

MAPPING of NCD Civil Society Organisations in the WHO African Region

Acknowledgements

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Contents

Background	4
Mapping Methodology	6
Scope and Limitations	8
Survey and Interview Results	9
Profile of NCD Civil Society Organizations in WHO African Region	9
Action on NCDs	11
Challenges, Gaps, Solutions and Capacity Needs	14
Opportunities and Good Practices	17
Regional Priorities, Mechanisms and Partnerships	18
Mapping Recommendations	21
Recommendations from the mapping exercise	21
Conclusions	24
Annex 1	
Survey Questionnaire	25
Annex 2	
In-depth Interview Guide	31
Annex 3	
List of Key Informants	33
Annex 4	
Recommendations from the Regional CSOs Consultation forum	34

Background

The NCD Alliance and WHO Regional Office for Africa (AFRO), organised a Regional Consultation on the roles and responsibilities of WHO and civil society organizations in the prevention and control of non-communicable diseases in the African region in Balacava, Mauritius on 17-18 October, 2016. The meeting aimed to share experiences, lessons learnt, and good practices on CSO involvement in NCD prevention and control; brainstorm on ways to catalyze the establishment of a Regional CSOs' Network for the prevention and control of NCDs; review and provide input into the draft Regional implementation framework for the prevention and control of NCDs; and foster effective collaboration among CSOs in the Region and WHO in order to accelerate implementation of the AFRO regional NCD strategy and joint efforts to integrate NCDs into national development plans.

As part of the meeting, the NCD Alliance commissioned a mapping of civil society organisations (CSOs) working on NCDs in the Region to inform the discussions at the Regional Meeting.

The AFR mapping exercise of NCD civil society had the following **three key objectives**:

- 1 To **describe** the current status of civil society action on NCDs in the region, including CSO challenges, gaps, capacity needs, and opportunities

- 2 To **identify** current regional civil society areas of action and priorities for NCD prevention and control

- 3 To **explore** how other key NCD stakeholders can support civil society action in the NCD prevention and control response.

The Regional Consultation is part of a series of such meetings in various WHO Regions that have and are being organised to inform future directions to larger civil society action on NCDs around the world and support implementation of the WHO Global Action Plan for Prevention and Control of NCDs (2013).

At the time of this mapping, four NCD Alliances were in operation in the African region, based in Nigeria, South Africa (<http://www.sancda.org.za/>), and Zambia in addition to the regional East African NCD Alliance (www.eancda.org).

The East African NCD Alliance was formed in 2015 and is the umbrella union of national NCD Alliances from Burundi, Kenya, Rwanda, Tanzania, Uganda and Zanzibar. It is currently working to strengthen the institutional capacity of NCD Alliances and to strengthen regional NCD collaboration. It seeks to support governments, regional institutions, such as the East African Community and the WHO Africa Region Office and other NCD civil society to improve the NCD response. The EANCDA grew out of the work of the older national NCD Alliances of Uganda, Tanzania and Zanzibar in partnership with Danish NCD Alliance supported by the Civil Society Fund, Denmark.

The South African NCD Alliance was formed in 2013 as a response to the epidemic of NCDs in South Africa doing advocacy at the national level as well as at the provincial level. It has produced a civil society status report assessing progress that the South African government has made in terms of the various global and regional commitments.



Map of NCD Alliances in the African region

 The East African NCD Alliance

Mapping Methodology

The mapping exercise comprised of an online survey among CSOs working on NCDs in the WHO African Region¹ and in-depth interviews with key informants from these countries. Key recommendations were also based on discussions from the Regional Consultation meeting in Balaclava, Mauritius.

Survey: The online survey was administered in both English and French between September 24 and October 08, 2016. The in-depth interviews were conducted from September 26 to October 04, 2016.

The respondents were selected through purposive sampling. A multi-pronged approach was adopted to maximise response from the sampled population within the limited timeframe of the survey. The sampling frame for the online survey consisted of the following:

- Participants of the Regional Meeting for NCD Civil Society Strengthening in WHO AFR;
- AFR members of the international federations members of the Steering Group of the NCD Alliance;
- Civil society list of the NCD programmes of the WHO country offices in AFR;
- Civil society list of the Consortium for NCD Prevention and Control in sub-Saharan Africa (CNCD-Africa); and
- National NCD Alliances in AFR.

An online questionnaire was developed, pre-tested and administered using *Survey Monkey* software application.

Out of the 61 responses to the survey, 2 were incomplete, 6 responses were from different chapters of the same organisation represented in various countries, 1 was from an organisation in Europe that has very close working relationship with East African NCD CSOs. The two incomplete questionnaires and the one submitted by the respondent based outside the AFR region were excluded from analysis while the remaining 58 responses were analysed. The questionnaire can be found in Annex 1.

Responses were received from respondents working in 28 out of the 47 countries in the WHO African region. The highest response rate was from the CSOs working in Kenya (7 respondents), with Nigeria and South Africa also representing a large proportion. Rwanda and Tanzania each received five respondents, followed by Tanzania (4) and Cameroon (3) (Figure 1).

The proportion of responses from countries seems to broadly correspond to the perceived strength and size of civil society in a given country or region.

¹ Countries in the WHO AFR region include: Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Ethiopia, Eritrea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

Country	# of Respondents
Kenya	7
Nigeria	6
Rwanda	5
South Africa	5
Tanzania	4
Cameroon	3
Burkina Faso	2
Ivory Coast	2
Malawi	2
Uganda	2
Zambia	2
Chad	2
Burundi	2
Benin	1
Botswana	1
Comoro Islands	1
Congo (DRC-Kinshasa)	1
Ethiopia	1
Ghana	1
Mauritius	1
Namibia	1
Niger	1
Senegal	1
Seychelles	1
Togo	1
Zimbabwe	1
Algeria	1
Mali	1

Figure 1: Respondents by Country

Key Informant Interviews: In-depth interviews (IDIs) were conducted using a discussion guide (Annex 2) with key contacts drawn from various AFR countries. Key informants from the organizations addressing the major NCD and the common risk factors were interviewed. In total 10 IDIs were conducted. Two of the interviews were completed via email while Skype and phone calls were used to interview the remaining 8 respondents. The discussion guide explored the survey variables in detail and the information was analysed along thematic lines. The details of key informants can be found in Annex 3.

Scope and Limitations

This is the first ever mapping of CSOs working on NCDs in WHO AFR by the NCD Alliance. It is extensive in that it covers 28 out of the 49 countries in the Region. Between the online survey and in-depth interviews, the mapping also made a reasonable attempt to cover the civil society response to all the major NCDs and their risk factors in the surveyed countries. The results provide an indication of the overall trends in CSO involvement, achievements, needs and challenges on NCDs in AFR. However, in the absence of a verifiable database of NCD CSOs in the Region, the sample size of responses analysed cannot be claimed to be a true representation of the population of organisations working on these issues.

While every attempt has been made to provide equal opportunity to all CSOs working on NCDs in AFR to participate in the survey, there may be certain organisations working on these issues that might not have been covered by the survey. Where these gaps in data have been observed in the survey, attempts have been made to address them specifically through in-depth qualitative interviews of key contacts in countries. Despite best efforts, no information on NCD related CSOs from Angola, Cape Verde, Congo (Brazzaville), Djibouti, Guinea, Lesotho, Madagascar, Mauritius, Mozambique, Sierra Leone, Somalia, South Sudan, or Swaziland could be included in this mapping exercise. The low response from Lusophone countries is likely due to the survey not being available in Portuguese.

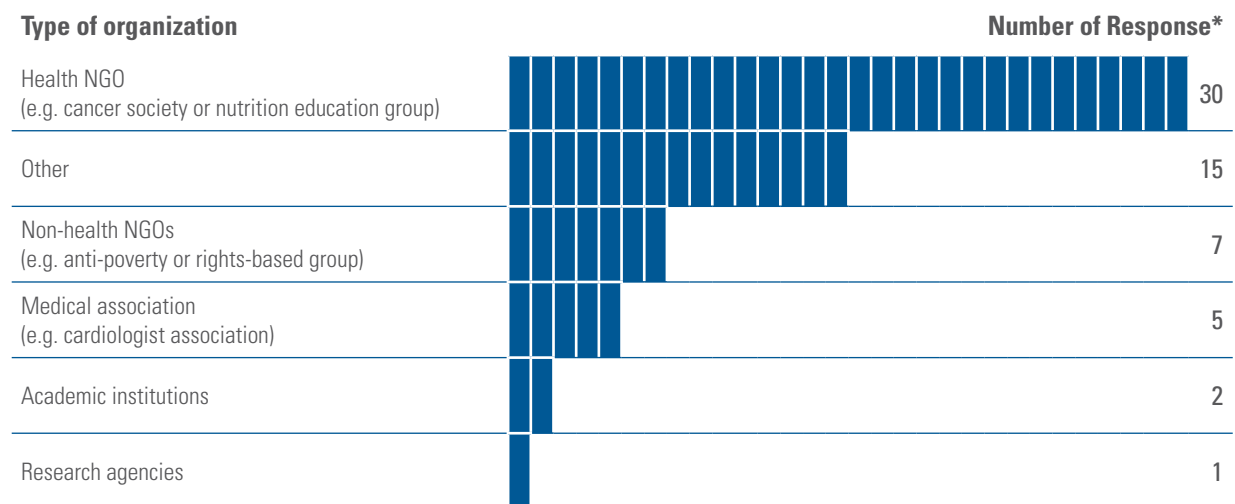
Survey and Interview Results

The section below provides analysis of the survey and interview results synthesized into several major themes.

Profile of NCD Civil Society Organizations in WHO African Region

Type of Organisation

Slightly more than half (51.7%) of the respondents selected 'Health NGO' as a descriptor of their organization. However, non-health organizations, medical associations, and academic institutions also contributed to the survey. Several highlighted their non-health agendas such as consumer protection and faith-based activities. This reflects interest and awareness of NCD issues beyond health NGOs. This is a positive observation in light of the multi-sectoral challenge that NCDs pose to societies, requiring strong multi-disciplinary collaboration with actors beyond the health sector (Figure 2).



*Number of respondents highlighting category as one of the top three descriptors of their organization

Fig 2. Nature of organisations

Years of Work on NCDs

Approximately one third of the organisations (34.5%) working on NCDs in the Region have been in existence for less than 5 years. Organizations between 6 and 10 years old represented 17.2% of responses while those that have been in operation for more than 21 years accounted for about 13.8% (Figure 3).

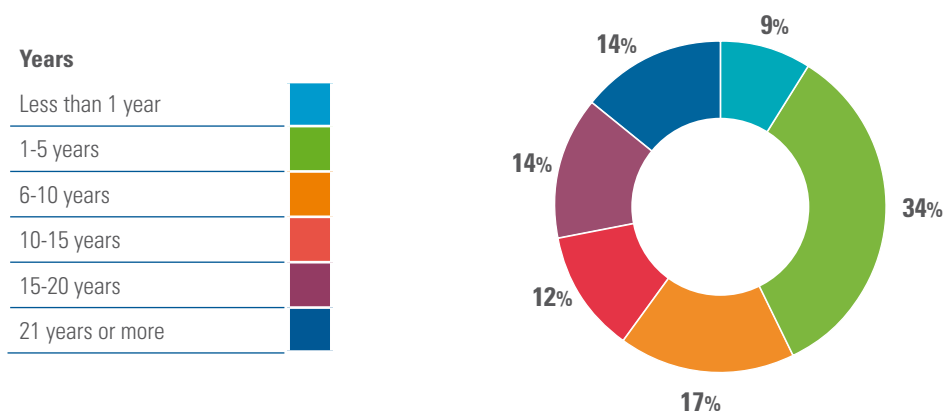


Fig 3. Years of work on NCDs

This figure shows that many CSOs working on NCDs emerged in the last five years, which may be associated with the global focus and attention directed towards NCDs since the 2011 UN High Level Political Declaration on NCDs.

Scope of Work

Almost two-thirds (63.8%) of the respondents cited focus at the national level, followed by provincial level at 10.3%, sub-Saharan Africa (SSA) regional focus at 6.9%, and district level also at 6.9%. This shows that CSO action has a substantial potential for national reach and coverage while paying attention to local needs through decentralized coverage (Figure 4). An in-depth interview revealed that, for example, in Tanzania, the existing Tanzania NCD Alliance (TANCDA) has been very active in establishing regional branches, empowering people while fostering a sense of political acceptance.

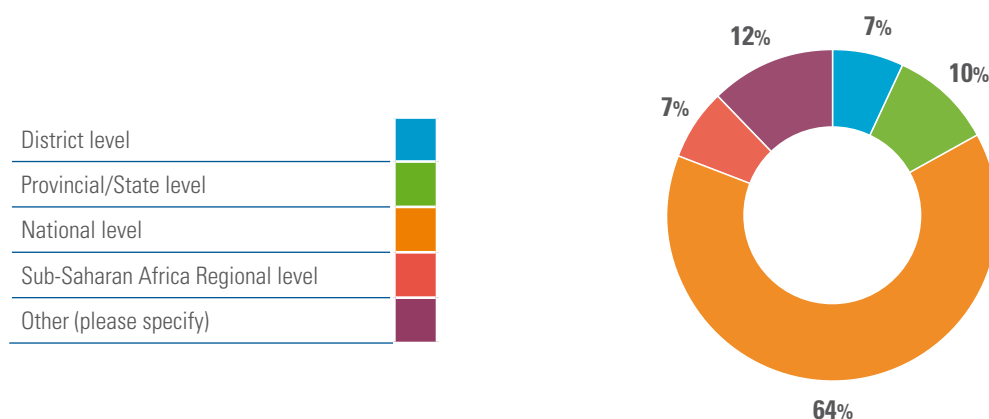


Fig 4. Scope and coverage of work on NCDs

Action on NCDs

Target Groups

A high number of respondents (91.4%) cited the public as one of their top three target audiences, with a further 63.8% citing NCD affected groups and the government (each with 63.8%). This suggests civil society has frequent interactions with governments in the region, while reaffirming their role in public awareness and engaging with people living with NCDs (Figure 5).

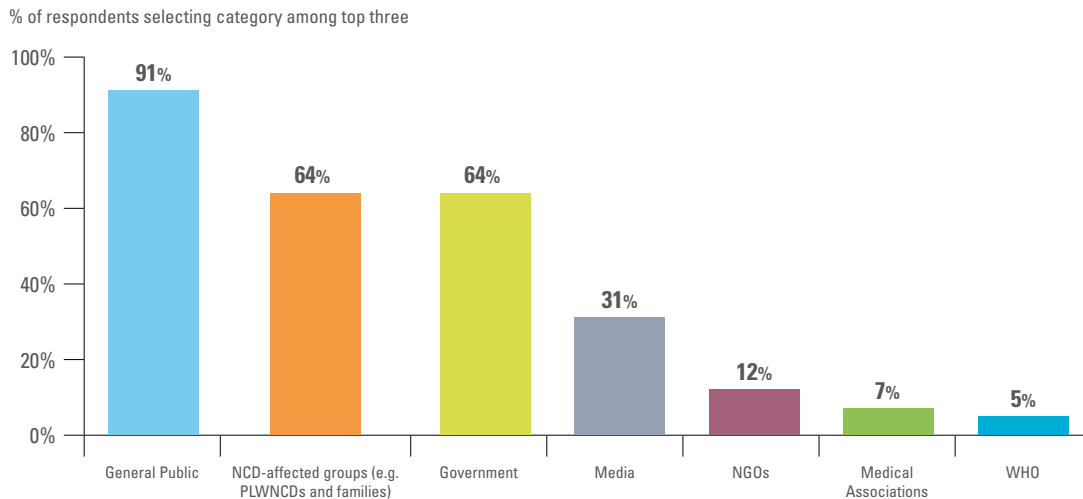


Fig 5. Top three target audiences of organisations

Focus within the NCD Agenda

Over half of all respondents (56.9%) focus on cancer control as one priority area of work. This is followed by tobacco (53.5%), diabetes (50%), unhealthy diets (48.3%), and cardiovascular health (44.8%). The pattern of responses indicate that many CSOs are focusing on the four main NCDs and the four main shared risk factors prioritized by the WHO in the Global Action Plan for the Prevention and Control of NCDs.²

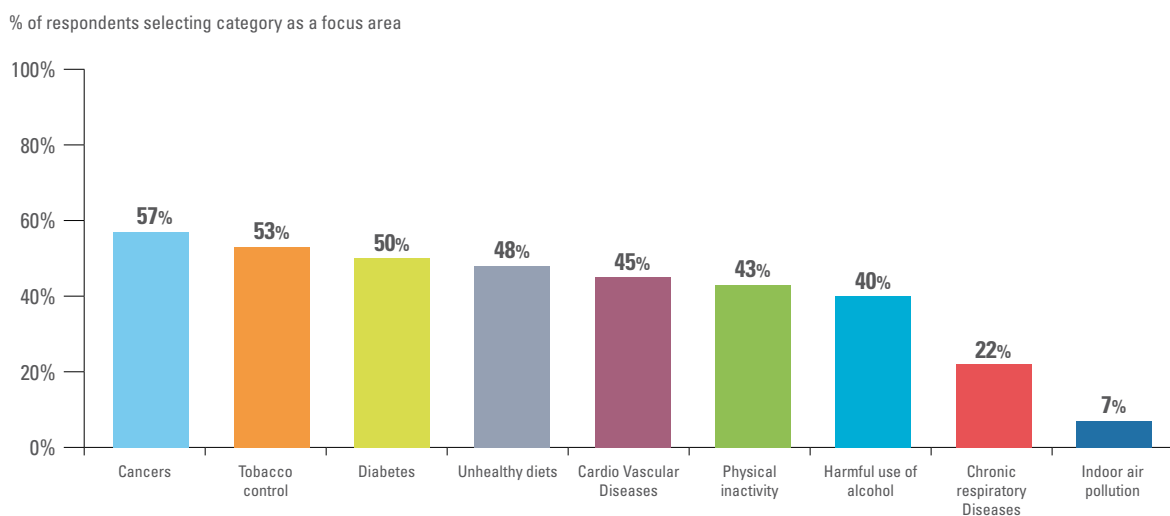


Fig 6. Focus within the NCD agenda

² WHO, Global Action Plan for the Prevention and Control of NCDs 2013-2020 (Geneva: WHO, 2013).

The focus on tobacco control and unhealthy diets is suggestive of an active movement on NCD prevention across AFR. Likewise, work on physical inactivity was cited by 43.1% of respondents as an area of focus, followed by work on harmful use of alcohol at 39.7%. In addition, 6.9% of respondents cited working on indoor air pollution (Figure 6).

Priority Areas of Intervention

When asked about the top three focus areas of their work on NCDs, almost 43.1% of respondents cited reducing exposure to risk factors, early diagnosis (12.1%) and mobilising civil society response (8.6%) as the primary activity of their organisation (Figure 7).

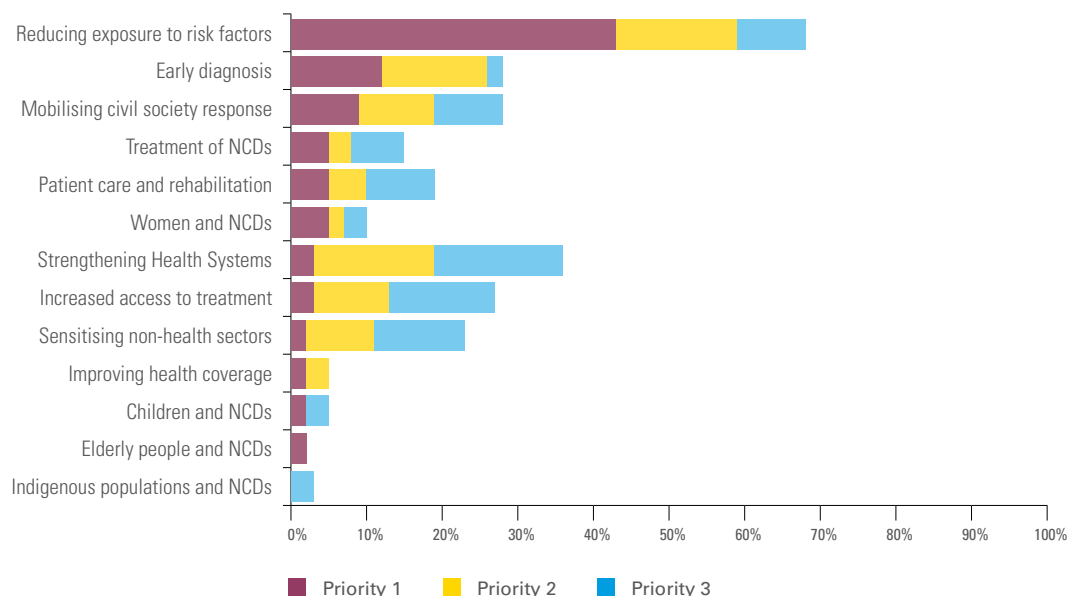


Fig 7. Top three focus areas on NCDs

This figure points to a general focus on prevention, early detection, and strengthening health systems. Interviews revealed that, in South Africa and Ethiopia, CSOs have invested heavily on prevention, early screening campaigns for early detection and (disease) management, and have endeavored to support government structures.

Top NCD-related activities undertaken by CSOs

Reaffirming the findings that the general public tends to be an important target audience for CSOs as well as the focus on prevention and early diagnosis, ‘Public education on NCDs and risk factors’ was selected as the top activity by the majority of respondents. The second activity most frequently selected as a top priority was ‘Advocacy with policy makers’. This indicates an active interest in advocacy and systems change from NCD civil society in the region (Figure 8).

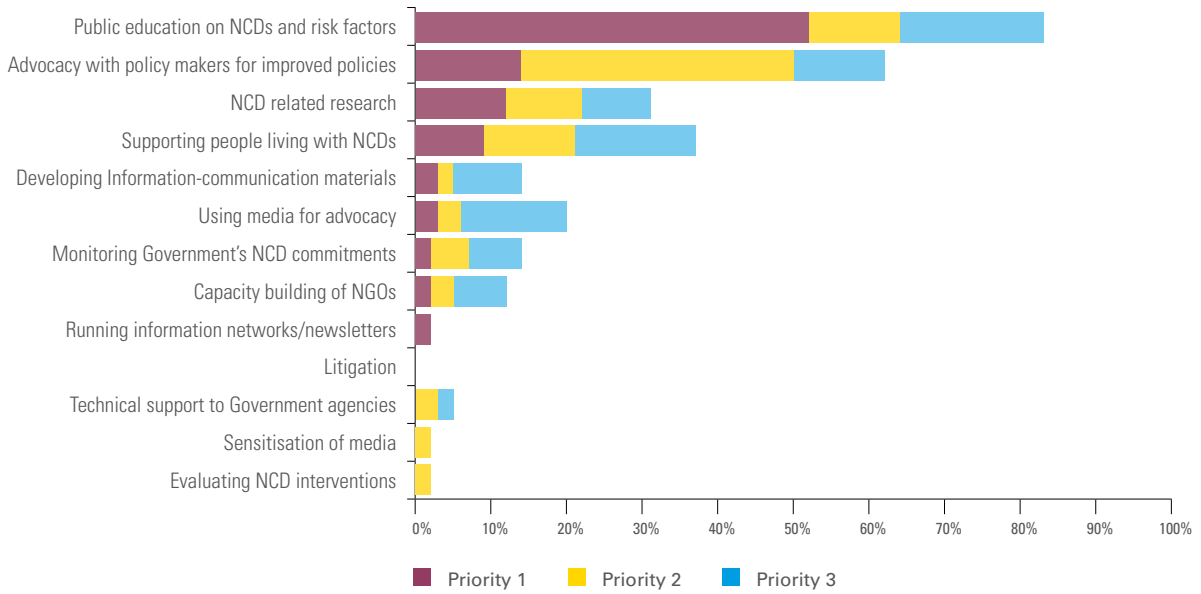


Figure 8: Top NCD-Related Activities

Role of CSOs in shaping the health agenda

A total of 87.9% of respondents either agree (22.4%) or strongly agree (65.5%) that CSOs play an important role in shaping health policy nationally and that their advocacy efforts are well established and recognized by governments. Only 10.3% of respondents were neutral on this topic (Figure 9).

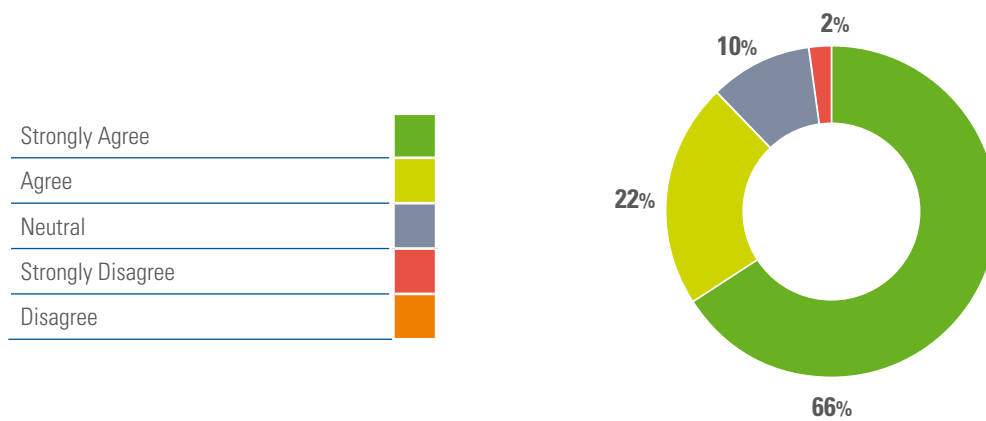


Figure 9: Civil society plays an important role in shaping health policy nationally and advocacy efforts are well established and recognized by government.

Challenges, Gaps, Solutions and Capacity Needs

Challenges

Where plans and strategies are in place, interviewees reported poor adoption, implementation and enforcement, with lack of attendant resources such as costed strategies and action plans and monitoring. Asked about the top 3 challenges faced in their work on NCDs in decreasing order, poor implementation of programmes and policies (22.4% of respondents), lack of understanding of NCDs outside the health sector (18.9%), and lack of political will (17.2%) were most often perceived as the greatest obstacles. However, the issue of insufficient funds was selected most frequently overall (Figure 10). Interviewees from Kenya, Rwanda and Chad also noted that the regional challenges are similar to those at the country level. For example, while The African Union (AU) and the East African Community (EAC) have made commitments, they are weak on implementation, which can be seen in their lack of adherence with Abuja Declaration.³

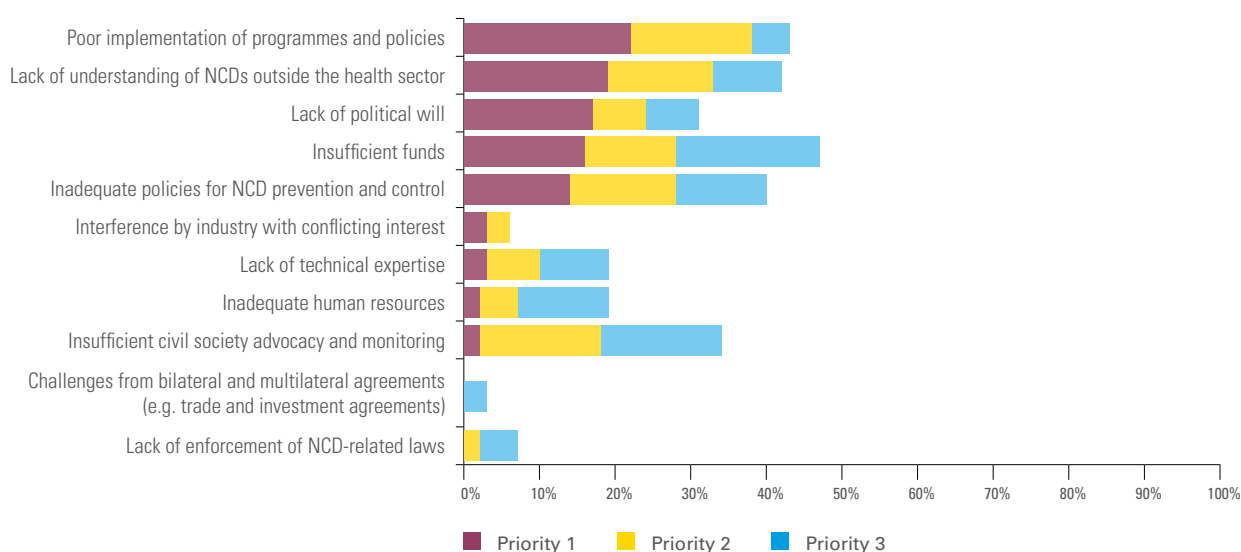


Figure 10: Top challenges faced by CSOs

Gaps

Regarding limitations in the civil society response at the country level, respondents identified financial constraints as the main gap (94.8% of respondents) (Figure 11). This was followed by a lack of coordinated response (62.1%), limited NGO interest in NCDs, low engagement of non-health NGOs and lack of technical expertise (with approximately half of respondents highlighting each of these respectively). Interviewees also suggested that coordination can have a considerable impact on ameliorating national or regional circumstances and may indeed be a key factor to address going forward. In Nigeria, in-depth interviews revealed that National Health Insurance is not accessible to the majority of the people. There is lack of communication between the CSOs and the government, a general lack of coordination among CSOs, and lack of commitment from both parties. It was noted that the problem is not always about lack of money, which can be mismanaged even when it is available.

³ Kirigia, J. M., Preker, A., Carrin, G., Mwikisa, C., & Diarra-Nama, A. J. (2006). An overview of health financing patterns and the way forward in the WHO African Region. *East African medical journal*, 83(9), S1-S28.

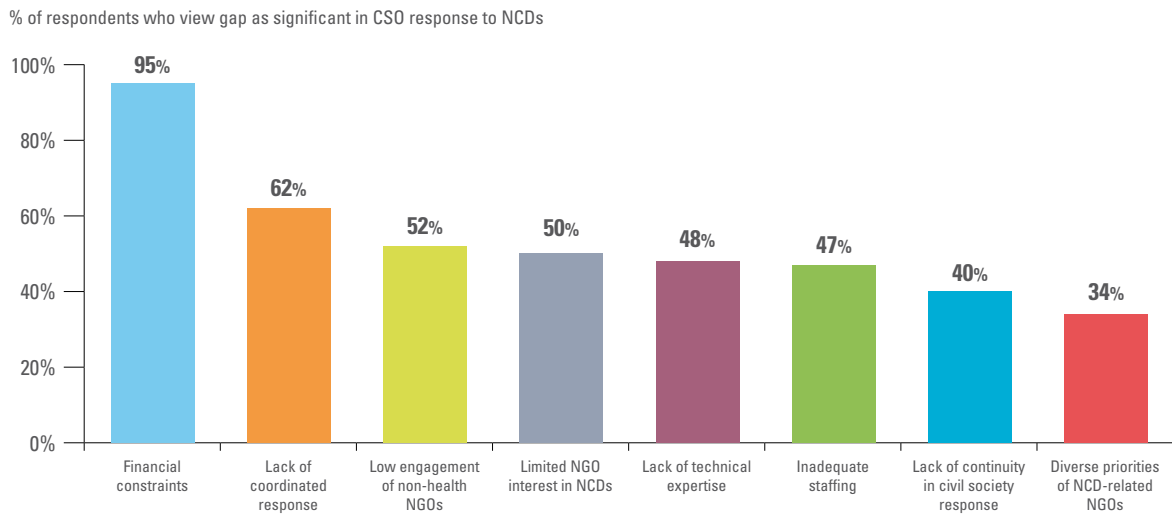


Figure 11: Major gaps to CSO response

Solutions and Capacity Needs

When asked to identify potential solutions to the gaps in the civil society response in AFR, 81 % of respondents selected capacity building of NGOs, followed by integration of NCDs into existing programmes (75.9%), and NCD coalition-building in the country or region (70.1%) (Figure 12). Increased CSO sensitisation and joint strategic planning by NGOs were each recommended by 69% of the respondents as priorities. Other solutions mentioned by approximately half of the respondents included joint pooling of resources and making a business case for NCDs.

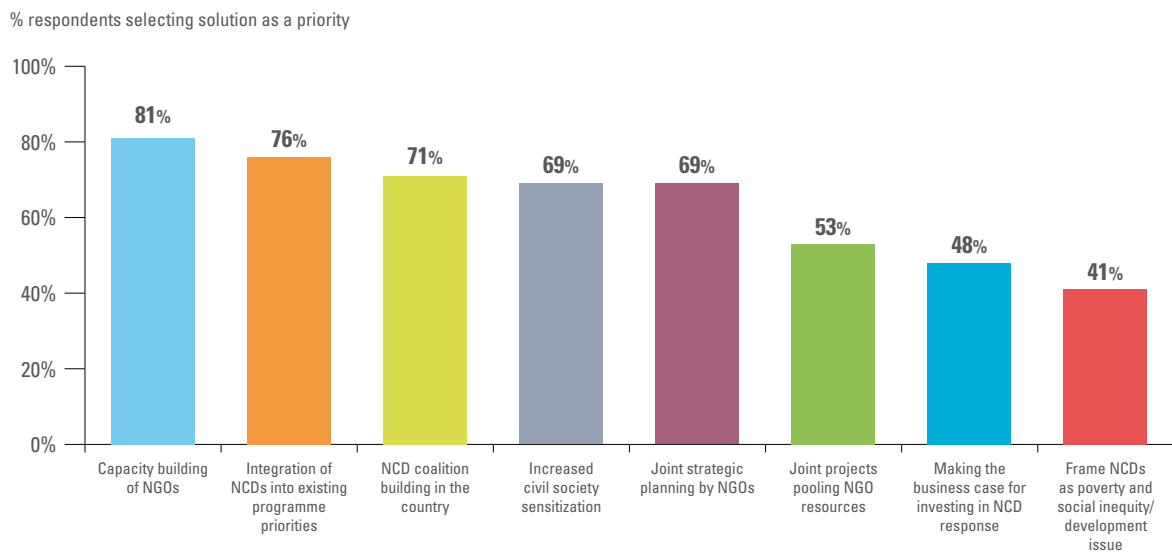


Figure 12: Solutions to Address Gaps

Some of the top capacity needs identified by respondents include advocacy and campaign skills, with 72.4% of respondents highlighting this theme, spread of best practices to reduce exposure to NCD risk factors (71%), and resource mobilization support (69%). Another significant need identified was strategy and campaign planning support (67.2%) (Figure 13).

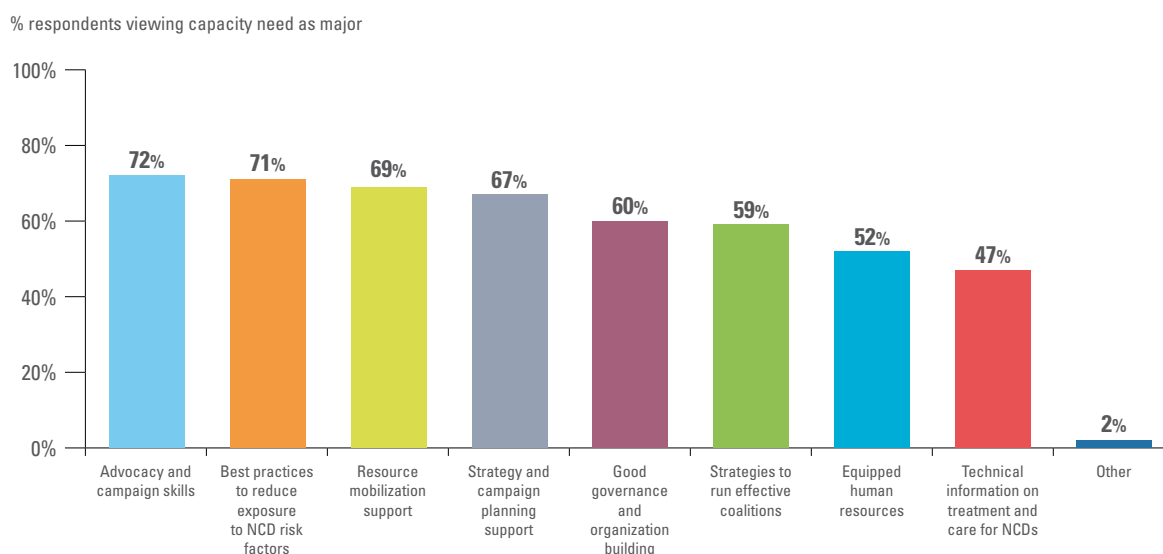


Figure 13: Major capacity Needs

Despite the rising burden of NCDs in the Region, very few countries have operational multi-sectoral national NCD policies, strategies or action plans that integrate several NCDs and shared risk factors.⁴ Since 2011, 10 countries have enacted legislation to ban smoking in public places and to ban tobacco advertisement, promotion and sponsorship; eight have passed laws requiring health warnings on tobacco packages; and five have implemented tax changes on tobacco products.⁵ Several African nations including Botswana, Kenya, The Gambia, Ghana, South Africa, Tanzania, and Zimbabwe have implemented measures to reduce alcohol consumption. Measures vary across countries and include alcohol levies, restrictions on trading days and hours, requirements for health warnings in advertisements, and bans on the sale of traditional brews in unregulated places such as homes. In the Gambia, alcohol advertising is banned on national television and radio.

4 2014 WHO Country Profiles: http://apps.who.int/iris/bitstream/10665/128038/1/9789241507509_eng.pdf?ua=1

5 WHO, *Global Status Report on Noncommunicable Diseases 2014*

Opportunities and Good Practices

Opportunities

In terms of the largest perceived opportunities to combat NCDs at the national level, strategies towards the creation of national NCD plans were the most frequently selected priority among respondents (60.34% of respondents), followed by NCD prevention and control as part of UHC strategies (53.5%). The opportunities of integrating NCDs into UN national development plans and multisectoral NCD commissions also ranked highly (48.3% and 46.6%, respectively) (Figure 14).

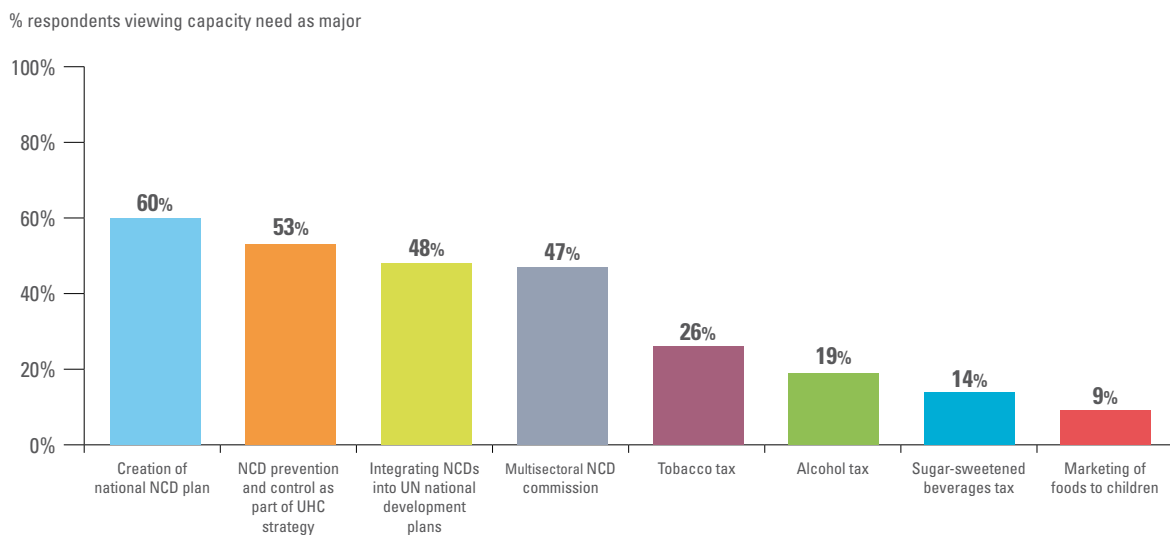


Figure 14: Largest Perceived National Opportunities

Although several respondents and interviewees acknowledged that there is a steady rise in awareness and global push for prioritization of the NCD agenda, with several countries attempting to create national strategies and guidelines, they still remained unfunded and lacked commitment by governments and CSOs. Furthermore, the Region still faces many challenges posed by communicable diseases and weak health care systems making it difficult to prioritize NCD activities.

Interviewees highlighted the work of the global NCD Alliance through its constituent Federation Member Associations and the National and Regional Alliances, which are viewed as the vehicles driving country responses on a global scale and as particularly useful in the Region. The creation and adoption of a regional NCD Framework which would 'regionalise' the WHO Action Plan for the Prevention and Control of NCDs, along the lines of which most country-specific strategies and action plans are modelled, was also viewed as a key opportunity. The adoption of the Framework Convention on Tobacco Control (FCTC) by countries was further identified as a factor that galvanized tobacco control by the civil society in AFR.

Interviewees also highlighted the Regional consultative meeting in October 2016 in Mauritius as one of the top most opportunities for the Region to start a concrete process of dialogue and to agree on firm actions for NCDs in the Region, alongside the global coordination mechanism meeting. A regional multi-stakeholder Alliance can help in stimulating action through a platform recognized by the AU, UN, and others.

Regional Priorities, Mechanisms and Partnerships

Country Priorities

In terms of areas for action to combat NCDs at the national level, the adoption of strategies to address promotion, taxation, and trade of tobacco, alcohol, and unhealthy foods along with facilitating access to treatment were both chosen as top priority most frequently (by 22.4% of respondents). Ten respondents (17.2%) selected enacting, implementing, and enforcing NCD legislation and policies as the most pressing area for action (Figure 15). Interviewees also noted that taxation commitments can help to finance NCD action and FCTC implementation.

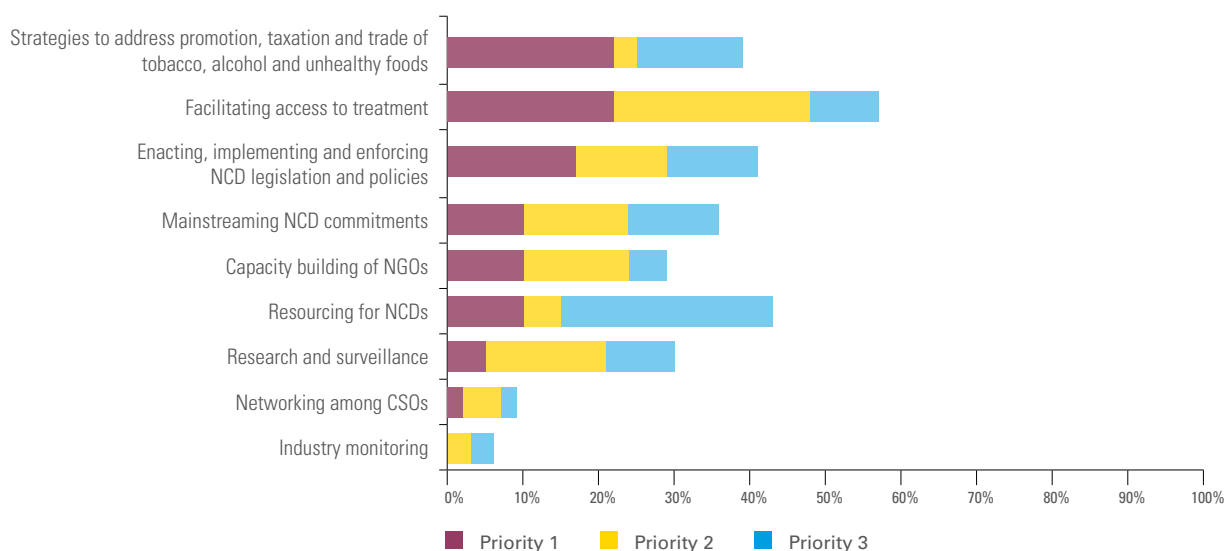


Figure 15: Priority areas for action at the country level to combat NCDs

Regional Priorities

In terms of priority areas for action to combat NCDs at the regional level, strategies to address cross-border promotion, taxation and trade of tobacco, alcohol and unhealthy foods was the most frequent primary priority for respondents (34.5% of respondents), followed by facilitating access to treatment across countries (20.7%) and monitoring NCD commitments by Governments (17.2%). Research and surveillance came ahead of capacity building of NGOs in the region at 8.6% and 6.9%, respectively (Figure 16). Interviewees noted that regional economic blocks can have a solid NCD agenda and focus as exemplified by the Italian Development Agency which has given AU support to fast-track tobacco control in the region.

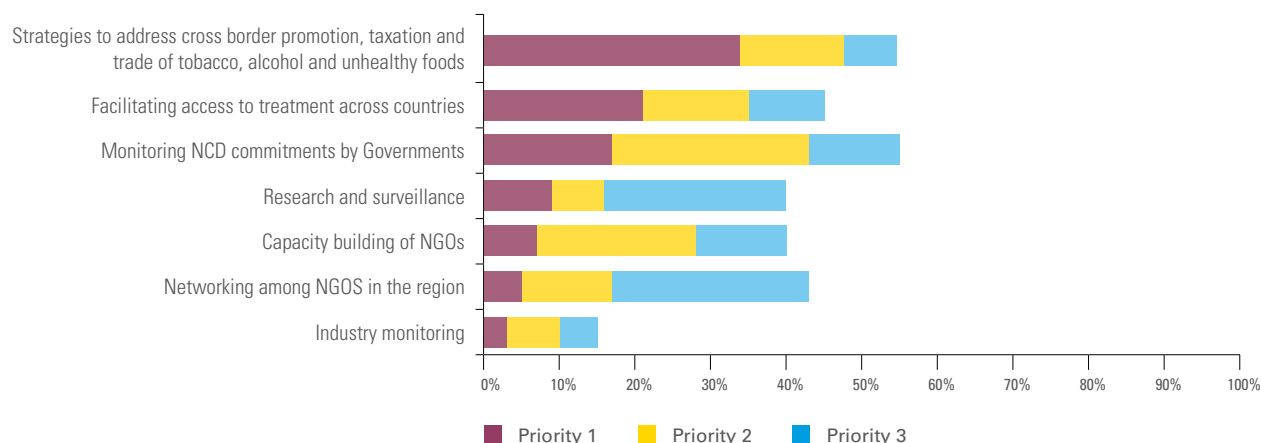


Fig 16. Priority areas for action at the regional level to combat NCDs

Mechanisms for Regional Collaboration

When asked what kind of regional and global collaboration would enhance work on NCDs, many of the respondents cited information sharing platforms (93.1%), with networking opportunities for NGOs in the region and guidance on NCD policies and good practice each being highlighted by approximately three quarters of respondents. Additionally, mechanisms for advocacy support were selected as an area of interest by 70.1% of respondents (Figure 17).

These sentiments were echoed during the CSOs Consultative meeting in Mauritius where participants were asked the question: What are the main functions for regional civil society action on NCDs (what do you want to do together) and what should be the mechanism for regional coordination?

The following were the recurring themes in terms of key wants:

- Interest in information sharing and capacity building as first step
- Capacity building of national alliances
- Advocate at regional level (mentions of M&E, taxation)
- Accountability
- Resource mobilization, joint call for funding
- Leaving no one behind (covering all NCDs not just individual diseases)

On the nature of the such collaboration or Alliance the recurring themes were:

- Flexibility
- Allow for regional to national exchanges/action (national work feeding into regional advocacy and vice versa)
- Progress to formal structure overtime
- A structure that enables and supports members – to have a committed and diverse membership

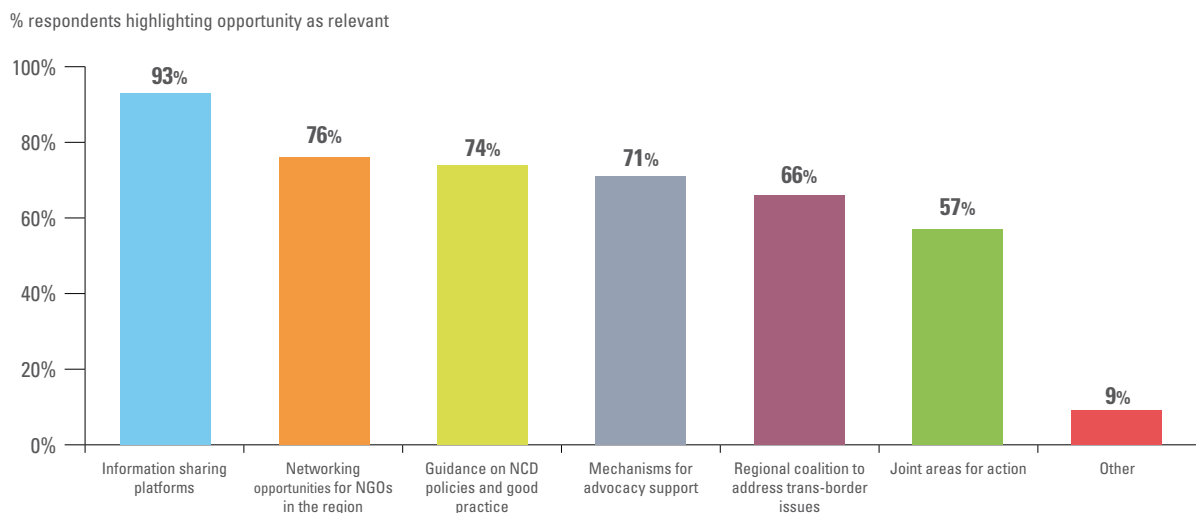


Figure 17: Promising means of regional and global collaboration for NCDs

Input gathered during the interviews seems to further back up this strongly articulated call for improved information exchange, networking, and the need for coalition building at the regional level as an overarching priority. One of the interviewees observed that “we need a lot of awareness creation, sharing knowledge, dispelling myths and superstitions, holding annual conferences, and establishing a pot for joint resource. A lot of opportunities are lost since there’s no established network”.

Partnerships

The survey asked how multilateral agencies such as the WHO or UNDP can support civil society action on NCDs in the Region. Integrating NCDs into existing development programmes was selected by over 90% of respondents, followed by resourcing civil society advocacy (84.5%), developing or consolidating public health evidence (72.4%), building civil society monitoring mechanisms for NCD commitments (70.7%), and enlisting the involvement of non-health sectors (60.3%) (Figure 18).

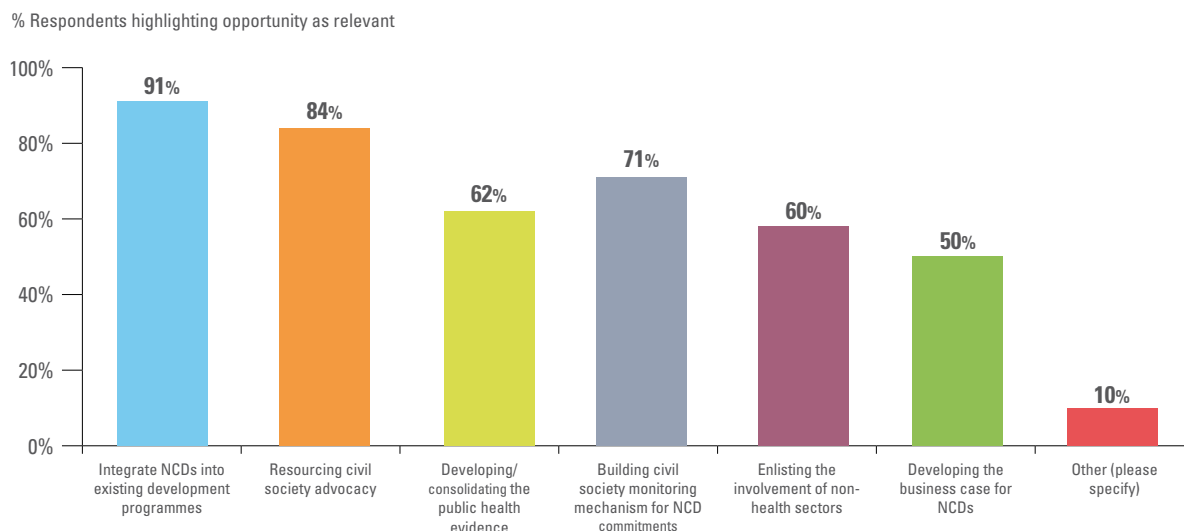


Figure 18: Ways international organisations can support CSO advocacy on NCDs

When asked about ways through which civil society can support the WHO, UN Agencies, and other international organizations to contribute to the prevention and control of NCDs, approximately one third of the respondents mentioned advocacy for NCDs in national development plans. This was followed by improving community preparedness for NCD interventions (20.7%) and building political will for NCD policies and programmes (17.2%) (Figure 19).

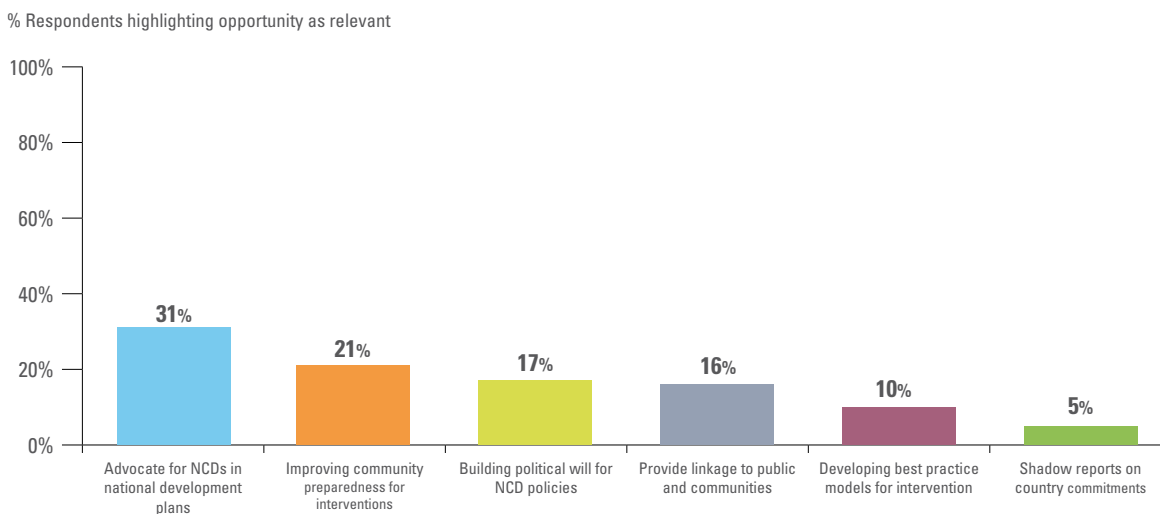


Figure 19: Ways CSOs can support international organisations

Mapping Recommendations

Based on the findings from this mapping exercise, below are some recommendations for key NCD stakeholders in the AFR region. These are intended to support civil society strengthening efforts in the region and are echoed in the agreed-upon recommendations from participants at the Regional CSOs Consultation Forum (see Annex 4).

Recommendations from the mapping exercise

For
Civil Society
Organizations



SUPPORT GOVERNMENTS

in developing and implementing multi-sectoral national NCD plans and policies.

MONITOR PROGRESS

and hold Governments and each other accountable to the national NCD commitments.

BUILD MULTI-SECTORAL COALITIONS

across diseases and risk factors and involve, where possible non-NCD/non-health CSOs. at national and sub-national levels

ESTABLISH national and regional platforms or coalitions for networking, information exchange and advocacy support

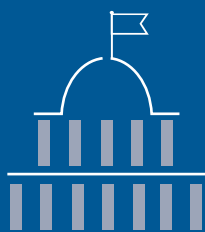
ADVOCATE for **INTEGRATION** of NCDs into national health and development plans.

CONTRIBUTE to evidence generation for NCD burden through research and surveillance.

EXPLORE and **IMPLEMENT** creative internal/domestic resource mobilisation strategies.

Recommendations from the mapping exercise

For Governments



DEVELOP and **IMPLEMENT** national comprehensive and integrated NCD multisectoral policies and plans, including targets and indicators

INCREASE BUDGETARY ALLOCATIONS for NCD prevention and control, including for civil society action.

ACTIVELY SUPPORT civil society strengthening and facilitate greater CSO involvement in policy planning, implementation and monitoring of progress in the national NCD response.

For WHO Country and Regional Offices

DEVELOP a Regional framework for the prevention and control of NCDs and **PROMOTE** the role of civil society in its implementation.

ACTIVELY ENGAGE CIVIL SOCIETY

in the development of technical resources, guidelines and frameworks for action.

FOSTER Regional strategies to address cross-border promotion, taxation and trade of tobacco, alcohol and unhealthy foods

SUPPORT CIVIL SOCIETY ADVOCACY and CAPACITY-BUILDING at both national and Regional levels and help raise the profile of CSOs throughout the Region.

PROMOTE ACTIVE PARTICIPATION

of civil society in NCD policy development, implementation and monitoring at national and regional levels.

FACILITATE OPPORTUNITIES for civil society advocacy to leverage regional platforms, including but not limited to the AU, economic and regional blocs.

For
multilateral agencies
and development
partners



**HELP MAKE the
BUSINESS CASE**

for NCDs by conducting
country-specific
assessments.

**INTEGRATE NCD
PREVENTION and
CONTROL**

into new
and existing in-country;
programmes and engage
NCD civil society in their
implementation.

SUPPORT INTEGRATION

of NCDs into national health
and development plans.

**HELP ENLIST
NON-HEALTH SECTORS**

and actors in NCD
prevention and control.

For
the NCD Alliance

SUPPORT COALITION-BUILDING

at national, sub-regional and regional levels
to facilitate knowledge and information
exchange, sharing good practices, and joint
strategy and campaign planning.

**ENCOURAGE INTERNATIONAL
NCD Alliance Federations**

to further
mobilise their members in WHO AFR
to actively engage in NCD advocacy
and monitoring.

CONDUCT CAPACITY BUILDING

ACTIVITIES to address gaps in strategy and
campaign planning, governance and resource
mobilization.

**DEVELOP TOOLS for ADVOCACY
and CAMPAIGN PLANNING,**

civil society monitoring/shadow-reporting,
as well as organisational development and
fundraising.

Conclusions

Through its collection of insights from CSOs working in 28 countries, this mapping offers a number of revealing observations regarding the current status of NCD civil society in the African region, some prominent areas of action, the main challenges faced, as well as the largest capacity gaps and needs faced by organizations.

This mapping reveals there is an active NCD civil society in AFR. While many CSOs describe themselves as 'Health NGOs', there is evidence of other forms of organizations with non-health profiles demonstrating an interest and awareness of NCD issues beyond the health sector, which is encouraging in light of the need for a multi-sectoral approach to tackling these diseases. NCD civil society in the region is working to reduce exposure to risk factors, and has a focus on early detection and health systems strengthening, and also plays a role in mobilising the response of civil society itself. Public education on NCDs and risk factors along with advocacy with policy makers are the top rated NCD activities undertaken by civil society.

These findings reaffirm two additional observations, namely that the great majority of respondents believe civil society plays an important role in shaping national health policy and that advocacy efforts are well established and recognized by government. This indicates that CSOs are well-positioned to leverage this favourable environment to secure positive policy advances. Secondly, the importance of CSOs' public-facing activities are also highlighted by the finding that their primary target audience is most often the general public, followed by NCD-affected groups.

CSOs refer to the poor implementation and enforcement of programmes and policies, lack of understanding of NCDs outside the health sector, lack of political will and funding as major challenges in NCDs. The main national opportunities are perceived to be the creation of national plans, the integration of NCDs in UHC strategies, integrating NCDs into national development plans and having multi-sectoral commissions. Efforts to ensure accountability will be important to ensure national progress against national, regional and global commitments. At the regional level, addressing cross border promotion, taxation and trade of tobacco, alcohol and unhealthy foods, facilitating access to treatment and monitoring NCD commitments by governments (public accountability) are recognized areas of opportunity.

The main gaps in CSO responses within the region are financial constraints and the lack of a coordinated response, as well as limited NGO interest in NCDs, low engagement of non-health NGOs and lack of technical expertise. Of the solutions to address such gaps, capacity building of NGOs was most often seen as a way forward, accompanied by clear calls for improving advocacy and campaign skills in particular. To improve coordinated response, the creation of information sharing platforms seemed to appeal to a vast majority of CSOs as a promising means of enhancing collaboration.

More in-depth mapping of civil society capacity and needs is required to ensure future investments and capacity building efforts take into account the specific strengths and needs of NCD civil society across AFR - a Region whose geographic spread comes with widely differing national realities. A key insight from this mapping is the strong recognition of the need for greater regional coordination and overall coalition building to make a difference in NCD prevention and control.

Annex 1

Survey Questionnaire

NCD Civil Society Mapping in the WHO sub-Saharan Africa Region

Survey Questions

1. What is the full name of your organisation?

2. Which country does your organization work in? *Choose from the drop down list.*

3. What is the nature of your organization? *Tick one that best describes your organization.*

Medical association (e.g. cardiologist association)

Health NGO (e.g. cancer society or nutrition education group)

Non-health NGOs (e.g. anti-poverty or rights-based group)

Research agencies

Academic institutions

Other (please specify) _____

Don't know

4. How many years has your organisation worked in the area of Noncommunicable Diseases (NCDs) or their risk factors? *Tick the one that applies.*

1-5 years

6-10 years

10-15 years

15-20 years

21 years and more

5. The main strength of your organisation's work on NCDs is at: *Tick the most relevant one.*

District level

Provincial/State level

National level

sub-Saharan Africa Regional level

Other (please specify) _____

6. Who are the top three target audiences of your work? *Tick only three.*

- Public
- NCD-affected groups (e.g. survivors and families)
- Government
- NGOs
- Medical Associations
- Media
- WHO
- Other (please specify) _____

7. Which diseases/risk factors does your organization primarily focus on? *Tick those most relevant.*

- Cancers
- Cardio Vascular Diseases
- Chronic respiratory Diseases
- Diabetes
- Tobacco control
- Harmful use of alcohol
- Physical inactivity
- Unhealthy diets
- Indoor air pollution
- Other (please specify) _____

8. What are the top three focus areas of your work on NCDs? *Number your choices 1-3 in the decreasing order of priority.*

- Reducing exposure to risk factors
- Early diagnosis
- Treatment of NCDs
- Patient care and rehabilitation
- Strengthening Health Systems
- Improving health coverage
- Increased access to treatment
- Mobilising civil society response

- Sensitising non-health sectors
- Women and NCDs
- Children and NCDs
- Elderly people and NCDs
- Indigenous populations and NCDs
- Other (please specify) _____

9. What are the top three NCD-related activities of your organization? *Number your choices 1-3 in the decreasing order of priority.*

- NCD related research
- Public education on NCDs and risk factors
- Advocacy with policy makers for improved policies
- Patient support
- Technical support to Government agencies
- Monitoring Government’s NCD commitments
- Evaluating NCD interventions
- Capacity building of NGOs
- Developing Information-communication materials
- Running information networks/ newsletters
- Using media for advocacy
- Sensitisation of media
- Litigation
- Other (please specify) _____

10. What are the top three of your organisation’s strategies that have led to specific outcomes vis a vis various targets groups. *Please follow the example below and use the rows thereafter to provide details.*

TARGET GROUP 1 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

TARGET GROUP 1 _____

STRATEGY USED _____

TS OUTCOME _____

11. What are the top three challenges to work on NCDs in your country? *Number your choices 1-3 in the decreasing order of priority.*

- Lack of political will
- Inadequate policies for NCD prevention and control
- Poor implementation of programmes and policies
- Lack of understanding of NCDs outside the health sector
- Insufficient civil society advocacy and monitoring
- Interference by industry with conflicting interest
- Challenges from bilateral and multilateral agreements (e.g. trade and investment agreements)
- Lack of technical expertise
- Inadequate human resources
- Insufficient funds
- Other (please specify) _____

12. What do you see are the major gaps in the civil society response to NCDs in your country?

Tick all that apply.

- Limited NGO interest in NCDs
- Diverse priorities of NCD-related NGOs
- Lack of coordinated response
- Lack of continuity in civil society response
- Low engagement of non-health NGOs
- Lack of technical expertise
- Inadequate staffing
- Financial constraints
- Other (please specify) _____

13. What do you think are the potential solutions to address the gaps in civil society response to NCDs in your country? *Tick all that apply.*

- Increased civil society sensitization
- Capacity building of NGOs
- Joint strategic planning by NGOs
- NCD coalition building in the country / region
- Frame NCDs as poverty and social inequity/development issue

- Integration of NCDs into existing programme priorities
- Joint projects pooling NGO resources
- Making the business case for investing in NCD response
- Other (please specify) _____

14. What are the major capacity needs of the civil society in your country in addressing the NCD concerns in your country? Tick all that apply.

- Strategies to run effective coalitions
- Strategy and campaign planning support
- Technical information on treatment and care for NCDs
- Best practices to reduce exposure to NCD risk factors
- Advocacy and campaign skills
- Equipped human resource
- Resource mobilization support
- Good governance and organization building
- Other (please specify) _____

15. What do you think are the top three priority areas for action at the regional level to combat NCDs in the sub-Saharan Africa region? Number your choices 1-3 in the decreasing order of priority.

- Strategies to address cross border promotion, taxation and trade of tobacco, alcohol and unhealthy food
- Facilitating access to treatment across countries
- Monitoring NCD commitments by Governments
- Industry monitoring
- Capacity building of NGOs
- Networking among NGOS in the region
- Research and surveillance
- Other (please specify) _____

16. What kind of regional and global collaboration can enhance your work on NCDs?

Tick all that apply.

- Information sharing platforms
- Mechanisms for advocacy support
- Regional coalition to address trans-border issues
- Joint areas for action

- Networking opportunities for NGOs in the region
- Guidance on NCD policies and good practice
- Any other (please specify) _____

17. What are the specific areas in which WHO, UNDP, World Bank and other international organizations could support civil society advocacy regarding NCDs in your country?

Tick all that apply.

- Developing/consolidating the public health evidence
- Developing the business case for NCDs
- Building civil society monitoring mechanism for NCD commitments
- Integrate NCDs into existing development programmes
- Enlisting the involvement of non-health sectors
- Resourcing civil society advocacy
- Any other (please specify) _____

18. What are the ways in which civil society can support WHO, UNDP and other international organizations to contribute to the prevention and control of NCDs?

- Building political will for NCD policies and programmes
- Improving community preparedness for NCD interventions
- Provide linkage to public and communities
- Developing best practice models for intervention
- Shadow reports on country commitments on NCDs
- Advocate for NCDs in national development plans
- Any Other (please specify) _____

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

Annex 2

In-depth Interview Guide

Questions/topics

I. COUNTRY MATTERS

1. The civil society movement in the country

- Whom do you currently have at the table?
- Any critical groups missing and why?
- What would interest them to join?
- 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 prioritized?

3. Major Achievements, best practices

- Any areas where progress has been made?
- What helped in achieving them?
- 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?

(Please share any documents pertaining to your work on NCDs and its outcomes by email to afmapping@aihdint.org)

4. Challenges, opportunities

- Anything internal that is blocking progress?
- What are the challenges in the environment?
- 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?
- Any specific resources available within the country/region?
- Ideas for how NCD Alliance could support country action?
- Any specific assistance WHO, UNDP and similar organisations can provide?

II. REGIONAL MATTERS

6. Concerns common to civil society in the 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 organized/managed?
- 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?

III. 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

IV. CLOSING

10. Additional comments you would like to make/convey?

Annex 3

List of Key Informants

Directeur général
Obesity and Diabetes association AODCI (Ivory Coast)

Prof Abodo Jacko
Endocrinologue-diabétologue

Kaushik Ramaiya, Tanzania NCD Alliance

Joseph Mucumbitsi, Rwanda NCDA

Wondu Bekele, Ethiopia NCD Alliance

Vicki Pinkney Atkinson, SA NCDA

Ms Kiki Edwards, ADI ambassador for Africa

Tih Ntiabang, FCA, Cameroon

Jamilah Mwangi, Help Age International AFRO,

Mellany Murgor, Young Professionals, Chronic Diseases Network

Savera Kalideen, Global Alcohol Policy Alliance National/Regional Members

Annex 4

Recommendations from the Regional CSOs Consultation forum

Commit to supporting governments and WHO country offices to accelerate NCD prevention and control through four primary roles – awareness, advocacy, access and accountability.

Establish a regional AFRO NCD civil society network to initially focus on communication/information sharing on NCD prevention and control.

Establish national NCD alliances throughout the Africa region by bringing together individual associations and societies focused on NCDs.

Existing national NCD alliances provide peer support and lessons learnt to budding NCD alliances in the region.

Support WHO AFRO implement the new regional framework and foster relationships with WHO Country Offices.

For
WHO Afro

DEVELOP a WHO REGIONAL FRAMEWORK
for collaborating with CSOs on NCDs

FOSTER WHO Country Offices engagement
with local NCD CSOs

SUPPORT CIVIL SOCIETY ORGANIZATION
play an active part in implementing the
regional framework for NCDs.

**SUPPORT CIVIL SOCIETY ORGANIZATION
ACTIVITIES** in relation to sustaining a Africa
regional NCD CSO network.

CONVENE A FOLLOW-UP AFRO regional
NCD CSO meetings in 2017.

