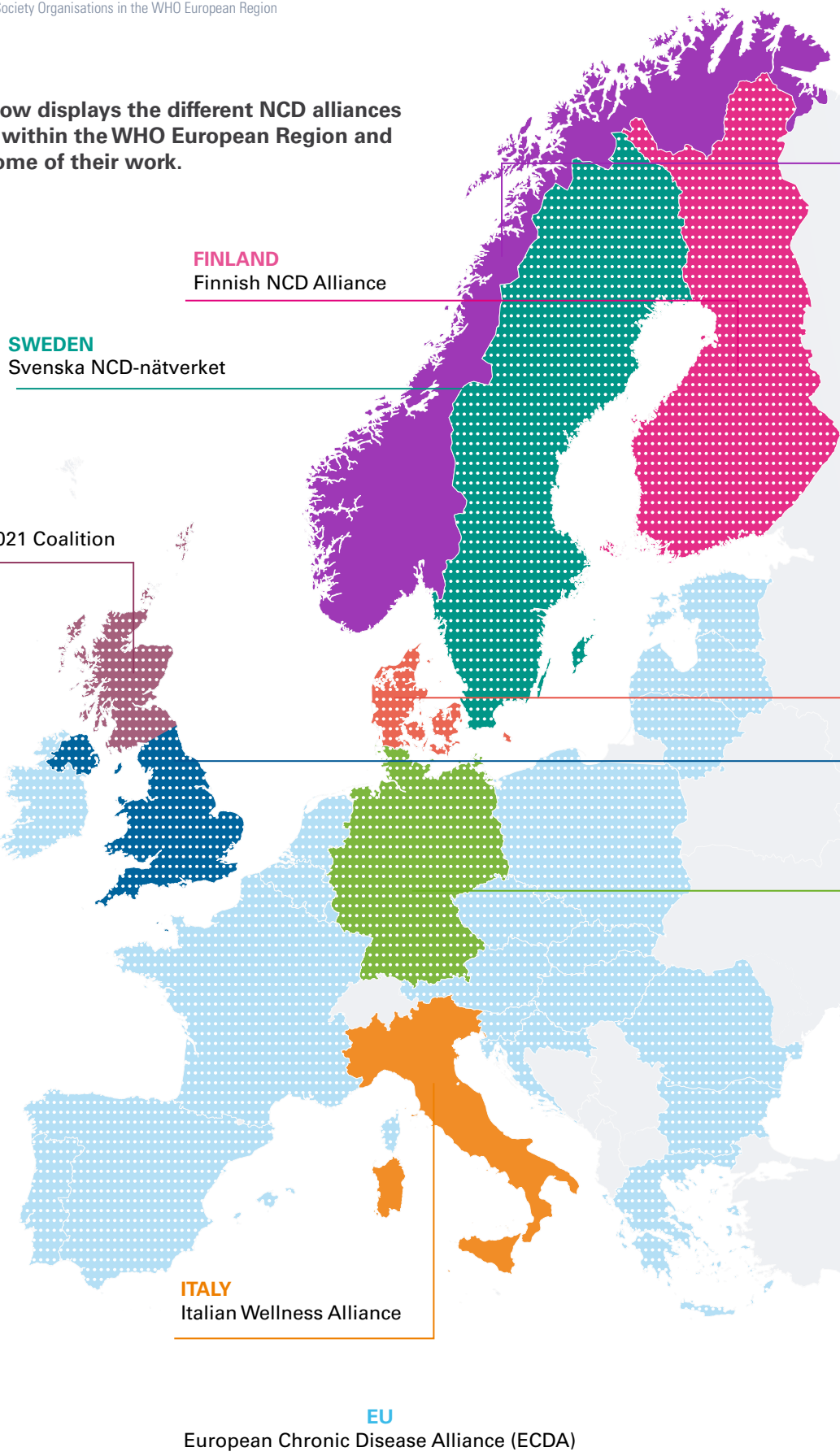
Fig 1. Countries in which respondent organisations are based

Known Active NCD Alliances in the WHO European Region

An impressive civil society movement has emerged over the last five to ten years. Alongside the NCD Alliance at the global level, there has been an emergence of alliances at the regional and national level. According to the latest count, there were 43 national and nine regional alliances in operation across the world.

These alliances are testament to the effectiveness of a unified approach to NCD advocacy. However, there is a strong need to cultivate the NCD CSO movement across regions, supporting nascent NCD Alliances, finding common regional priorities for action, sharing experiences and lessons learned. It is key to mobilise these alliances and networks to drive whole of society action and facilitate civil society planning as a driver for national and regional progress. For these reasons, capacity development of NCD civil society is a strategic pillar of action in the 2016-2020 Strategic Plan of the NCD Alliance.

The map below displays the different NCD alliances or networks within the WHO European Region and highlights some of their work.



The European Chronic Disease Alliance is a coalition of 11 European health organisations representing millions of patients and over 200,000 health professionals in the European Union. It works on allergies, cancers, cardiovascular diseases, diabetes, hypertension, and kidney, liver, and respiratory diseases. Its mission is to reverse the alarming rise in chronic diseases by providing leadership and policy recommendations.

NORWAY**The Norwegian NCD Alliance**

The Norwegian NCD Alliance consists of the largest NGOs in Norway representing the four major NCDs – cardiovascular disease, cancer, diabetes and chronic lung diseases. It was launched in 2011 as a common platform for civil society dialogue with the government in the leading up to the UN High-Level Meeting on NCDs 2011. It focuses on the national NCD burden, with a particular focus on prevention – through advocacy, information and by acting as a watchdog.

DENMARK**The Danish NCD Alliance**

The Danish NCD Alliance, founded in 2009, works to combat poverty and NCDs by supporting and strengthening NCD Alliances in Africa. It has been engaged in south-north collaboration for combatting NCDs since 2010. This has gradually been further developed into south-north, south-south and triangular collaboration.

ENGLAND**Richmond Group of Charities**

A collaboration of 14 leading health and social organisations working as “a collective voice to better influence health and social care policy”. Engaged in four areas of work: prevention, reconfiguring care, physical activity, data. Their work focuses on five themes:

- Prevention, early diagnosis and intervention
- Patients engaged in decisions about their care
- Supported self-management
- Emotional, psychological and practical support
- Coordinated care

GERMANY**German NCD Alliance (DANK)**

The German NCD Alliance brings together the main NCD disease groups: German Diabetes Association, German Association of Cardiology, German Cancer Society, German Cancer Aid, German Society of Pneumology and Respiratory Medicine and German Heart Foundation. Their advocacy is mainly focused on healthy diet and physical activity and their current priorities are: Health-promoting food prices (tax on sugar and fat), mandatory nutrition standards for kindergartens and schools, regulation of marketing of unhealthy food and beverages to children and a minimum of one daily hour of physical activity or sport at school and kindergarten.

IV. Scope and Limitations

Given the great diversity of national contexts within the WHO European Region, extensive efforts were made to ensure that this mapping reflects as wide a variety of relevant themes and countries as possible. In an attempt to overcome language barriers, the survey and interviews were conducted in both English and Russian, resulting in a high response rate from Russian-speaking countries.

However, due to the limited time available for collecting survey responses, only 20 out of the 53 countries in the WHO European Region are represented. In addition, the survey had a particularly large sample size from Russia, likely due to the survey's dissemination among KONFOP's networks.

In-depth interviews with key informants supplemented the quantitative data with advocates' direct perspectives and also sought to address country balance. When taking into account interviewees in addition to survey respondents, this mapping represents the views of representatives from 24 out of the 53 countries of the WHO European Region (due to interviews with professionals from Belarus, Poland, Serbia, and Ukraine). Two interviewees represented European alliances and coalitions, representing more than 44 countries of the WHO European Region.

Although the mapping findings cannot claim to be fully representative, the conclusions and recommendations resulting from this multi-faceted methodology are indicative of the current state of civil society responses to NCDs in the region.

V. Survey and Interview Results

The survey results are presented in conjunction with insights gathered from 15 in-depth interviews below. They have been analysed thematically to elucidate key trends within the region.

1. Profile of NCD Civil Society in the WHO European Region

a. Type of organisation

Although almost two thirds of responses (59.2%) originate from health NGOs such as cancer societies or heart foundations, a relatively large proportion do not classify themselves as health organisations. While medical associations represent 18.4% of responses, the third largest category consists of consumer groups (12.2%). However, of the six consumer groups included, five are from Russia and one from Tajikistan, potentially reflecting the high representation of KONFOP's network organisations in this sample (Fig 2). This may also indicate the historical involvement of consumer groups in activities related to tobacco control and unhealthy diets.

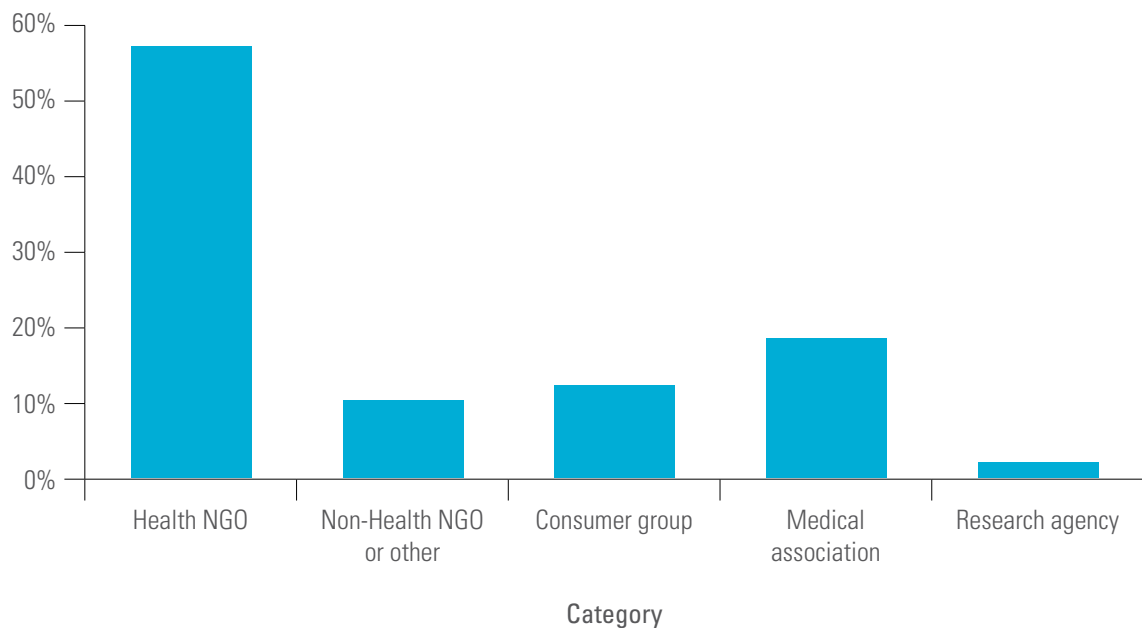


Fig 2. Nature of respondent organisations

b. Years of work on NCDs

Just over half (51%) of the organisations, based in 15 different countries, report to have been working in areas relevant to NCDs or their risk factors for 21 years or more, while 20.4% have been active for at least ten years. This reveals quite a long-standing interest in this field across the region, with only eight organisations (16.3%) reporting a maximum of five years of experience. Interestingly, all but one of the organisations relatively new to the topic originate from Eastern European or Central Asian countries

including Tajikistan, Romania, Kazakhstan, Georgia, and Russia, potentially signalling a relatively recent increase in activity on NCDs in this part of the region.

In terms of the scope of organisations’ work on NCDs, over half (53%) focus on national-level activities. Of those remaining, 26.5% report to work mainly on the level of the European region, with one describing its work as global, while 14.3% work on provincial and 6.1% on sub-regional levels.

2. Action on NCDs

a. Target groups

When asked about the top target audiences of their organisation’s work, the most frequently selected option was the government (with 73.5% of respondents, most of them health NGOs, choosing it as either their first, second, or third priority) (Fig 3). Interestingly, those selecting the government as their top target audience come from a wide variety of countries including Russia, Bulgaria, Kazakhstan, Georgia, Belgium, Denmark, Norway, and the UK. This result prefigures the overwhelmingly strong focus on ‘advocacy with policy makers’ as by far the most prominent NCD-related activity among respondents (Fig 6).

Overall, however, the category of the public received the most attention as highest priority (28.6% of respondents). This is followed by NCD-affected groups (22.4% of respondents), suggesting strong interest in other fields of activity such as awareness raising and patient support.

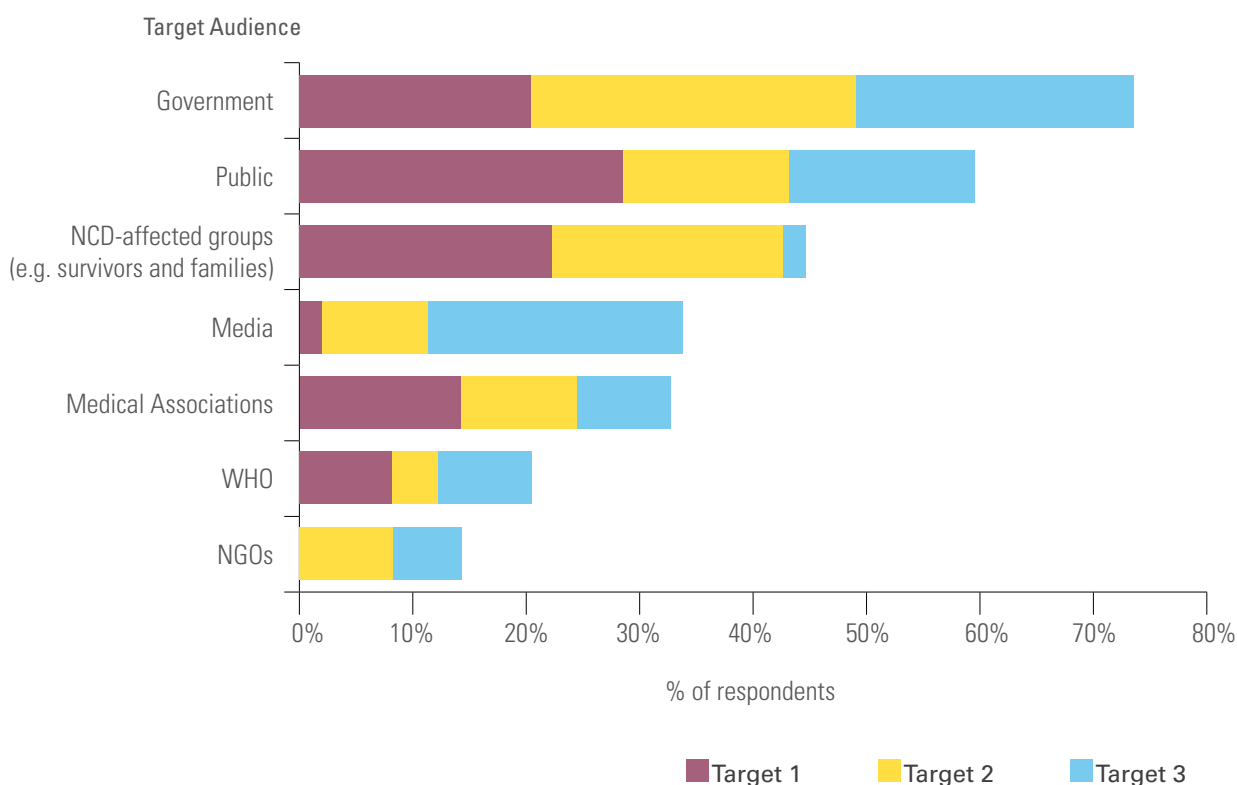


Fig 3. Top three target audiences of organisations

b. Focus within the NCD agenda

Selected by 61.2% of respondents spread across 15 countries, tobacco control is by far the most popular top focus area among respondents (although just under half of these originate from Russia or Georgia). This potentially reflects the gravity of the tobacco challenge in the region, which has the highest prevalence of tobacco smoking among adults relative to all other WHO regions. The region also suffers the highest proportion of deaths attributable to tobacco use.⁵ However this result may also be influenced by the fact that KONFOP (based in Russia) focuses heavily on tobacco control and there was a high survey response rate from KONFOP's network.

The option of unhealthy diets was also frequently chosen (44.9%) as was cancer (36.7%). Interestingly, three respondents from Russia commented that micronutrient deficiency, particularly iodine deficiency, was also a top priority, reflecting the wide variety of challenges and contexts faces by CSOs in this diverse region (Fig 4).

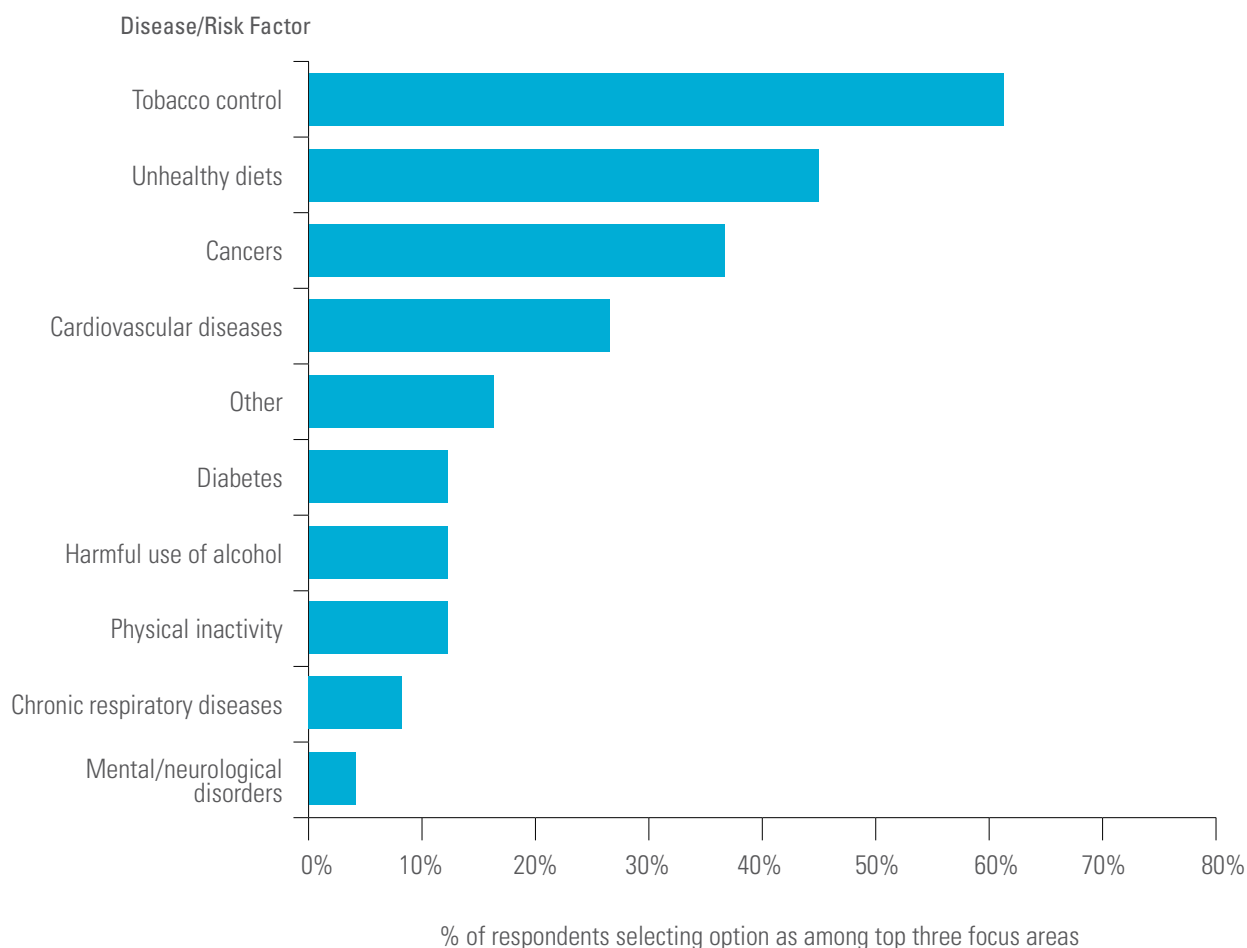


Fig 4. Areas of disease and risk factor focus

⁵ <http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/data-and-statistics>

The strong focus on tobacco control and unhealthy diets is corroborated by the fact that by far the most frequently selected top organisational focus area was reducing exposure to risk factors (32.7% of respondents) followed by raising awareness (20.4%). Lagging considerably behind, early diagnosis and treatment of NCDs (both with 8.2%) were the next most frequently chosen top focus areas (Fig 5).

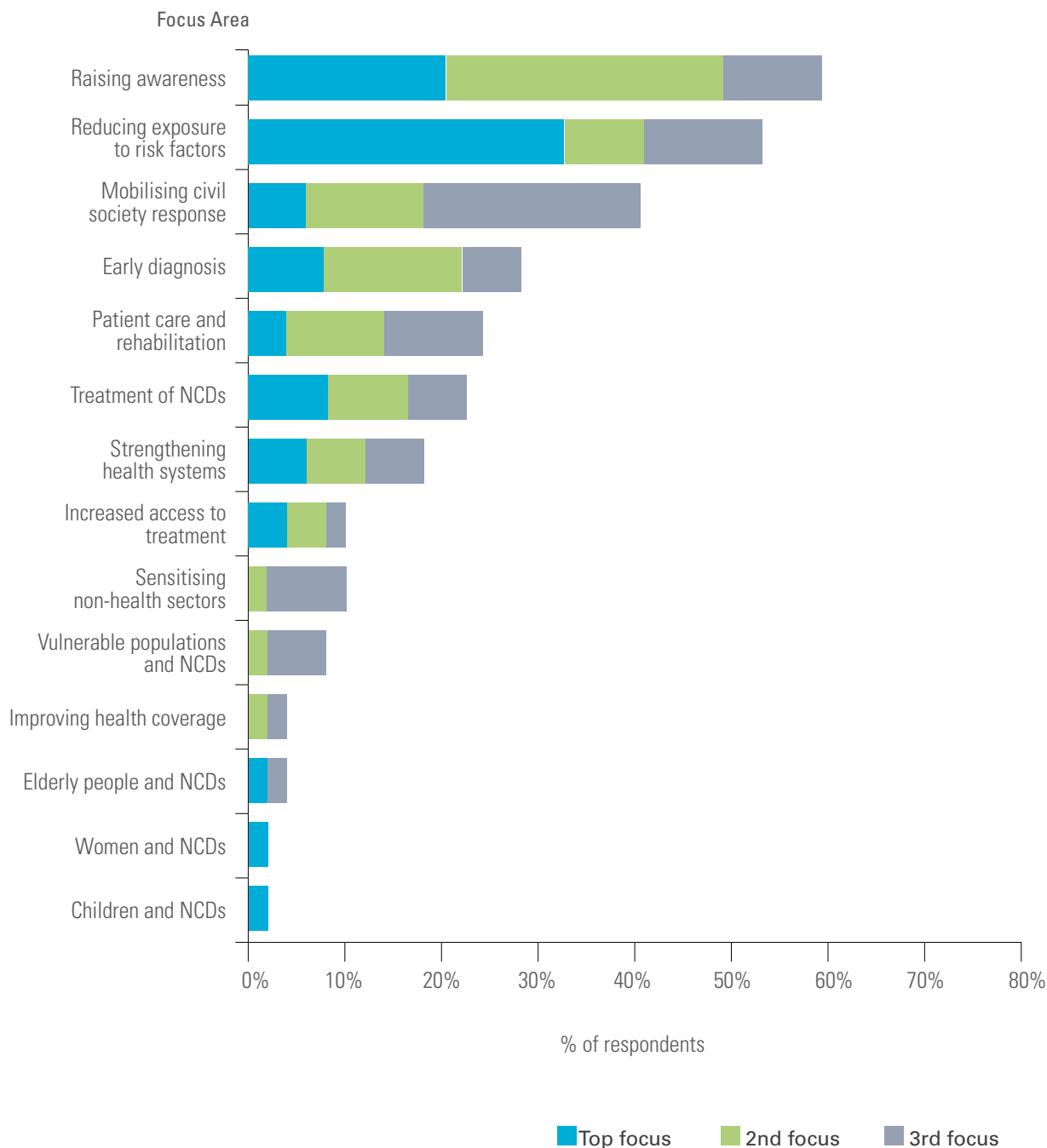


Fig 5. Top three NCD-related focus areas of organisations

c. Priority area of intervention

An overwhelming majority of respondents (83.7%), from 18 out of the 20 countries represented, selected advocacy with policy makers for improved policies as one of their top three NCD-related activities (Fig 6). This was also most frequently selected as the single highest priority, potentially signalling the politicised nature of CSOs' work on NCDs within the region. This finding is supported by the respondents' selection of government as the key target audience for their organisations' work (Fig 3).

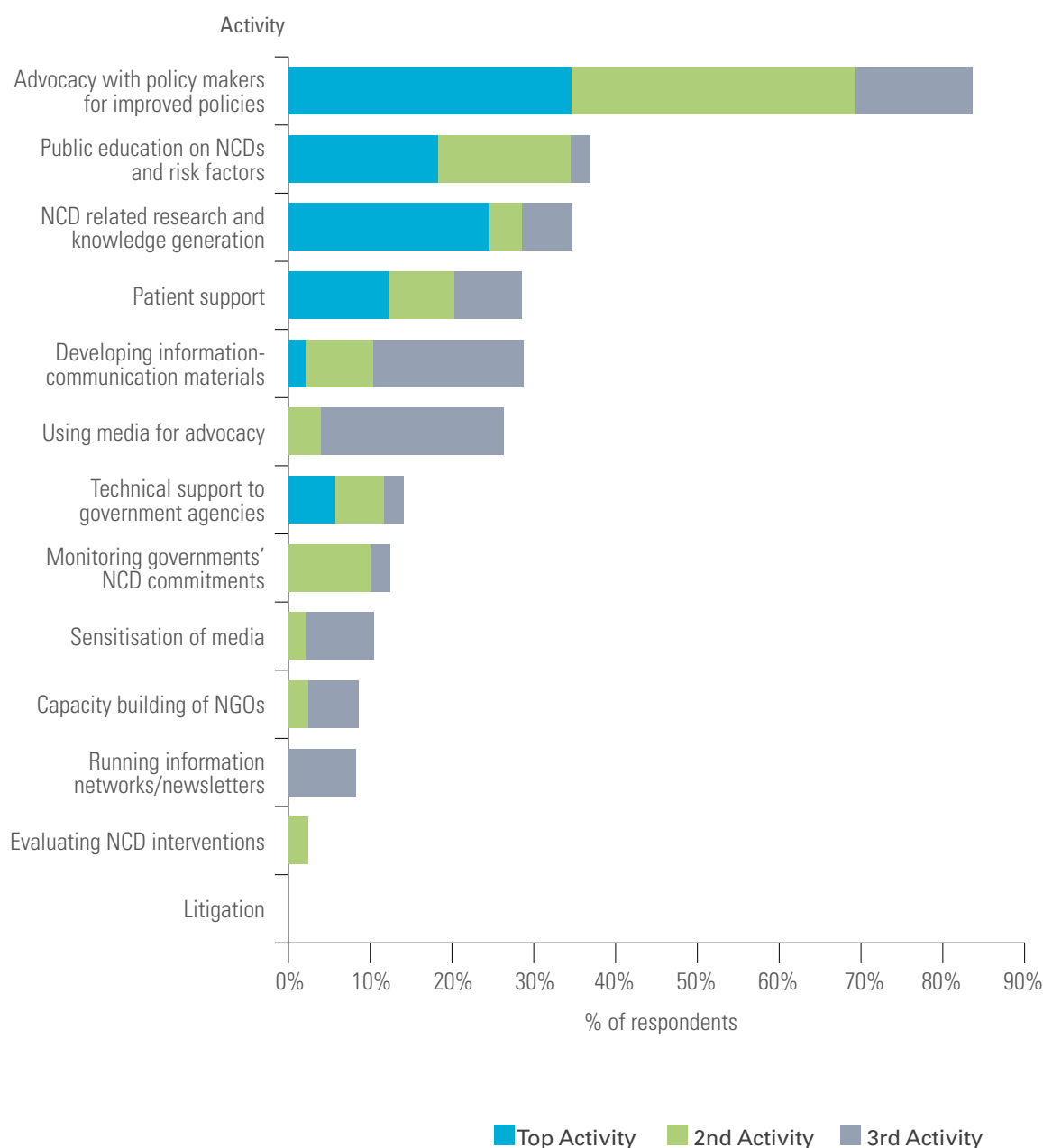


Fig 6. Respondents' top NCD-related activities

Furthermore, disaggregating organisations by years of experience reveals that 96.3% of those with 15 or more years of experience on NCDs considers advocacy to be one of their top three activities (compared with 68.2% of those with less experience). The biggest contrast, however, relates to the activity of using media for advocacy, which was chosen by 45.4% of organisations newer to NCDs relative to 11.1% of more experienced ones.

Interviewees rarely mentioned work with the media as their organisations’ area of activity. However, when answering the question about the needs and potential involvement of new actors in NCD prevention and control, several respondents indicated the need of more intense and creative work with the media and involvement of media professionals.

Although public education on NCDs and risk factors also received many responses, the second highest top activity was NCD related research and knowledge generation (24.5%). Given the fact that the sample only included one research agency, this finding is not skewed by the nature of organisations reached, but potentially reflects a more widely recognised need for additional or improved evidence on NCDs in Europe. This need was also reflected by interviewees. They mentioned not only the need for improved evidence, but also a need for selected and commonly shared sets of evidence they could use for advocacy and raising awareness. Interviewees also mentioned the complexity of providing evidence about the harm of alcohol use compared with tobacco use.

Notably, not a single respondent selected litigation as one of their top three activities, raising questions as to whether this may be due to lack of capacity, political constraints, or other factors.

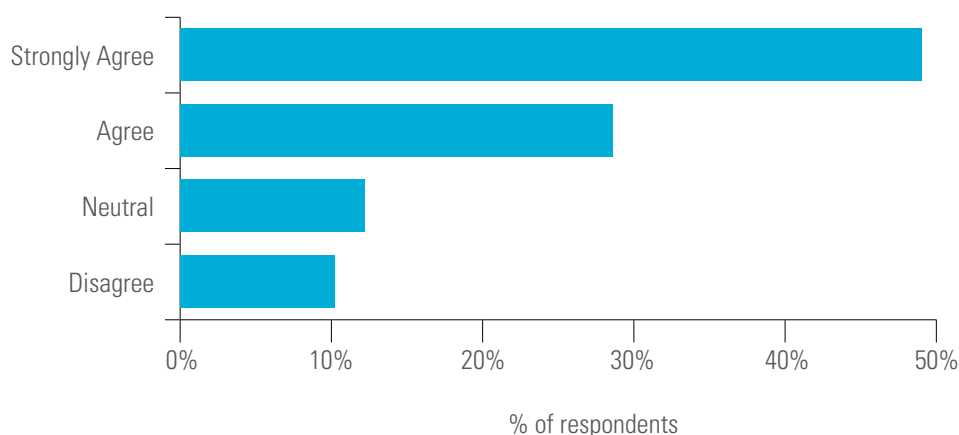


Fig 7. Civil society plays an important role in shaping health policy nationally and advocacy efforts are well established and recognized by government.

Respondents’ apparent eagerness to engage with policy makers and advocacy activities may be partially explained by their relative confidence in the idea that civil society plays an important role in shaping health policy within their countries, and that advocacy efforts are recognised by government (Fig 7). Nearly half of respondents strongly agreed with this statement (49%). Only 10.2% reported that they disagree and no one strongly disagreed.

It is interesting to note that organisations that strongly agreed with this statement come from a wide variety of countries from across the region. At the same time, several interviewees from the Eastern European and Central Asian countries indicated that governments did not recognise CSOs as equal partners, and were reluctant about taking into consideration the information delivered by NCD NGOs. To give a wider picture, interviewees from several countries called the political environment towards civil societies ‘unfriendly’, indicating financial and bureaucratic obstacles to CSOs. This proves that the WHO European Region is a very vast region with a wide spectrum of civil society development.

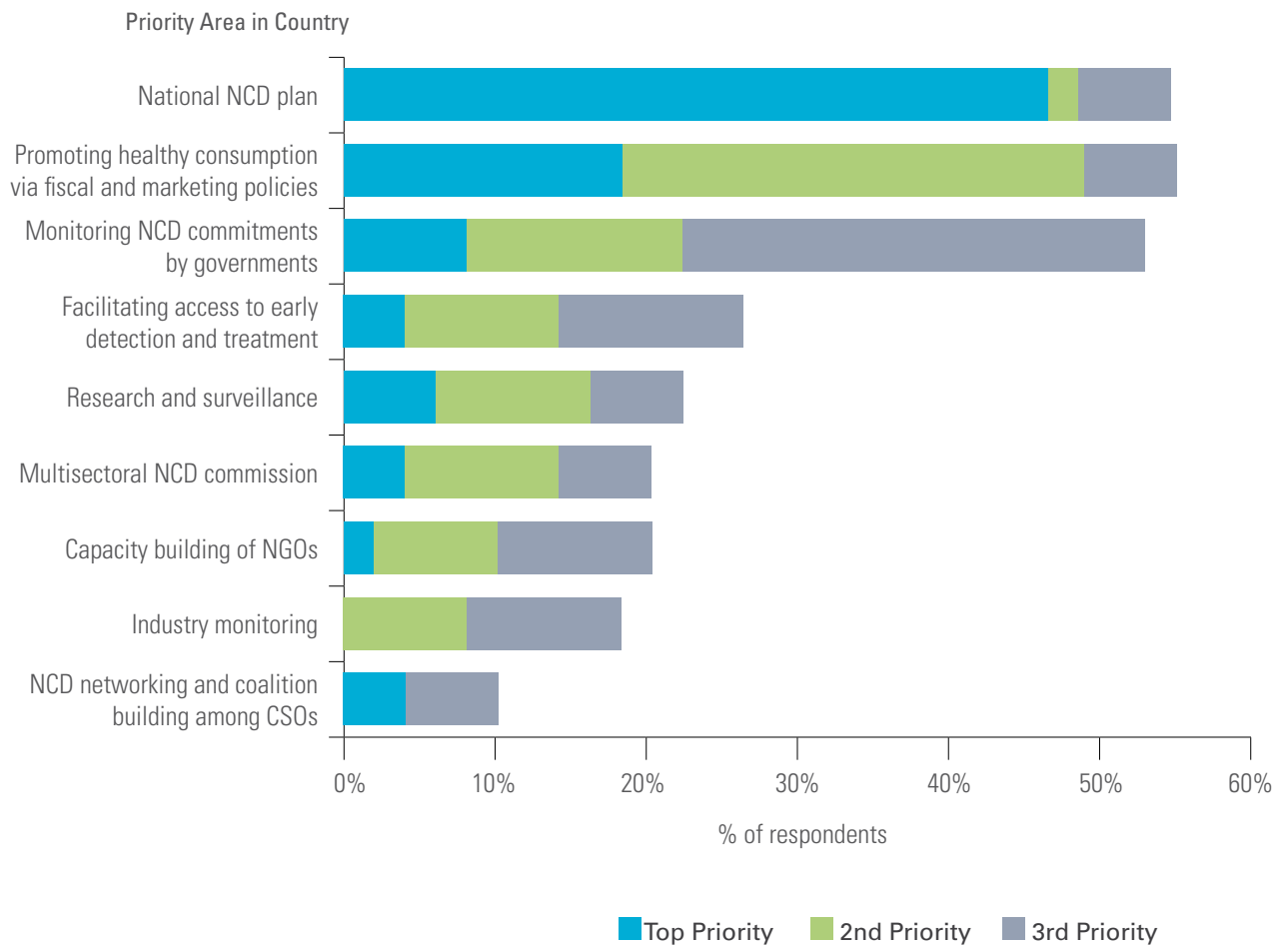


Fig 8. Priority areas for action at the national level to combat NCDs

Respondents were also asked about the top priorities for action to combat NCDs at the national level (Fig 8). Continuing with the theme of strong political engagement, developing a national NCD plan was by far the most frequently chosen option, with almost half of respondents (particularly from Russia and Georgia), making this their first selection. Respondents from eight countries made this selection despite the fact that they are based in countries that already have a 'national integrated NCD policy/strategy/action plan' according to the WHO's 2015 *NCD Progress Monitor*.⁶ Consequently, these results may be partly reflective of CSOs' desire to see nations improve their current plans as opposed to creating new ones. It may also imply that the progress monitor may not always be current or valid in its reports, even though it is a recent publication.

According to one interviewee, a Prevention Law (Gesetz zur Stärkung der Gesundheitsförderung und der Prävention) was adopted in Germany after years of debate. Within the law there is an obligation to develop a national prevention strategy. The interviewee added that this did not specify whether there were going to be separate strategies on different NCDs within the national prevention policy, or an integrated general NCD strategy. Indeed, national lawmaking processes and development of NCD plans are an important area for NCD CSOs action. According to one interviewee, if adoption of the comprehensive NCD action plan is not realistic, it may be sensible to adopt separate action plans on NCDs and risk factors on the highest governmental level. For instance, in 2009, Russia adopted the national strategy on reduction of the harmful use of alcohol and the national strategy on reduction of tobacco consumption a year later.

⁶ Of the 20 countries included in the survey, nine do not have a 'national integrated NCD policy/strategy/action plan' according to the WHO's 2015 [NCD Progress Monitor](#), highlighting the potential to increase work in this area in the future.

The following top two choices, which were selected as among the top three almost as frequently as national NCD plans, are also policy-related in nature. Promoting healthy consumption via fiscal and marketing policies was the most popular second priority, with 30.6% of respondents selecting this option, followed by monitoring NCD commitments by governments, which was the most frequently selected third priority.

Issues such as capacity building and CSO networking were noticeably less prominent, potentially indicating the relative strength and experience of CSOs in this region. In addition, with limited choice, survey respondents might have prioritised national level issues (NCD plans, fiscal and marketing policies, etc) as opposed to CSO-relevant challenges.

3. Challenges, Gaps, Solutions and Capacity Needs

a. Challenges

Respondents pointed towards lack of political will as the single most significant obstacle to national progress on NCDs the most frequently (28.6% of respondents from 10 countries across the region). It is interesting that lack of political will was identified as one of the main challenges by interviewees originating from countries with a range of political environments. Considering the regional level, lack of political will within the EU is seen as the main external challenge blocking the progress in alcohol marketing and labelling.

Overall, however, inadequate policies for NCD prevention and control was selected most frequently as among the top three (49% of respondents). This highlights once more CSOs' keen interest in securing policy change (Fig 9).

Another significant challenge appears to be poor implementation of programmes and policies (22.4% of respondents choosing it as the second most significant). This signals CSOs' concern with implementation as well as policy making. Interference by industry with conflicting interest was the third most frequently chosen obstacle overall, with 40.8% of respondents highlighting this as an issue. One even commented of the strong tobacco industry interference in Bulgaria.

The moderately high number of respondents (34.7%) highlighting lack of understanding of NCDs outside the health sector as a top obstacle can also be viewed as an opportunity to expand the nature of organisations involved in NCDs by leveraging interlinkages with other Sustainable Development Goals within the 2030 agenda.

Lack of understanding of NCDs was also a topic mentioned by the interviewees. Quoting one of the respondents, 'no one knows what NCD stands for outside the health sector'. At the same time, respondents from several Eastern European countries and Central Asia stated that there was a lack of understanding of NCDs even inside the health sector.

Another aspect of the problem which was widely discussed by the interviewees is the segmentation of national and regional NCD CSOs. Interviewees gave examples of independent work of organisations that address common risk factors (e.g. cancer and diabetes societies), and lack of cooperation between associations of medical professionals and patients organisations. Respondents also mentioned the competition among NSD CSOs for funding, political resources, recognition by the governments. All of these cause obstacles for joint action on NCDs at both regional and national levels.

Issues such as inadequate human resources, lack of technical expertise, and challenges from bilateral and multilateral organisations, do not seem to be viewed as significant challenges, with no survey respondent selecting either as the top obstacle (Fig 9).

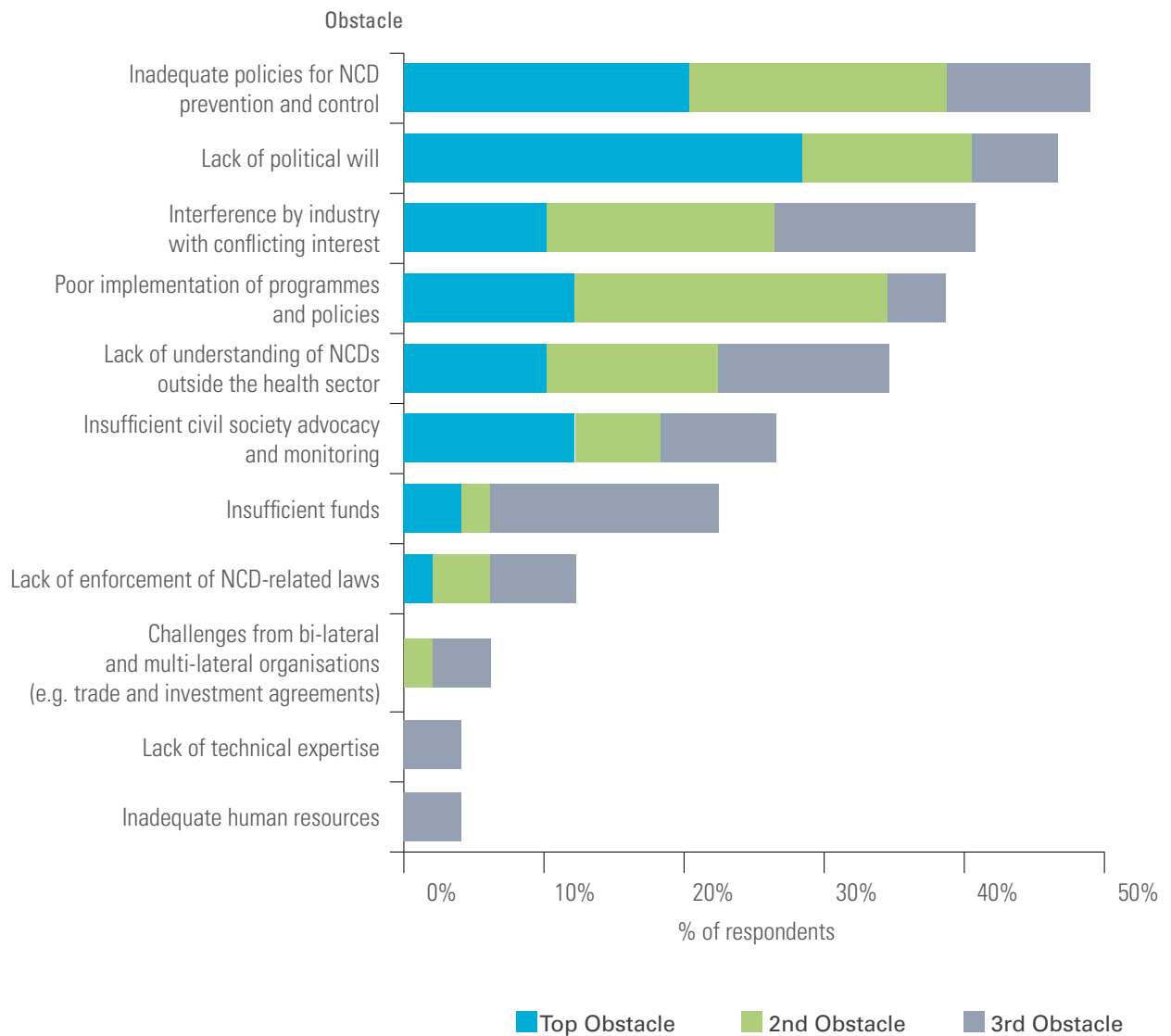


Fig 9. Top three challenges to national progress on NCDs

b. Gaps

The overall need for strengthening the CSO response to NCDs was expressed by several interviewees and by the participants of the European Regional Meeting in 2016.

When asked about the top three major gaps in the civil society response to NCDs nationally, almost half of survey respondents selected limited political support for CSOs and financial constraints (Fig 10). Lack of financial resources was indicated as a key issue by most of the interviewees. Interviewees from Russia and Ukraine also reflected on the opportunistic and short-term nature of some grant programmes, which makes the grantees' work unsustainable. It is worth mentioning that there is a problem of receiving international funding for civil society organisations due to governmental restrictions in several countries across the region. This is a significant obstacle to their progress.

However, over half of those who recognised limited political support for CSOs as a major gap also strongly agreed with the statement civil society plays an important and recognised role in shaping national health policy (see Fig 7). This may suggest that, despite feeling involved in the political process, CSOs believe there is room for improvement when it comes to the level of support they receive from policy makers.

CSOs' lack of coordinated response also received significant attention, signalling the value of opportunities for organisations to gather and plan strategically in order to harmonise their activities. Need for creation of common agenda and strategic planning were frequently mentioned by the interviewees from various countries.

Other gaps were equally distributed, each being selected by between eight and 11 respondents. Lack of technical expertise is notable in that only one respondent perceived it as a major gap. This finding is also reflected in the fact that only 4.1% of respondents viewed lack of technical expertise as among the top three challenges to national process on NCDs (see Fig 9).

Organisations with more years of experience on NCDs seemed to differ in their opinions on the major gaps relative to those with less experience. One significant point of departure related to the issue of limited NGO interest in NCDs (with 36.4% of organisations with one to 15 years of experience considering it a top gap in comparison with only 7.4% of organisations with 15 or more). However, organisations with more years of experience stressed the problem of a lack of a coordinated response more emphatically (with 48.1% pointing this problem out) relative to 22.7% of organisations newer to NCDs. This might correlate with the experienced organisations' prioritising of advocacy compared with less experienced, as coordinated response might be part of advocacy campaign for improved policies.

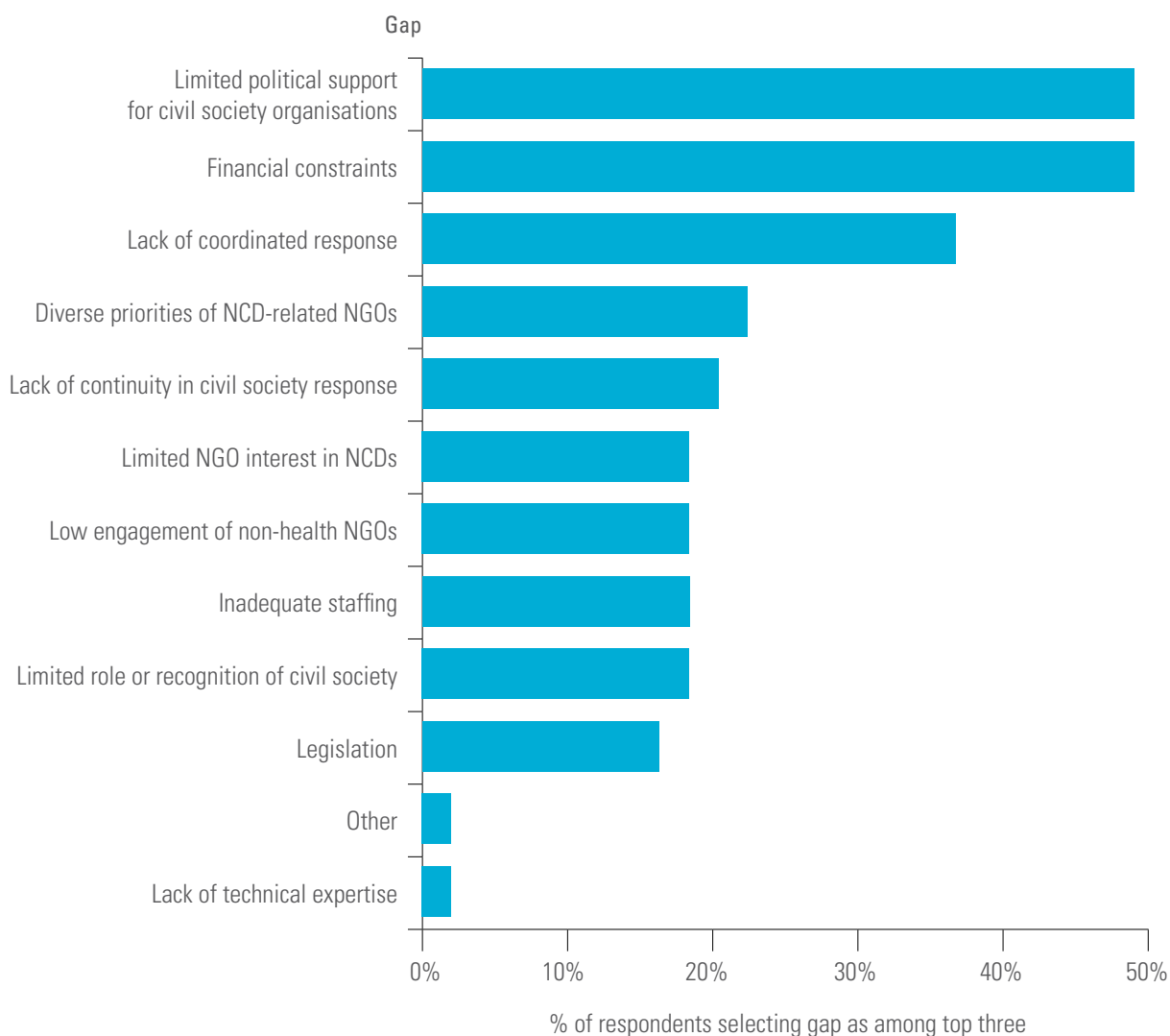


Fig 10. Major gaps in the national civil society response to NCDs

c. Solutions and capacity needs

42.9% of respondents believed that increased civil society sensitisation to the importance of NCD prevention and control is among the top three potential solutions to address the gaps in the national civil society response to NCDs (Fig 11). Joint strategic planning and integration of NCDs into existing programme priorities were also chosen relatively frequently, both being selected by 36.7% of respondents. These findings point towards the value of coordination and coalition building, with the need to raise awareness of NCD issues among CSOs and to build the NCD movement by establishing a common agenda.

Less popular options included framing NCDs as a poverty and social inequality or development issue, or the involvement of non-health CSOs (possibly because these already seem to form a significant cohort of organisations within this sample). Three respondents, two from Belgium and one from Denmark, commented that increased resourcing for civil society could be a significant solution to help strengthen the civil society response in their countries.

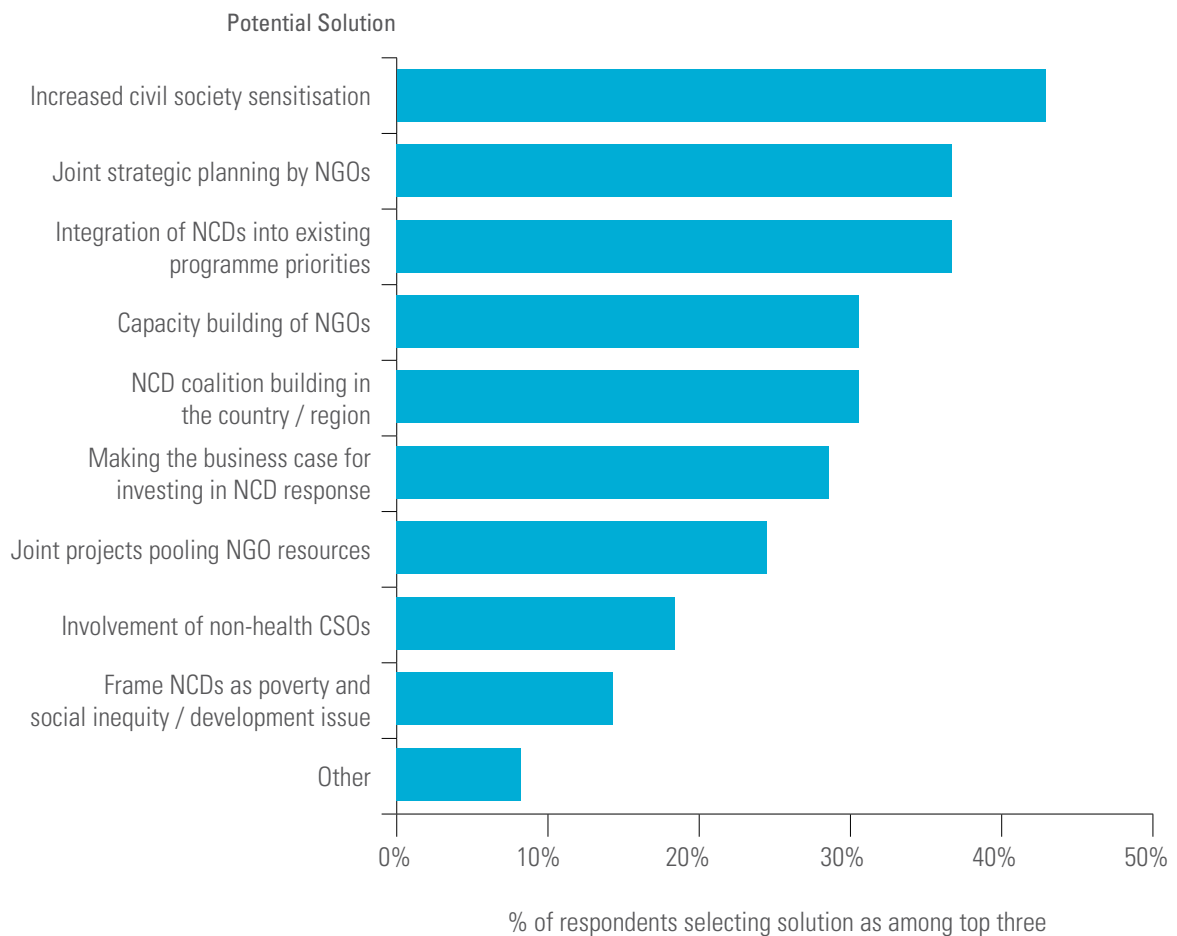


Fig 11. Potential solutions to address gaps in civil society response

Figure 12 illustrates respondents' views on the major civil society capacity needs with regards to addressing NCDs within their countries. While revealing some interesting trends, it should be noted that capacity building of NGOs was not among the highest ranking priority areas for combatting NCDs nationally for survey respondents (Fig 8).

The two options selected most frequently as among the top three needs were best practices to reduce exposure to NCD risk factors (53.1% of respondents) and strategy and campaign planning support (38.8%). Both of these areas would stand to benefit from increased coordination and coalition building, which would allow for exchange of best practices and support between members. As reflected by previous findings, needs such as technical information or advocacy and campaign skills are some of the least noteworthy needs according to the survey (each noted by fewer than a quarter of respondents).

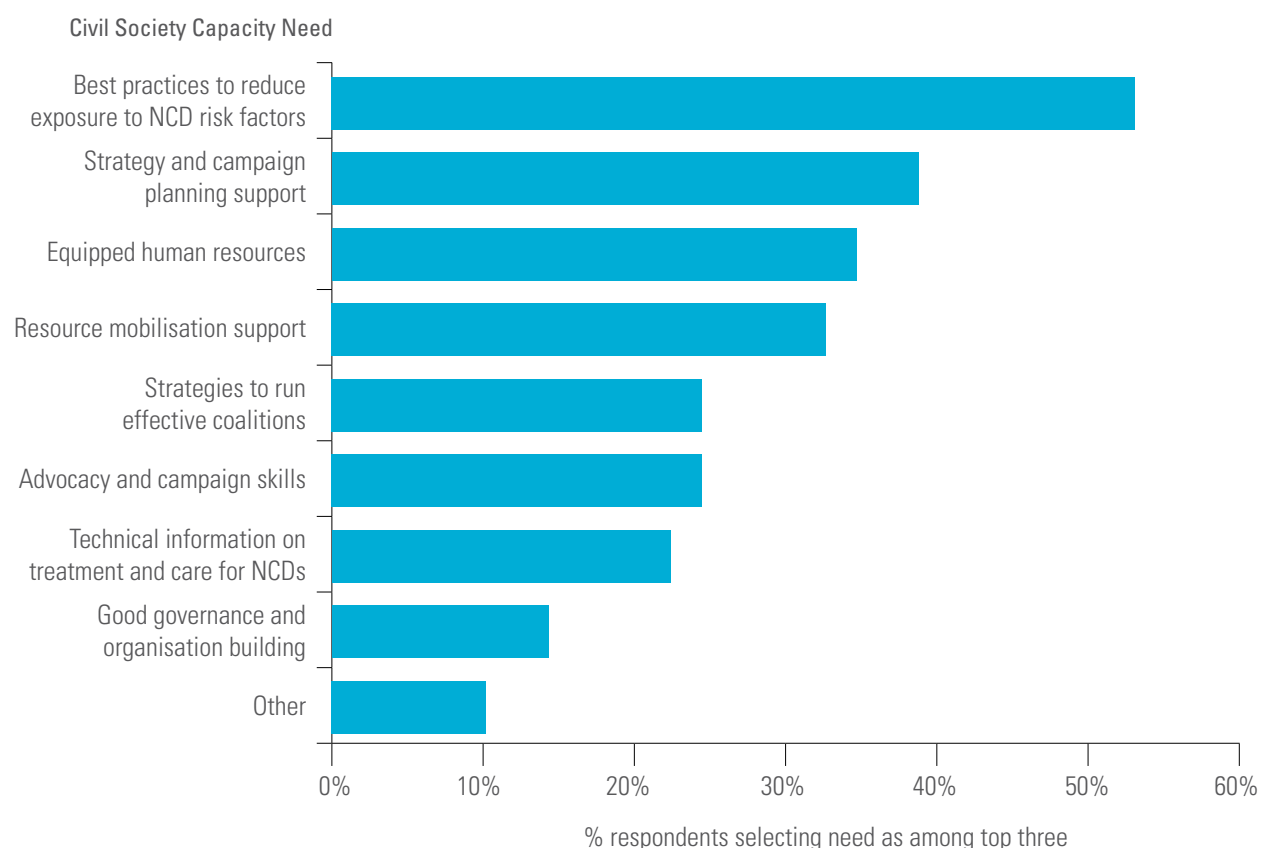


Fig 12. Major civil society capacity needs with regards to addressing NCDs nationally

d. Opportunities

Snapshot of good practices according to interviewees

Joint action for policy change

- When asked about achievements, several interviewees (from Poland, Russia, Ukraine) named tobacco control as the most successful area of NCD CSO activities. All of them stressed the importance of multisectoral collaboration in order to make significant changes in the legislation. Interestingly, these countries were participants of the Bloomberg Initiative to Reduce Tobacco Use Grants Program, which also funded civil society organisations involved in tobacco control.
- In Russia, Poland and Ukraine national NGOs actively advocated for adoption of comprehensive anti-tobacco legislation. According to interviewees in Russia, joint actions of the Ministry of Health, WHO, consumer groups (including KONFOP), and other national NGOs led to the adoption of the National

Strategy for 2010-2015, and the comprehensive tobacco law in 2013. Russian tobacco law adoption is one of few successful cases of CSOs involvement in national level policy making in this country. As interviewees stated, civil society groups managed to get decision makers (Ministry of Health officials particularly) on their side and to stimulate them to take action.

- Poland also adopted a comprehensive anti-tobacco law. According to one interviewee, the key success factors were coordinated social movement (platform for NGOs collaboration); intensive work with the media; impulses from the EU; and sufficient funding from the Bloomberg Initiative.
- Collaboration among civil society, the WHO, and government was stated by the interviewee as a crucial factor for reduction of cancer morbidity rate among children in Tajikistan.
- When speaking about the success in advocacy, interviewees stressed the importance of building political will for policy change. This coincides with the lack of political will seen as one of the top challenges to national progress (Fig 9).
- Interviewees also mentioned the importance of consistent monitoring after the legislation had been adopted. CSOs should be active in prevention of any reverse interventions (e.g. wickening the bans, decreasing of excise taxes) and safeguarding of what has already been done.

Coalition building with a clear agenda

Developing powerful and clear programmatic messages for advocacy and raising awareness is the other key element of success. It is particularly important for building common vision within national and regional alliances. For instance, more than 40 European organisations and alliances (mainly addressing food, obesity and alcohol issues) are involved in advocacy work for improving the EU Audiovisual Media Services Directive (AVMSD). They have been calling for the three main steps towards healthier marketing of alcohol and foods high in fat, sugar and salt (HFSS):

- Minimise young people's exposure to marketing of health-harmful products calling for EU-wide watershed that adequately captures children's and adolescents' viewing times (e.g. between 6:00 and 23:00)
- Exclude alcohol and HFSS food from product placement and sponsorship
- Ensure that Member States can effectively limit broadcasts from other countries on public health grounds

The German NCD Alliance (17 national CSOs) outlined four key areas of action on NCDs: minimum of one daily hour of physical activity or sport at schools and kindergartens; health-promoting food prices (tax on sugar and fat) + no VAT for healthy food; binding quality standards for kindergarten and school food; and banning food advertising targeting children.

When speaking about the lessons learnt, interviewees mentioned the importance of setting specific, measurable, assignable, realistic, time-measurable (SMART) goals. One of the interviewees said that the main lesson learnt from the experience of coalition building was that it took much time to build a strong coalition, thus it is important not to underestimate the time needed.

Among the other areas of CSOs success there are inclusion of cancer treatment to the insurance system; support of salt iodisation legislation; and advocating for government support of breastfeeding (in Kyrgyz Republic). In Serbia, the Diabetes Association managed to get diabetes back to the primary care sector.

Opportunities

When asked about the opportunities for progress on NCDs, most interviewees stressed multisectoral cooperation with common goals for action. In countries with positive outcomes of tobacco control policies, interviewees suggested utilising experience of cooperation among the WHO, CSOs and governments for other NCD areas. Interviewees also mentioned that a legally binding global agreement on NCDs and risk factors (like WHO Framework Convention on Tobacco Control) would greatly support national and regional action.

Building national coalitions and national NCD alliances was also stated as one of the main opportunities for CSOs action in the region.

There are several political opportunities that could be seized in order to advocate for policy changes at the national and regional levels. These include:

- 2017 federal elections in Germany
- The Maltese presidency of the Council of the EU in January-June 2017
- EU Audiovisual Media Services Directive (AVMSD) refit 2016/2017
- Development of the Eurasian Economic Union regulations
- 2017 EU report on alcohol labelling

Inclusion of NCD issues into the political agenda is seen as one of the key opportunities for policy changes. The other aspect of importance to identify and seize political opportunities is utilising the politicians' intentions to attract their constituencies. Interviewees also suggested using financial lines of argumentation for cross-country actions as NCDs bring significant financial losses to national health systems. In this regard, it is crucial to have access to reliable and accurate data and research.

As for awareness raising activities, interviewees from several countries stressed the need for better work with the media and social marketing campaigns. The opportunity is involvement of the media, PR and advertising professionals in NCD prevention and control. Interviewees found it sensible to analyse the experiences of successful campaigns conducted in the areas outside the health and NCD sector. One of the strategies suggested for raising awareness was involvement of prominent speakers and ambassadors (like UNICEF Goodwill Ambassadors). One of the interviewees mentioned naming Michael Bloomberg as the WHO Global Ambassador for NCDs as a good opportunity for raising awareness of NCDs.

4. Regional Priorities, Mechanisms and Partnerships

a. Regional priorities

Regional matters accounted for half of the questionnaire used for the interviews. It is worth mentioning that interviewees from the EU viewed 'regional matters' mostly as EU-wide matters; while some interviewees from Central Asia and CIS countries identified issues relevant for this subregion. This might be a reflection of the recent development of the Eurasian Economic Union, consisting of Armenia, Belarus, Kazakhstan, Kyrgyz Republic, and Russia. Several interviewees limited their responses to national matters. This may indicate the prioritisation of national issues over regional ones.

Although 'strategies to address cross border promotion, taxation and trade of tobacco, alcohol, and unhealthy food' was selected as the top regional priority area for action to combat NCDs by a wide margin (Fig 13), respondents ranked 'regional coalition to address trans-border issues' as the least popular form of collaboration that could enhance their work on NCDs (Fig 14). This may suggest that they view regional issues as an important focal point for advocacy as opposed to an avenue that CSOs see themselves pursuing in their own activities. However, coupled with respondents' recognition of the power of NCD coalition building (Fig 11), this also highlights an opportunity to expand the benefits of coalitions to the regional level, as such coordination can be applied to help CSOs better address the priority of cross-border challenges. It is finally worth noting that 54.8% of respondents who highlighted this issue also monitoring NCD commitments by governments as a top area for action.

Monitoring also ranked highly as a national priority (Fig 8), although in general the most popular regional priorities have a stronger relative focus on issues revolving around monitoring and surveillance than national ones, potentially highlighting a stronger perceived need to improve these efforts at the European level.

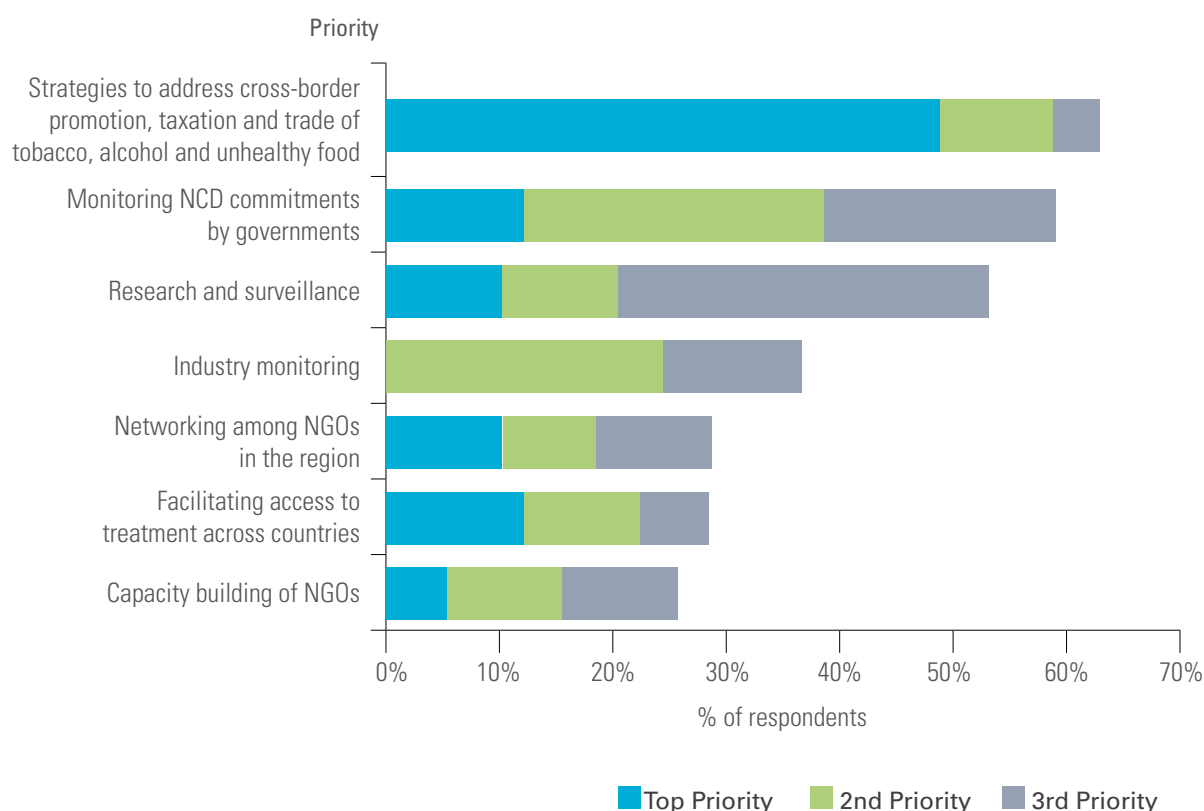


Fig 13. Priority areas for action at the regional level to combat NCDs

b. Mechanisms for regional collaboration

The most frequently selected form of collaboration to enhance CSOs' work on NCDs, namely identifying areas for joint action (Fig 14), can be seen as an interesting corollary to respondents' emphasis on the issue of a lack of coordination as a significant gap in national civil society NCD responses (see Fig 10). Several also contributed comments underlining their desire to see increased exchange of best practices among CSOs.

Collaborating through guidance on NCD policies and good practice was the second most frequently chosen option (53.1% of respondents). This is potentially another expression of the fact that respondents view exposure to best practices in reducing exposure to NCD risk factors as a significant civil society capacity need within their countries (see Fig 12).

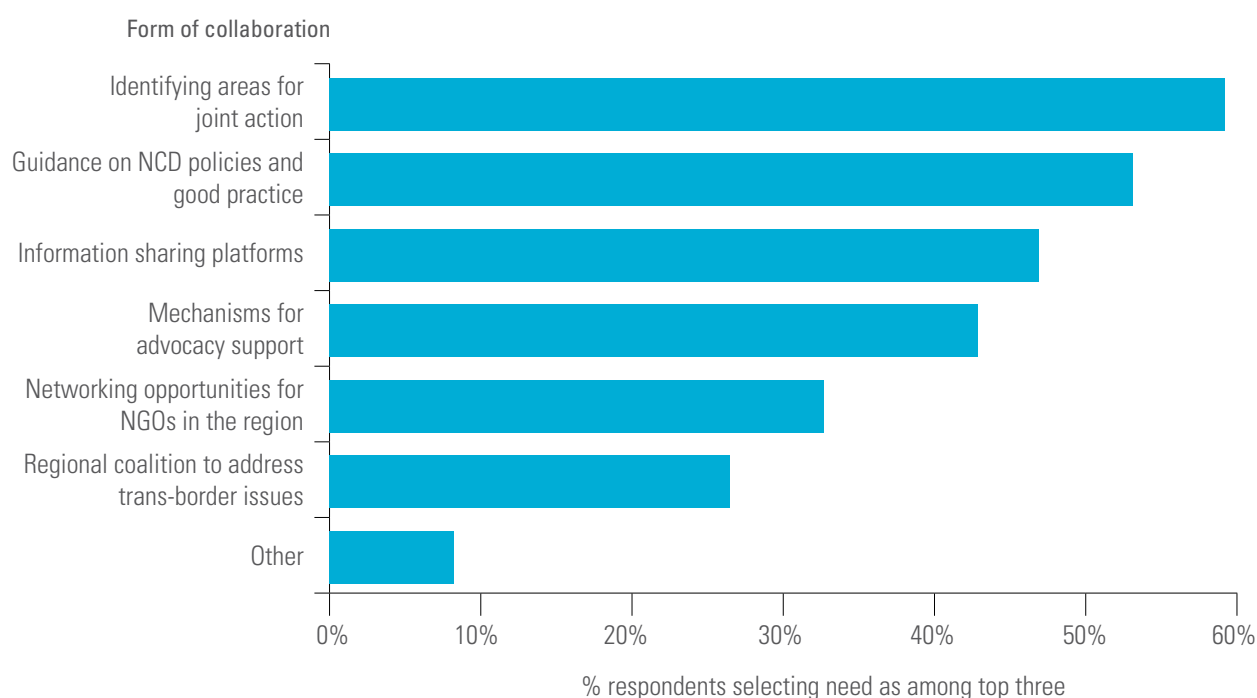


Fig 14. Top three forms of collaboration that could enhance CSOs' work on NCDs

c. Partnerships

As Figure 15 illustrates, the top three ways in which most respondents felt that the WHO, UN Agencies, and other international organizations can support national civil society NCD advocacy received a similar amount of support (between 53.1 and 57.1% of respondents considering them as among the top three strategies).

The high number of respondents highlighting the strategy of building civil society monitoring mechanisms for NCD commitments suggests a desire for accountability-related tools. Viewed in combination with respondents' enthusiasm for civil society's role in supporting international organisations by holding their governments to account (see Fig 16), this may illustrate a good opportunity to provide and promote ways of implementing accountability initiatives. Such a need may go some way in explaining the relatively low prevalence of monitoring government NCD commitments among the core activities of participating organisations (see Fig 6).

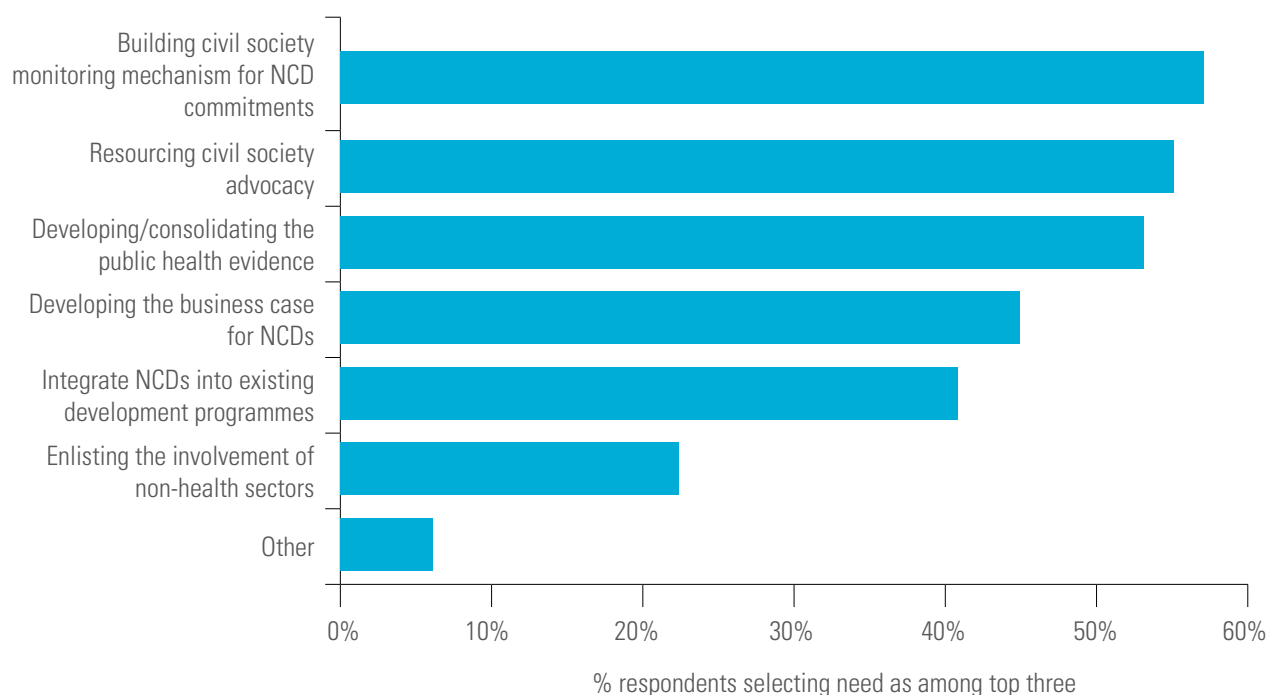


Fig 15. Ways in which the WHO, UN Agencies and other international organisations can support civil society NCD advocacy nationally

Providing the relevant tools, for example the benchmarking tool and civil society status report formats developed by the NCD Alliance,⁷ may enable CSOs to increase their contributions to the significant accountability opportunities presented by the upcoming 2018 UN High-Level Meeting on NCDs.

Interviewees stated that the WHO recommendations are a powerful advocacy tool, and a good reference point for interactions with policy makers. Respondents also gave examples of the crucial role of the collaboration with the WHO in advocating for national policy change (e.g. adoption of anti-tobacco legislation in Russia). Interviewees suggested to strengthen horizontal cooperation among the WHO national offices and CSOs to share and compare national achievements.

Interview results show that respondents anticipate not only recommendations, but technical and financial support from the WHO. The WHO could also support civil societies' actions in raising awareness of NCD risk factors.

As for the role of regional and global alliances such as NCD Alliance and ECDA, interviewees agreed that these organisations were well situated to coordinate regional action of national CSOs.

Well over half of respondents (65.3%) from across the region believe that civil society can support the WHO, UN Agencies and other international organisations to contribute to the prevention and control of NCDs by building political will for policies and programmes (Fig 16). This resonates well with the general emphasis on advocacy for improved policy as a priority area among respondents.

The fact that monitoring industry interference aroused by far the weakest interest (with only 12.2% considering it among the top three options) is quite noteworthy. This finding seems to jar with respondents' strong focus on reducing exposure to risk factors and activities relating to unhealthy diets and tobacco control (Figs 4 and 5), which create the expectation of priority being placed upon industry monitoring. Indeed, over 40% of respondents viewed interference by industry with conflicting interest to be among

⁷ Existing civil society status reports and an Advocacy Toolkit outlining how to make use of a benchmarking tool for NCD-related accountability efforts can be found on the NCD Alliance website: <https://ncdalliance.org/>

the top three challenges to national progress (Fig 9). However, this discord may be partially explained by the low prioritisation of industry monitoring nationally (Fig 8) in contrast with relatively high prioritisation regionally, with approximately a quarter of respondents viewing this as the second most significant priority to combat NCDs in Europe (Fig 13).

Consequently, instead of suggesting that respondents do not see a role for civil society in monitoring industry, this finding indicates that respondents may envisage monitoring as part of their broader advocacy efforts and highlights the need for additional research in this area.

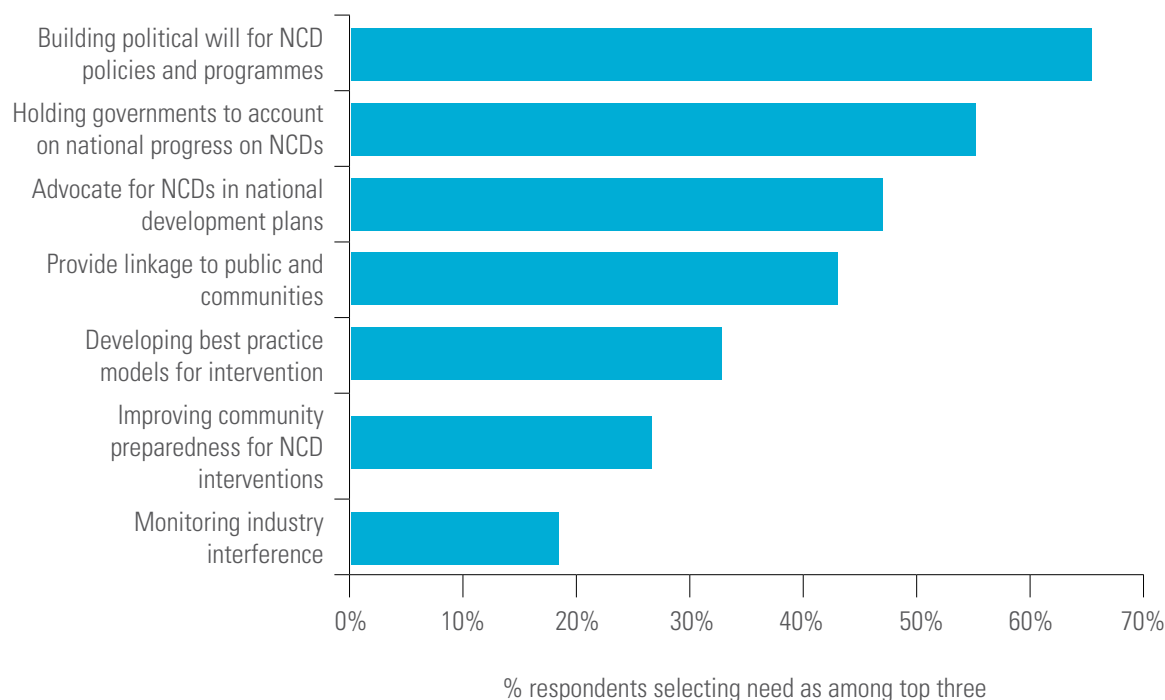


Fig 16. Ways civil society can support WHO, UN Agencies and other international organisations to contribute to the prevention and control of NCDs

Recommendations

A number of recommendations can be drawn from these survey results, particularly with regards to potential avenues for additional research emerging from these baseline findings. Firstly, disaggregating results in various ways such as geography and years of experience has the potential to reveal additional trends in this diverse region. For instance, there appear to be significant differences between organisations with many years of work on NCDs relative to those with fewer. Particular topics, such as cross-border taxation and trade or the issue of industry interference, also call for more investigation.

Various findings point to the value or need for enhanced civil society coordination in the region. They highlight the potential of coalition building for exchange of best practice and of leveraging cross-cutting issues to involve a greater variety of organisations in NCD response efforts. For example, many viewed joint strategic planning as promising, while the lack of a coordinated response was often seen to be a major national obstacle. In addition to facilitating this form of collaboration, further preliminary recommendations include provision of accountability-related tools.

At the regional meeting entitled The European Response to Chronic Diseases - the Role of Civil Society between the 12th and 13th of December 2016 in Brussels, Belgium, meeting participants agreed to a set of recommendations to strengthen and support civil society's contribution in NCDs. The recommendations are listed below and provide a roadmap for civil society strengthening in the WHO European Region:

Recommendations for CSOs

- 1** According to their roles and responsibilities, CSOs to play an active role in supporting the implementation the WHO European Regional Action Plan for NCDs and monitoring progress to better NCD outcomes.

- 2** Accelerate NCD prevention and control through four primary roles: awareness, advocacy, access and accountability.

- 3** Build public demand and political will for NCDs policies and programmes.

- 4** Hold governments to account on national progress on NCD prevention and control.

- 5** Bring together individual associations and societies focused on NCDs, including non-health CSOs, to form civil society NCD networks/alliances at national/European level.

- 6** Existing European and national NCD alliances to provide mentoring and peer support to budding NCD alliances in the region.

- 7** Seek opportunities for meetings at European and national conferences and other events to exchange information updates, best practice and identify areas for joint action.

- 8** Acknowledge the 2030 Agenda for Sustainable Development and involve non-health stakeholders in the NCD response.

Recommendations for NCD Alliance

- 1** Support the formation of CSO NCD networks in the WHO European Region through technical guidance (including Russian based materials).

- 2** Provide resources and technical guidance to help civil society monitor NCD commitments by governments.

- 3** Convene Global NCD Alliance Forum 9-11 December 2017, as an opportunity for capacity building of budding/existing national/regional NCD alliances in the WHO European Region.

- 4** Involve people living with NCDs in the NCD response.

Recommendations for ECDA

- 1** Hold EU and Council of Europe to account on regional progress on chronic disease prevention and control.

- 2** Provide advocacy resources and technical guidance to European organisations working on the common risk factors.

- 3** Disseminate ECDA experiences and share lessons learned with emerging regional/national alliances.

- 4** Encourage member organisations to promote the creation of NCD networks at national level.

Recommendations for WHO Regional Office for Europe

- 1** Consult and collaborate with civil society, according to the WHO's Framework of Engagement with non-State Actors (FENSA), in the implementation and evaluation of the WHO European NCD Action Plan.

- 2** Develop and disseminate public health evidence and data for use in civil society accountability efforts.

- 3** Seek opportunities at regional, sub-regional and national conferences and events to convene and support NCD civil society efforts, according to FENSA.

- 4** Work with civil society to ensure national reporting to the UN adequately reflects progress in country against agreed upon targets and indicators.

- 5** Continue to consider civil society's needs when designing training and capacity building courses and materials.

Conclusion

This mapping paints a broad picture of civil society in the WHO European Region. The landscape that emerges from the perspective of respondents is that of a largely experienced NCD civil society movement keenly interested in engaging with policy through advocacy efforts. The majority feel that civil society's role in shaping their national health policies is established and recognised by governments, although in general they would like to see more support from policy makers.

While many organisations have over 15 years of experience of working on NCDs, the few that have less than five originate from Eastern European or Central Asian countries including Tajikistan, Romania, Kazakhstan, Georgia, and Russia, potentially indicating that this topic has taken root more recently in this part of the region. According to interviewees and participants of the European Regional Meeting in 2016, there is a need to support the civil society response on NCDs.

There is an articulated need for monitoring tools and mechanisms needed to hold governments to account on national progress on NCD prevention and control. Financial constraints are seen to be one of the main obstacles to CSOs' work in the region. Mentoring, peer support, and knowledge sharing are demanded by CSOs in order to improve their capacities.

NCD prevention and control actions call for multisectoral approach with active involvement of civil society organisations. At the regional level, there are opportunities for joint strategic planning and joint actions to be undertaken within the framework of the WHO Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region (2016–2025). NCD CSOs can play an active role in the implementation of the Action Plan.

Annex 1

Survey Questionnaire

1. What is the full name of your organisation?
2. What is your full name? *(confidential)*
3. What is your email address? *(confidential)*
4. Please enter your organisation's website address.
5. Which country is your organisation based in? Choose from the drop down list.
If "Other" selected above, please specify.
6. What is the nature of your organisation?
Please tick one that best describes your organisation.
 - a. Medical association (e.g. cardiologist association)
 - b. Health NGO (e.g. cancer society or nutrition education group)
 - c. Research agency
 - d. Don't know.
 - e. Non-Health NGO or Other *(please specify)*
7. How many years has your organisation worked in an area relevant to Noncommunicable Diseases (NCDs) or their risk factors?
Please choose the one that applies.
 - a. 1-5 years
 - b. 6-10 years
 - c. 10-15 years
 - d. 15-20 years
 - e. 21 years and more
8. The main strength of your organisation's work on NCDs is at what level?
Tick the most relevant one.
 - a. Provincial level
 - b. National level
 - c. European Region level
 - d. Subregional level *(please specify)*
9. Who are the TOP target audiences of your work? *Please select a maximum of 3 (with 1 being the most important).*
 - a. Public
 - b. NCD-affected groups (e.g. patients and families)
 - c. Government
 - d. NGOs
 - e. Medical Associations
 - f. Media
 - g. WHO
 - h. Other *(please specify)*
10. Which diseases/risk factors does your organisation primarily focus on?
Please tick a maximum of 3.
 - a. Cancers
 - b. Cardiovascular diseases
 - c. Chronic respiratory diseases
 - d. Diabetes
 - e. Mental/neurological disorders
 - f. Tobacco control
 - g. Harmful use of alcohol
 - h. Physical inactivity
 - i. Unhealthy diets
 - j. Indoor air pollution
11. What are the TOP focus areas of your work on NCDs? *Please select a maximum of 3 (with 1 being the most important).*
 - a. Reducing exposure to risk factors
 - b. Early diagnosis
 - c. Raising awareness
 - d. Treatment of NCDs
 - e. Patient care and rehabilitation
 - f. Strengthening health systems

- g. Improving health coverage
- h. Increased access to treatment
- i. Mobilising civil society response
- j. Sensitising non-health sectors
- k. Women and NCDs
- l. Children and NCDs
- m. Elderly people and NCDs
- n. Vulnerable populations and NCDs

12. What are the TOP NCD-related activities of your organisation? *Please select a maximum of 3 (with 1 being the most important).*

- a. NCD related research and knowledge generation
- b. Public education on NCDs and risk factors
- c. Advocacy with policy makers for improved policies
- d. Patient support
- e. Technical support to Government agencies
- f. Monitoring Government's NCD commitments
- g. Evaluating NCD interventions
- h. Capacity building of NGOs
- i. Developing information-communication materials
- j. Running information networks/newsletters
- k. Using media for advocacy
- l. Sensitisation of media
- m. Litigation

13. Civil society plays an important role in shaping national health policy and advocacy efforts are well established and recognised by government *(please select 1 of the options below).*

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

14. What are the TOP 2 strategies adopted by your organisation that have led to specific outcomes vis-à-vis various target groups. *Please follow the example below and use the rows thereafter to provide details.*

TARGET GROUP:
EDUCATION DEPARTMENT

STRATEGY USED:
ENGAGED PARENT TEACHER BODIES
IN SCHOOLS TO ADVOCATE HEALTHIER
MEALS IN SCHOOL CANTEENS

ITS OUTCOME:
DEPARTMENTAL GUIDELINES ON SCHOOL
CANTEEN MENU

15. What are the TOP obstacles to progress on NCDs in your country? *Please select a maximum of 3 (with 1 being the most important).*

- a. Lack of political will
- b. Inadequate policies for NCD prevention and control
- c. Poor implementation of programmes and policies
- d. Lack of understanding of NCDs outside the health sector
- e. Insufficient civil society advocacy and monitoring
- f. Interference by industry with conflicting interest
- g. Challenges from bi-lateral and multilateral organisations (e.g. trade and investment agreements)
- h. Lack of technical expertise
- i. Inadequate human resources
- j. Insufficient funds
- k. Lack of enforcement of NCD-related laws

16. What do you see as the major gaps in the civil society response to NCDs in your country? *Please tick a maximum of 3.*

- a. Limited NGO interest in NCDs
- b. Diverse priorities of NCD-related NGOs
- c. Lack of coordinated response
- d. Lack of continuity in civil society response

- e. Limited political support for civil society organisations
- f. Low engagement of non-health NGOs
- g. Lack of technical expertise
- h. Inadequate staffing
- i. Financial constraints
- j. Legislation
- k. Limited role or recognition of civil society
- l. Other *(please specify)*

17. What do you think are the potential solutions to address the gaps in civil society response to NCDs in your country? Please tick a maximum of 3.

- a. Increased civil society sensitisation
- b. Capacity building of NGOs
- c. Joint strategic planning by NGOs
- d. NCD coalition building in the country / region
- e. Frame NCDs as poverty and social inequity/development issue
- f. Integration of NCDs into existing programme priorities
- g. Joint projects pooling NGO resources
- h. Making the business case for investing in NCD response
- i. Involvement of Non-Health CSOs

18. What are the major civil society capacity needs with regards to addressing NCD concerns in your country? Please tick a maximum of 3.

- a. Strategies to run effective coalitions
- b. Strategy and campaign planning support
- c. Technical information on treatment and care for NCDs
- d. Best practices to reduce exposure to NCD risk factors
- e. Advocacy and campaign skills
- f. Equipped human resources
- g. Resource mobilisation support
- h. Good governance and organisation building

19. What do you think are the TOP priority areas for action to combat NCDs in the WHO European Region? Please select a maximum of 3 (with 1 being the most important).

- a. Strategies to address cross border promotion, taxation and trade of tobacco, alcohol and unhealthy food
- b. Facilitating access to treatment across countries
- c. Monitoring NCD commitments by governments
- d. Industry monitoring
- e. Capacity building of NGOs
- f. Networking among NGOs in the region
- g. Research and surveillance

20. What do you think are the TOP priority areas for action to combat NCDs in your country? Please select a maximum of 3 (with 1 being the most important).

- a. National NCD plan
- b. Multi-sectoral NCD commission
- c. Promoting healthy consumption via fiscal and marketing policies
- d. Monitoring NCD commitments by governments
- e. Industry monitoring
- f. Capacity building of NGOs
- g. NCD Networking and coalition building among CSOs
- h. Research and surveillance
- i. Facilitating access to early detection and treatment

21. What kind of regional and global collaboration would enhance your work on NCDs? Please select a maximum of 3.

- a. Information sharing platforms
- b. Mechanisms for advocacy support
- c. Regional coalition to address trans-border issues
- d. Identifying areas for joint action

- e. Networking opportunities for NGOs in the region
- f. Guidance on NCD policies and good practice

22. What are the specific areas in which WHO, other UN agencies and international organisations could support civil society advocacy regarding NCDs in your country? Please select a maximum of 3.

- a. Developing/consolidating the public health evidence
- b. Developing the business case for NCDs
- c. Building civil society monitoring mechanism for NCD commitments
- d. Integrate NCDs into existing development programmes
- e. Enlisting the involvement of non-health sectors
- f. Resourcing civil society advocacy

23. What are the ways in which civil society can support the WHO, UN Agencies and other international organisations to contribute to the prevention and control of NCDs? Please select a maximum of 3.

- a. Building political will for NCD policies and programmes
- b. Improving community preparedness for NCD interventions
- c. Provide linkage to public and communities
- d. Developing best practice models for intervention
- e. Holding governments to account on national progress on NCDs
- f. Advocate for NCDs in national development plans
- g. Monitoring industry interference

24. Please provide any other brief comments you think would help the NCD Alliance better understand your organisation's work.

25. Are you willing to be contacted for a brief interview as follow up to this survey?

- a. Yes, please contact me
- b. No, please do not contact me

Annex 2

Interview Guide

a) Country matters

1. The NCD civil society movement in the country

- Whom do you currently have at the table?
- Are there any critical groups missing and why?
- What would interest them to join?
- Are there any national/ sub national alliance existing?

2. Focus of action

- What NCD issues have seen civil society response till date?
- What are some neglected, but important areas for early action?
- How could these be prioritised?

3. Major achievements, best practices

- Are there any areas where progress has been made?
- What helped in achieving them?
- Is there anything we need to do differently for other NCD areas?
- Are there lessons from other health issues or non-health issues that can inform NGO response to NCDs?

4. Challenges, opportunities

- Are there any internal issues that are blocking progress?
- What are the challenges in the environment?
- Are there any political/other opportunities that could be seized?
- Who can help leverage those opportunities?
- Is there a national NCD Action Plan?
- In what ways does civil society contribute to its implementation?
- What more can be done?

5. Capacity needs

- What capacity gaps retard progress?
- Are there any specific resources available within the country/region?
- Could you share any ideas for how NCD Alliance could support country action?
- Any specific assistance the WHO, UNDP and similar organisations can provide?

b) Regional matters

6. Concerns common to civil society in the WHO European Region

- Are there common issues that call for urgent cross-country action?
- What kind of joint action is desirable?
- How could the joint response be organised/ managed?
- Are you involved in the implementation of the WHO European NCD Action Plan (Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2012–2016)?
- What can civil society do to improve its implementation?

7. Regional challenges, opportunities

- What are some challenges to joint action?
- Are there any specific opportunities to seize?
- What could stimulate regional action?
- What kinds of resources are available/ needed?

c) Others

8. What experience of responding to NCDs or similar issues would you want to share with colleagues in other countries and/or regions?

9. Your questions, comments

Annex 3

List of Key Informants

Damjan Damjanovic,

Serbian patient association, PLAVI KRUG
(Serbia)

Dr. Dietrich Garlichs,

German NCD Alliance
(Germany)

Aigul Ilyazova,

National Association Of Village Health
Committees
(Kyrgystan)

Gulmira Kozhobergenova,

Executive Committee Alliance of Civil Society
for Nutrition and Food Security
in the Kyrgyz Republic
(Kyrgystan)

Elena Kravchenko,

Consumer Union of Tajikistan
(Tajikistan)

Oleg Kutushev,

Russian Narcologist League
(Russia)

Lydia Makaroff,

European Cancer Patient Coalition
(Belgium)

Lukasz Salwarowski,

Manko (Poland)

Mariann Skar,

Eurocare - The European Alcohol
Policy Alliance
(Belgium)

Andriy Skipalskyi,

Advocacy Center LIFE
(Ukraine)

Hanna Susha,

Belarus Consumer Society
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MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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