

Report on Regional Consultation

17-18 October 2016

Regional consultation for the Establishment of an African Civil Society network and Development of a Regional Implementation Framework for the Prevention and Control of Noncommunicable Diseases (NCDs) Port Louis, Mauritius.



Acknowledgements

The meeting was organized by the WHO Regional Office for Africa (AFRO) and the NCD Alliance. The NCD Alliance would like to thank the following Federations (International Diabetes Federation, World Heart Federation, Union for International Cancer Control, The International Union against Tuberculosis and Lung Disease, Framework Convention Alliance, and Alzheimer's Disease International) and its collaborating organisations for promoting the meeting amongst their networks. This report was written by Dr Prebo Barango, WHO, with contributions from Dr Cristina Parsons Perez, NCD Alliance. It was designed and laid out by Mar Nieto, with support of Jimena Marquez Donaher, NCD Alliance.

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Executive summary

The drivers for the increasing burden of NCDs in Africa are economic and demographic transition and changes in lifestyle being witnessed in most of the continent. This change has led to an increase in the modifiable risk factors for NCDs including lack of physical activity, consumption of unhealthy diets, tobacco use and harmful use of alcohol. This has resulted in an increase in the four major NCDs namely cardiovascular disease, cancer, diabetes and chronic respiratory disease.

The impact of NCDs is more pronounced in the Africa region which accounts for the highest burden of premature mortality from NCDs. Non-communicable diseases (NCDs), mainly cardiovascular diseases, cancer, diabetes and chronic respiratory diseases constitute a major public health challenge throughout the world. In 2012, there were three million deaths due to NCDs in the African region. It is now recognized that NCDs constitute both a health and development issue and should therefore be tackled through a Multisectoral approach. Though bearing the burden, the African region lags behind in implementation of global and regional commitments on NCDs. To accelerate implementation of the time bound commitments, WHO recognizes the importance of civil society.

The meeting was organized by the WHO Regional Office for Africa (AFRO) and the NCD Alliance to agree on roles and responsibilities of WHO and Civil Society Organizations (CSOs) in supporting the prevention and control of NCDs in the region and to review the draft regional framework for collaboration with CSOs. It was attended by 72 participants from CSOs from all over Africa and the 3 levels of WHO.

During the meeting, the Global and regional burden of NCD and the response were discussed. The crucial role of CSOs in prevention and control of NCDs was noted and appreciated. The mapping of CSOs in the African region conducted by the NCD Alliance was presented and discussed and this revealed the scope and depth of NCD CSOs in the region that are working to reduce exposure to risk factors as well as on early detection of NCDs and health systems strengthening. It also shows that CSOs are playing an important role in mobilizing the response of civil society and

broader society. Some of the challenges that CSOs face in the region include limited capacity, funding and sustainability. Until recently, there has not been a clear mechanism for collaboration between WHO and CSOs.

The regional consultation meeting discussed in detail, the draft AFRO regional framework for collaboration, which aims at fostering engagement with CSOs and other partners in the prevention and control of NCDs in the African region. The participants found the framework useful and relevant. Going forward, the inputs provided by CSOs will be incorporated into the document. Once it is finalized, the regional framework will be shared with WHO country offices, CSOs and other stakeholders. The expectation is that this framework will contribute to the acceleration of NCD prevention and control in the region.

The Framework for Engagement of Non state Actors (FENSA) was discussed. It was noted that the FENSA marks a paradigm shift as it provides guidance on how WHO can interact and engage with NSAs.

The meeting highlighted the inadequate resources for NCD prevention and control in the region and therefore called on WHO, CSOs and other partners to advocate for prioritization of NCDs and increased funding of NCD prevention and control at all levels in order to accelerate the achievement of the global and regional commitments. Finally, an AFRO Regional NCD Civil Society Network was formed with a 7-member steering committee. The aim of this network will be to focus on information sharing and capacity building as first step.

Introduction

The drivers for the increasing burden of NCDs in Africa are economic and demographic transition and changes in lifestyle being witnessed in most of the continent. This change has led to an increase in the modifiable risk factors for NCDs including lack of physical activity, consumption of unhealthy diets, tobacco use and harmful use of alcohol. This has resulted in an increase in the four major NCDs namely cardiovascular disease, cancer, diabetes and chronic respiratory disease.

In September 2011, world leaders adopted the Political Declaration on NCDs at the United Nations General Assembly in New York and committed to develop National Multisectoral Action Plans to Prevent and Control NCDs. To realize these commitments, the World Health Assembly endorsed the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 in May 2013. The Global Action Plan comprises a set of actions which, when performed collectively by Member States, international partners and WHO, will help to attain a global target of a 25% reduction in premature mortality from NCDs by 2025. Cognizant of the vital role that sectors outside health play in NCDs and their risk factors, the Political Declaration calls on Member States to set up Multisectoral coordination mechanisms to lead and coordinate the response to these diseases and their risk factors.

In July 2014 the United Nations High Level Meeting on NCDs conducted a comprehensive review and assessment of the progress made in realizing the commitment by world leaders. The High Level Meeting noted that progress at national and regional levels had 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 vibrant civil society movement is key to making progress on NCD prevention and control. In the Political declaration on NCDs, the important role of non-State actors is reinforced by the call for “whole of government and whole of society effort” and a “Multisectoral” response. The experience from the HIV/AIDS response has shown that strong civil society and community based efforts are key to success.

AFRO is strengthening the regional response for the prevention and control of NCD including by establishing a regional CSO network and developing a regional implementation framework to guide policy and programme development on NCDs in the Region. The Implementation Framework will provide a roadmap to move from global commitments to country action in line with the WHO Global NCD Action Plan 2013-2020 and other international commitments.

AFRO in collaboration with the NCD Alliance organized a regional consultation for the main civil society organizations (CSO) involved in addressing NCDs in the Africa region in Balaclava, Mauritius from 17-18 October 2016. The consultation reviewed the draft framework for collaboration between WHO and CSOs and also discussed the establishment of an African CSOs’ Network for the prevention and control NCDs. The Regional consultation preceded the Global Dialogue on the role of non-state actors in supporting member states in NCDs which was held from 19-21 October 2016 at the same venue.

Objectives

1. General Objective

To contribute to the prevention and control of NCDs in Africa

2. Specific Objectives

- 2.1 **To share experiences, lessons learnt, and good practices** on CSO involvement in NCD prevention and control and brainstorm on ways to catalyze the establishment of a Regional CSOs' Network for the prevention and control of NCDs.
- 2.2 **To review and provide input** into the draft Regional implementation framework for the prevention and control of NCDs.
- 2.3 **To 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.

EXPECTED OUTCOMES			
1	2	3	4
Experiences, lessons learnt and good practices on CSO involvement in NCD prevention and control shared.	TORs and a road map for a Regional CSO Network for the prevention and control of NCDs agreed upon.	An updated draft Regional implementation framework for the prevention and control of NCDs available.	Collaboration and partnership among stakeholders and WHO strengthened.

Opening

Welcome Remarks

Dr Abdikamal Alisalad,
Acting Director, NCD Cluster, WHO/AFRO

Dr Alisalad welcomed the participants to the 2-day regional consultation. He noted the timeliness of the consultation and wished everyone a fruitful and productive outcome.

Remarks

Katie Dain,
Executive Director, NCD Alliance.

Katie Dain welcomed all the Civil Society Organizations (CSOs) representatives present and provided an overview of the agenda describing in details the objective and expected outcome from each of the sessions including the names of the respective chairs and moderator for each of the sessions on the agenda.

Address by the WHO Regional Director for Africa

Dr Matshidiso Moeti,
Regional Director, WHO/AFRO

The Regional Director, represented by the WHO Country Representative for Mauritius Dr Musango Laurent, thanked the Prime Minister for Mauritius Sir Anerood Jugnauth as well as the Honourable Minister for Health and Quality of Life, Hon Anil Kumarsingh Gayan, for hosting the epic Regional Consultation in Mauritius noting the excellent relationship the WHO has with the Government of Mauritius. She reminded the participants of the importance of the consultation and the opportunity it presented for the African region to comprehensively tackle the growing burden of Non Communicable Diseases (NCDs) within the context of global and regional commitments through the involvement of Non State Actors (NSAs). She noted that progress in the implementation of the WHO Global Action Plan for NCDs 2013-2020 has been slow and uneven, with most countries especially in the region, lagging behind. In 2014 at the UN High Level Meeting, member states adopted of the UN Outcome document which contains four (4) time bound commitments. In recognition of, The RD noted the important role that civil society organizations have played in health in general and cited their significant contribution in the polio eradication as well as in the improvement of access to Anti-Retroviral drugs for HIV. She reiterated her optimism that CSOs in the region can achieve similar results in NCD prevention and control.

She concluded by restating her confidence in the capacity of the region to achieve the 25% reduction in premature mortality from NCDs by 2025 through the support and collaboration of all stakeholders. She thanked the NCD Alliance and the WHO Global coordination Mechanism (GCM), for collaborating with the AFRO in organizing the consultation noting that the deliberations at the regional consultation will feed into the Global Dialogue on the role of NSAs in supporting Member States in their national efforts to tackle NCDs as part of the 2030 Sustainable Development Goal.

Opening Speech

Mr Grish Gunraz Gunesh,

Senior Chief Executive, Ministry of Health and Quality of Life, Mauritius

In declaring the meeting open, the Honourable Minister, represented by the Senior Chief Executive, Ministry of Health and Quality of Life, Mauritius, Mr Grish Gunraz Gunesh, welcomed the participants on behalf of the Government of Mauritius. He began by providing a brief background on key global milestones in the prevention and control of NCDs beginning from the September 2011 political declaration to the SDG. He emphasized the importance WHO GCM in the coordination of activities with multi-stakeholder engagement and action across sectors to enhance the implementation of the WHO GAP 2013-2020 noting the important role that CSOs play in this regard.

He observed that the development of a regional framework for engagement with CSOs by the WHO AFRO will go a long way in strengthening the response to the prevention and control of NCDs in the region. He thanked the WHO AFRO leadership for their vision to organize this important meeting and expressed the hope that the consultation will bring about a constructive and meaningful dialogue among the partners so as to catalyse the much needed change in the trajectory of the rising burden of NCDs in the region. He wished the participants a productive meeting and declared the consultation open.

SESSION

1

THE GLOBAL NCD RESPONSE AND THE ROLE OF CIVIL SOCIETY

The Global NCD response

Dr Abdi Alisalad,

Acting Director, NCD Cluster, WHO/AFRO

Dr Abdi Alisalad began his presentation with a focus on the important role that NCDs have contributed to global mortality noting that the African regions bear's one of the highest burden of premature mortality from NCDs. He provided a background on the key regional and global commitments on NCDs since the 2011 political declaration including the adoption of the WHO NCD GAP 2013-2020 by the WHA and culminating in the 2030 agenda for Sustainable Development which include key NCD targets. Using evidence from the 2015 NCD Country Capacity Survey report, Dr Alisalad noted that though significant progress has been achieved since the 2011 political declaration, the African region lags behind the other regions in the implementation of the global commitments to reduce the burden of NCDs.

In addition to the establishment and improvement of Multisectoral planning and coordination, he concluded that there is need to develop human resource capacities and improve funding across the NCD prevention and control continuum as key recommendations to reverse the growing burden of NCDs in the region.

The role of civil society organizations in the NCD response

Katie Dain,

Executive Director, NCD Alliance

Katie Dain provided an overview of the role of CSO's in the NCD response. She noted that since its formation in 2009 as an alliance of 3 organizations, the NCD Alliance has made significant progress. The organization is now a network of over 2,000 member associations in over 170 countries including more than 45 national and regional NCD Alliances. She pointed out that the key role of CSOs in NCD prevention and control from the perspective of the Alliance is focused around 4 pillars which include Access, Accountability, Awareness and Advocacy and provided some details on the importance of each of the pillars in the context of NCDs prevention and control.

Katie Dain in addition, described in more detail, the membership and composition of the NCD Alliance which includes professional medical associations, disease specific organizations (which make up the majority of members), risk factor organizations, academic and research institutions and other types of organizations. She noted that in order to reverse the growing burden of NCDs, the presence of a strong network of CSO's is important as this will accelerate the NCD prevention and control. She concluded by highlighting the challenges to include funding, poor coordination, technical expertise and challenges in the policy and political environment.

The Global Coordinating Mechanism for Non Communicable Diseases

Dr Bente Mikkelsen,

Head of the Secretariat, WHO GCM/NCD, WHO/HQ

Dr Bente Mikkelsen gave an overview of the major NCDs responsible for majority of the mortality and their 4 modifiable risk factors as well as the key milestones in the Global NCD agenda. She discussed the WHO NCD progress monitor, which according to her is a set of 10 progress monitoring indicators that shows the progress achieved by countries in the implementation of the 4 time bound commitments for 2015 and 2016 which were agreed upon at the UNHLM of the ministers of health in 2014. She noted that progress at achieving these commitments were highly uneven with most countries in the African region lagging behind. She revealed that the top performing country in Africa is Madagascar which scored 8 in the number of “fully achieved”. Other top performing countries in the region are Algeria, Kenya and Togo each scoring 5.

Dr Bente introduced the WHO Global Coordination Mechanism (GCM) for NCDs noting that the scope and purpose which is to facilitate and enhance the coordination of activities, multi-stakeholder engagement and action across sectors from local to global, levels, so as to contribute to the implementation of the WHO NCD GAP 2013 – 2020. She reiterated that the GCM has over 200 participants including a secretariat. She emphasized that the GCM mandate is to recommend ways and means of encouraging member states to promote the inclusion of the prevention and control of NCDs with other health programs, alignment of international cooperation on NCDs with national plans and promotion of health education and literacy for NCDs. In line with this mandate, the GCM is involved in several activities ranging from working groups on several thematic areas to webinars, virtual discussion fora and communities of practice. She concluded with a brief discussion on the global communications campaign for NCDs which is an initiative of the GCM.

Key discussion points following the presentations

Funding for NCDs

The key discussion on funding for NCDs focused on the need to increase domestic funding for NCDs. It was noted that for most countries in the region, there was a disproportionate funding allocation of about 1.5% to 3% of health budget to NCDs even though NCDs account for more than 30% of the disease burden. In order to increase domestic funding for NCDs, the suggestion was for countries in the region to look inwards first. One of such ways is to explore/improve domestic funding to provide the much needed additional revenue for governments through taxation of alcohol, tobacco and sugar sweetened beverages. This will reduce the demand and hence consumption of these products and also provide additional funding which can be channelled toward interventions for prevention and control of NCD. It was also suggested that countries should develop good quality costed national operational plans for NCDs with clear objectives on the roles and responsibilities of all the key sectors/stakeholders which can be used as a resource mobilization tool.

Surveillance

Key discussion on surveillance was on the need to have a system to capture those at the extremes of the age of STEPs survey and the engagement of CSOs in the process of NCD surveillance. Noting the high cost required to conduct STEPs, it was suggested that the modules of the survey can be incorporated into other routinely conducted surveys such as the IDSR.

Coordination

The need for better organization and coordination amongst CSO working in NCD prevention and control at the country level was discussed. This will avoid duplications, unnecessary competitions and better utilize scarce resources. Similarly, CSOs were encouraged to collaborate across programs at the country level and come up with robust programs with holistic view to prevention and control of NCDs rather than focus on specific disease conditions only.

Profiling NCD Civil Society Action in Africa Mapping AFR NCD civil society

Jared Owuor

The mapping of CSOs in the African region was conducted by the NCD Alliance in collaboration with the WHO AFRO. The preliminary findings from the mapping were presented by Jared Owuor from the African Institute for Health and Development based in Kenya. Key findings from this mapping revealed that there is an active NCD civil society in the region working to reduce exposure to risk factors as well as having a focus on early detection of NCDs and health systems strengthening. Jared Owuor further explained that CSOs are playing an important role in mobilizing the response of civil society and broader society to the prevention and control of NCDs. In addition, the mapping revealed that CSOs are active in advocacy and behavior change including raising public awareness on NCDs and their risk factors as well as monitoring implementation of NCD related activities by stakeholders. He highlighted the challenges confronting CSOs working in NCD prevention and control to include inadequate funding, lack of capacity and inadequate policies on prevention and control of NCDs and interference from industries with conflicting interests. He proffered some recommendations including the need to develop capacities of CSOs and engagement of multilateral agencies to support NCD prevention and control efforts.

Case studies

The case studies featured selected CSOs presentation on the scope of their work in the region highlighting their area of focus, key achievements and challenges. The presentations are summarized below.

Tanzania NCD Alliance

presented by Dr Kaushik Ramaiya

Tanzania NCD Alliance is a Multisectoral partnership founded in 2012. It works closely with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC). It utilizes a 3 pronged approaches including political, educational and organizational to achieve its objectives. Key achievements include the provision of support to the development of Tanzania NCD strategic plan 2016-2020, conduct of several screening and sensitization campaigns some of which targeted high level political leaders and media heads as well as the establishment of a website. Challenges faced by the TNCD Alliance include the low level of patient education and awareness on NCD prevention and control and weak health systems.

Tobacco Control in Africa: A Civil Society Perspective

presentation by Tih Ntaibang – Africa Framework Convention Alliance

The presentation focused on the growing burden of use of tobacco products in Africa noting that tobacco companies were shifting their efforts to unregulated environments that are prevalent in many of the AFR countries hence the importance of a strong tobacco civil society movement in Africa. He noted that the AFCA is an advocate for the FCTC and global tobacco control in the international health and development framework. Following its success with the WHO FCTC, the AFCA has successfully been monitoring the implementation of the FCTC and illicit trade in tobacco products in the region as well as advocating for more stringent tobacco control legislations in the Region. AFCA has also recorded some successes in the prevention of tobacco industry influence on public health policies. The challenges faced by AFCA include inadequate institutional capacity of CSOs, low government prioritization of tobacco control and low participation of non-tobacco control CSOs.

Action on diabetes in the African region and opportunities in NCD

Prof Naby Baldé – International Diabetes Federation Africa

According to Prof Naby Baldé, IDF in Africa is composed of 35 diabetes organizations from 32 countries in the region. IDF programs are focused on 4 key areas including advocacy, education, epidemiology and diabetes access, care and prevention. Key achievements of IDF in the region include the commemoration of the World diabetes day which is the world's largest diabetes awareness campaign and the contribution of input from 17 African countries into the IDF global diabetes scorecard. Challenges included lack of funding, lack of data, low human resources capacities and inadequate political commitment.

Cardiovascular health, importance of partnerships

Joseph Mucumbitsi – Rwanda Heart Foundation

Mr Joseph Mucumbitsi provided an overview of the area of focus of the RHF noting that since its existence in 2009, it has carried out several advocacy and awareness campaigns including commemoration of annual World heart day. It collaborated with the first lady of Rwanda to launch the "go red for women" which was an advocacy campaign to prevent cardiovascular diseases in women. The organization has recently collaborated with the Kigali City Council, the NCD Division of the Rwanda Biomedical Center, WHO, Rwanda Diabetes Association, Belgian Technical Cooperation, and Agarwal Eye Hospital, Kigali to launch the "car free day and NCD awareness/screening. Inadequate capacity and funding was identified as hampering the expansion of its awareness activities out of Kigali Capital City.

Discussions following presentations by CSOS

Experiences of CSO in their interaction with their respective WHO country and regional offices

The challenge of accessing WHO country offices by CSOs was highlighted. It was noted by some CSOs that this could be a challenge especially when the CSOs require the technical support or collaboration of WHO in-country. Since WHO provides direct support to the MoH, CSOs were advised that accessing the WHO country office would be easier if the CSO had built a strong working relationship with the local MoH. The personality and interest of the WHO country representative, in NCDs can also make interaction with CSOs easier. The successful approach of tobacco control in interacting with diverse stake holders both within and outside the health sector was showcased as a best practice that should be emulated.

SESSION

2

THE AFRO REGIONAL FRAMEWORK FOR COLLABORATION IN NCD PREVENTION AND CONTROL AND THE ROLE AND CONTRIBUTIONS OF CSOS

The AFRO Regional Framework for Collaboration in NCD prevention and control

Dr Shongwe Steven
WHO/AFRO

Dr Shongwe's presentation provided a prelude to the in-depth group discussion on the draft WHO AFRO regional framework. The presentation began with providing the audience with a background on the rising burden of NCDs and their risk factors in the region also referencing the global and regional commitments and targets. He further summarized the issues and challenges with NCD prevention and control in Africa to include the inadequate allocation of commensurate to the disease burden, weak institutional and human resource capacities and non-translation of political commitments to tangible action at the country level. He then went on to provide details on the regional framework, noting that though it was developed by the regional office, NCD focal points from WHO country offices as well as their MoH counterparts reviewed and provided useful inputs to the document.

The framework identifies 4 focus areas that are crucial to the realization of regional and global commitments on NCDs and include Governance and leadership; Prevention and reduction of risk factors; Management of NCDs; and Surveillance. There are specific strategic interventions for each of the focus areas as well as indicators to monitor progress achieved by countries. He concluded by summarizing the roles WHO as well as those of the CSOs in supporting countries in the region to achieve the strategic interventions.

Plenary discussion

Following the presentation, the participants were divided into four groups. Each group discussed and commented on one of the four strategic areas outlined in the AFRO Regional Framework. Each group focused on the role CSOs can play in supporting implementation in each of the strategic areas. Feedback from the groups is summarized below.

Governance and leadership

- The language in the section on governance is vague. It needs to set a more binding tone for each of the stakeholders and more binding on targets and accountability. Needs clarity on the modalities for engagement. CSOs need information on how to approach WHO at country level
- Though the government engagement is key, is there any guidance on what to do when government interest in NCDs are lukewarm? Can CSOs work directly with WCO in this situation?

Prevention and risk factors

- Prevention should be more fully described in the document. It was suggested that the framework should focus on main risk factors and not include mental health since this is covered in other WHO documents.
- In addition to the role of CSOs to raise awareness on tobacco and alcohol, broaden the role of CSOs in the framework to include other thematic areas i.e. nutrition, Diet and physical activity. Monitoring tobacco industry should be broadened to include sugary drinks, ultra processed food. Policies for effective tobacco control should be broadened to include other risk factors. Importance of social marketing in prevention should be included in the prevention section.

Management of NCDs

- The problem statement needs to be stated in a stronger way.
- Typical statements should look at current state of engagement of CSOs with WHO and highlight what the gaps and challenges are.

Clearly state the purpose of this document

- Include acknowledgement section where all the contributors to the document should be acknowledged.
- Needs to have more clarity on the roles of all the stakeholders and how they should interact i.e. guidance on how CSOs should interact and collaborate with WHO and government
- Key words on management and care should be included. Include perspectives of people living with NCDs on management and care.
- Provide more details on how CSOs can contribute to each component in the management section.
- Roles of CSOs should be made clearer i.e. accountability, strengthening voice of PLWCDs, convener, awareness, advocacy and access.

Surveillance

- The section on surveillance should be expanded to include CSO's role in surveillance of NCDs.

SESSION

3

COLLABORATION BETWEEN WHO AND CIVIL SOCIETY

Framework for engagement of non-state actors, an update

Dr Bente Mikkelsen

Dr Bente Mikkelsen, began her presentation by describing the diversity in purpose and function of NSAs noting that NSAs include philanthropic organizations, academic institutions, NGOs and private sector thus, the challenge of having a uniform recommendation for engagement with NSAs. She acknowledged the important role that NSAs play in health in general as well as in food and other social determinants of health. She highlighted the importance of protecting the WHO from undue influence from NSA with interests hence the caution in engagement with NSAs.

There are 5 types of interactions that WHO can have with NSAs including; participation; provision of financial resources; provision of evidence; Advocacy; and Technical collaboration. She urged CSOs to consider these various means of interactions as possible opportunities to interact and collaborate with WHO.

Discussions following presentation

Improving the collaboration between CSOs and WHO at the country level

CSOs shared experiences of their interaction with WHO with diverse levels of success in collaboration efforts. The need to have CSO meetings at the country level with WHO country office was suggested a way to foster better collaboration.

There was also discussion of the FENSA and on how the information on this can be better disseminated to CSOs. The interference of the alcohol and food and beverage industry at country level was keenly discussed with representatives of the food and beverage industry reaffirming their commitments to support their members to comply with regulations. Furthermore, it was recommended and agreed that a more strategic approach should be used to manage conflict of interest.

East Africa NCD Alliance experience: success and challenges

Prof Gerald Yonga,

East Africa NCD Alliance, Kenya NCD Alliance

Prof Yonga Gerald began his presentation by providing a chronology of the events that lead to the formation of the organization and noting that the organization was funded by the Danish Civil society fund. He explained that the decision of the EANCD to use a trans-sectoral and whole of government approach was informed by the commonalities that countries in the East African sub-region had with respect to the burden of NCDs and their risk factors, belonging to the same socioeconomic bloc as well as similarities in culture and policies.

Since its first meeting in February 2014, the EANCD has recorded several successes including the production of an East Africa NCD benchmark survey report and the launch of the EANCD charter. Some of the challenges faced by the EANCD according to Prof Gerald Yonga include sustainability and the slow pace of the Regional East Africa Community economic and political integration.

SESSION

4

OUTLINING ROLES AND RESPONSIBILITIES OF MEMBER STATES, WHO, CSOS AND PARTNERS IN NCD PREVENTION AND CONTROL IN AFRO

Participants were divided into four groups. Each group discussed the rationale for a regional NCD civil society alliance and identified joint priorities for civil society in the region under each strategic area of the AFR Regional NCD Framework. They addressed key issues pertaining to experiences with regional CSO coordination as well as the rationale for the formation of a regional NCD CSO coordination structure and its proposed functions. At the end of their deliberations, all the CSOs agreed to the formation of an African Regionals NCD CSO network. A steering group of 7 members were nominated to develop an MOU, the TOR and function of the CSO network.

List of Members of the Steering Committee

	Name	Region Represented	Home Country
1	Prof. Naby Moussa Balde	West Africa	Guinea-Conakry
2	Crispin Gishoma	East Africa	Rwanda
3	Prof. Habib Gamra	North Africa	Tunisia
4	Dr. Vicki Pinkney-Atkinson	Southern Africa	South Africa
5	Tih Ntiabang	Central Africa	Cameroon
6	Dr. Ameenah Sorefan	Island countries	Mauritius
7	Prof. Yonga Gerald	Chair	Kenya
8	David Mulabi	Coordinator (not committee member)	Uganda

SESSION

5

WAY FORWARD – RECOMMENDATIONS

The next steps following the consultation are summarized below.

WHO AFRO will finalize the document based on the feedback received from the consultation. The final document will not be sent for adoption at RCM as it is. It will be formatted to meet the specific requirements for RC documents. When the framework is endorsed by RCM and there is a resolution it goes to all WHO country offices. The RCM document will highlight the roles and responsibilities of WHO responsibilities, CSOs and Member States.

Following the agreement of the next steps, the participants agreed on the following recommendations for the various stakeholders.

Recommendations for WHO AFRO

Develop a WHO Regional Framework for collaborating with CSOs on NCDs.

Foster WHO Country Offices engagement with local NCD CSOs.

Play an active and accountable role in the implementation and evaluation of the regional framework

Collaborate with civil society organizations activities in relation to sustaining an Africa regional NCD CSO network

Convene a follow-up AFRO regional NCD CSO **meeting in 2017**

Recommendations for NCD CSOs

Collaborate with governments and WHO country offices to accelerate NCD prevention and control through 4 primary roles-awareness, advocacy, access and accountability as well as research.

Establish regional AFRO NCD civil society network to initially focus on **communication/information sharing** on NCD prevention and control in the region

Enable and ensure the sustainability of national NCD alliances throughout the African region by bringing together individual associations and societies focused on NCDs, including non-health CSOs

Existing sub-regional and national NCD Alliance provide peer **support and lessons learnt** to budding NCD alliances in the region

According to their roles and responsibilities, CSOs to play an active role in implementing the regional framework for NCDs and monitor progress

Monitor activities of tobacco and alcohol industry and food and beverage companies whose core business undermines the achievement of the global NCD targets.

Recommendations for NCD Alliance

Support the formation of regional CSO network, as well as sub regional and national NCD Alliances in Africa through technical guidance and support

Collaborate with AFRO civil society organizations to advocate for increased sustainable financing for NCDs with a focus on Africa

Develop and conduct capacity building training workshops for CSOs and alliances in the region

Collaborate with AFRO NCD CSO network and WHO AFRO on finalizing the regional framework and convening a follow-up regional NCD CSO meeting in 2017

Convene global NCD Alliance forum 9-11 December 2017, as an opportunity for capacity building of budding/existing national/regional NCD Alliances in Africa

Closing ceremony

The closing ceremony was attended by the WHO regional director, represented by the WR of Mauritius, Dr Musango Laurent, the director for NCDs at the WHO AFRO, Dr Alislad Abdikamal and Katie Dain the executive director for NCD Alliance.

In her closing remarks, Katie Dain noted that this was the first ever meeting between WHO AFRO and CSOs working in NCD prevention and control in the region with the objective to share experiences and get oriented on the activities of their contemporaries as well as get oriented on WHO's recommendations on NCDs. She reiterated that several useful recommendations have been made in the course of the consultation including the useful contributions to the Regional Framework for Collaboration in NCD prevention and control. She expressed the hope that these would further strengthen collaboration between WHO and CSOs in moving the NCD agenda forward. She stressed the commitment of NCD Alliance to focus on developing the capacity of CSOs in the region and thanked all the participants for their invaluable contribution.

The regional director for WHO AFRO Dr Matshidiso Moeti was represented by Dr Musango Laurent, the WR for Mauritius. She began by appreciating the role of CSOs in NCD prevention and control in the region. She recalled that Africa has one of the highest burden of premature mortality from NCDs noting that the outputs from the regional consultation with 72 participants representing CSOs from various countries in Africa, was a key milestone for turning the tide against NCDs in the region. Furthermore, she noted that until recently, there has not been a clear mechanism for collaboration between WHO and CSOs and hoped the framework developed would be put to good use once it is finalized and disseminated to all the relevant stakeholders. She thanked NCD Alliance for collaborating with WHOAFRO to organize the meeting. Finally, she thanked the entire WHO team including AFRO, HQ and the WCO for their effort in organizing the successful consultation, wished everyone a safe travel back and officially closed the meeting.

ANNEXES

ANNEX 1: Agenda

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.

Balaclava, Mauritius, 17-18 October 2016

DAY 1

Monday, October 17, 2016

Time	Programme								
08:30 – 09:00	REGISTRATION								
09:00 – 10:00	OPENING PLENARY								
	<table border="1"> <tr> <td>Welcome Remarks Introductions</td> <td>Master of Ceremony Dr Abdi Alisalad, acting Director, NCD Cluster, WHO/AFRO</td> </tr> <tr> <td>Remarks</td> <td>Katie Dain, Executive Director, NCD Alliance</td> </tr> <tr> <td>Address by the WHO Regional Director for Africa</td> <td>Dr Matshidiso Moeti Regional Director, WHO/AFRO</td> </tr> <tr> <td>Opening Speech</td> <td>Mr Grish Gunraz Gunesh, Senior Chief Executive, Ministry of Health and Quality of Life, Mauritius</td> </tr> </table>	Welcome Remarks Introductions	Master of Ceremony Dr Abdi Alisalad, acting Director, NCD Cluster, WHO/AFRO	Remarks	Katie Dain, Executive Director, NCD Alliance	Address by the WHO Regional Director for Africa	Dr Matshidiso Moeti Regional Director, WHO/AFRO	Opening Speech	Mr Grish Gunraz Gunesh, Senior Chief Executive, Ministry of Health and Quality of Life, Mauritius
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Address by the WHO Regional Director for Africa	Dr Matshidiso Moeti Regional Director, WHO/AFRO								
Opening Speech	Mr Grish Gunraz Gunesh, Senior Chief Executive, Ministry of Health and Quality of Life, Mauritius								
10:00 – 10:30	MOBILITY BREAK (includes Group Photo)								
10:30 – 13:00	SESSION 1 THE GLOBAL NCD RESPONSE AND ROLE OF CIVIL SOCIETY Chairperson: Prof. Gerald Yonga								
	<ol style="list-style-type: none"> The Global NCD response Dr Abdi Alisalad, WHO/AFRO (15 minutes) The Global Coordinating Mechanism for non-communicable diseases (GCM/NCD) Dr Bente Mikkelsen (15 minutes) The role of civil society organizations in the NCD response Katie Dain (15 minutes) Discussion: 30 minutes 								
	<ol style="list-style-type: none"> Profiling NCD Civil Society Action in AFR This plenary session will aim to provide an overview of NCD civil society in the AFR highlighting strengths, challenges, opportunities and good practices Moderated by: Katie Dain, Executive Director, NCD Alliance Mapping AFR NCD civil society Areas of work, Experiences, challenges, lessons learnt and good practices Mr Jared Owuor, CNCD-Africa, African Institute for Health & Development, Kenya (15 mins) 								

Presentations from selected NGOs on organisational experiences, challenges, lessons learnt
(5-7 mins each):

- 1) A National NCD Alliance experience – Dr Kaushik Ramaiya, Tanzania NCD Alliance
- 2) The tobacco control movement in the African region – Tih Ntiabang, Framework Convention Alliance
- 3) Action on diabetes in the African region and opportunities in NCDs – Dr Naby Balde, chair elect, IDF
- 4) Cardiovascular health, importance of partnerships – Dr Joseph Mucumbitsi, Rwanda NCD Alliance, President of Rwanda Heart Foundation

Discussion

13:00 – 14:00 Lunch and networking

14:00 – 16:30 **SESSION 2**
THE AFRO REGIONAL FRAMEWORK FOR COLLABORATION IN NCD PREVENTION AND CONTROL AND THE ROLE AND CONTRIBUTIONS OF CSOS

Chairperson: Prof Munodawafa Davison

14:00 **The first part of this session will discuss in-depth the WHO AFRO Regional framework for NCD prevention and control**

The AFRO Regional Framework for Collaboration in NCD prevention and control

Steven Shongwe, WHO AFRO (30 mins)

Facilitation – WHO AFRO

14:30 In the second part of this session, the participants will be divided into four groups. Each group will discuss and comment on one of the four strategic areas outlined in the AFRO Regional Framework. Each group will also focus on the role CSOs can play in supporting implementation in each of the strategic areas. (1 hour)

Group 1: Governance: Steven Shongwe/Wondu Bekele

Group 2: Prevention & Reduction of Risk Factors: Ahmed Ouma/Savera Kalideen

Group 3: Management of NCDs: JM Dangou/Beatrice Addai

Group 4: Surveillance & Monitoring and Evaluation: Abdi Alislad/Anna Moucumbi

15:30 **Plenary discussion** (1 hour)

16:30 – 17:00 Mobility/Coffee Break

17:30 – 18:30 **SESSION 3**
COLLABORATION BETWEEN WHO AND CIVIL SOCIETY

Chairperson: Dr Ahmed Ouma

Framework for engagement with non-state actors

Dr Bente Mikkelsen HQ (GCM/NCD)

Discussion

18:30 onwards Networking

DAY 2

Tuesday, October 18, 2016

Time	Programme
08:30 – 11:00	<p>CREATING A AFR NCD NETWORK</p> <p>Day 1 Recap (10 mins) Chairperson: Prof JM Dangou Steven Shongwe/CSO rep</p> <hr/> <p>WHO Communications campaign Louise Agersnap, WHO GCM</p> <hr/> <p>The East Africa NCD Alliance experience: successes and challenges Prof Gerald Yonga, East Africa NCD Alliance, Kenya NCD Alliance (15 mins)</p> <hr/> <p>SESSION 4 OUTLINING ROLES AND RESPONSIBILITIES OF MEMBER STATES, WHO, CSOS AND PARTNERS IN NCD PREVENTION AND CONTROL IN AFR</p> <p>Participants will be divided into four groups. Each group will discuss the rationale for a regional NCD civil society alliance and identify joint priorities for civil society in the region under each strategic area of the AFR Regional NCD Framework.</p> <hr/> <p>Group Facilitators: David Mulabi, Executive Director, East Africa NCDA, Uganda/Steven Shongwe, AFRO Dr Sani Malami, Nigeria Cancer Society, Nigerian NCD Alliance, Nigeria/Ahmed Ouma, AFRO Stéphane Besançon, ONG Santé Diabète/JM JM Dangou, AFROte, Mali Vicki Pinkney Atkinson, SA NCD Alliance,</p>
11:00 – 11:30	<p>MOBILITY BREAK (includes Group Photo)</p>
11:30 – 13:00	<p>SESSION 4 OUTLINING ROLES AND RESPONSIBILITIES OF MEMBER STATES, WHO, CSOS AND PARTNERS IN NCD PREVENTION AND CONTROL IN AFR (CONTINUED)</p> <p>Participants to present their discussions to the larger group in the form of a PPT followed by plenary discussion and group agreement to priorities identified.</p> <p>Participants will then be divided into four groups to discuss the main needs to support the priority areas agreed to in the previous exercise.</p> <hr/> <p>Group Facilitators: Mr Abdrahamane Ouédraogo, Regional chapter coordinator, YP- CDN Prof Habib Gamra, African Heart Network Prof Gerald Yonga, EA NCDA Alliance, Kenya Crispin Gishoma, Rwanda NCD Alliance</p>

13:00 – 14:00 LUNCH AND NETWORKING

14:00 – 15:30 **Presentations/Feedback from Group Work**

Chairperson: Katie Dain

Participants to present their discussions to the larger group in the form of a PPT followed by plenary discussion and group agreement to priorities identified.

15:30 – 18:00 **SESSION 5**
WAY FORWARD

Dr Abdikamal Alislad

This session will be a facilitated plenary discussion on the establishment of the Regional CSO network, how civil society would like to work together on the priorities identified, including a stakeholder analysis exercise to identify partners/members to be involved, governance aspects and communication and country level activities.

Summarize the 2-day proceedings and agree on a list of follow-up actions for increased engagement and action of AFR NCD CSOs as part of a broader Multisectoral response to NCDs in the region including activities for the next two years.

ANNEX 2: Attendance List

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.

17 –18 October 2016, Port-Louis, Mauritius

	Country	Names	Function
1	South Africa	Savera Kalideen	Advocay Manager
2	South Africa	Dr. Mrs. Beatrice Wiafe Addai	President
3	Cameroon	Mr Tih Ntiabang	Regional Coordinator for Africa
4	Kenya	Prof William Ntakuka	Alcohol Prevention
5	Kenya	Mr Jared Owuor	Program Officer
6	Tchad	Mr. Daouda Elhadj Adams	Technical Advisor on Tobacco Control
7	Nigeria	Prof. Ifeoma Okoye	President & CEO
8	Ivory Coast	Prof Abodo Jacko	Professor
9	Mozambique	Dr Olga Mocumbi	Head NCD Division
10	Mali	Stéphane Besançon	General Director
11	Tunisia	Prof Habib Gamra	President
12	Guinea	Naby Balde	Chair Elected IDF Africa
13	South Africa	Dr Daniel Lemougoum	Executive President
14	South Africa	Mrs Xaverine Ndikumagenge	Regional Networker for Africa
15	South Africa	Dr Mark Engel	Assoc Professor
16	USA	Dr Adele A. Webb	President Chamberlain College of Nursing
17	USA	Prof. Doyin Oluwole	CEO
18	Kenya	Dr. Lilian Mbau	NCD Technical Focal Point
19	WHO/AFRO	Dr Abdikamal Alislad	Acting Director NCD
20	WHO/AFRO	Dr Steven Shongwe	
21	WHO/AFRO	Dr Jean-Marie Dangou	NIM
22	WHO/AFRO	Dr Ahmed Ouma	TOB
23	WHO/AFRO	Dr Davison Munodawafa	HPD/DPM
24	WHO/AFRO	Ms Olivia Neneh Endzandza	AA/NCD ai
25	WHO/AFRO	Mr Jouse bamana	IT

26	WHO/AFRO	Dr Khan Taskeen	Alcohol & DPAS ai
27	IST/AFRO	Dr Prebo Barango	IST
28	South Africa	Mr M Swain Ms (interpreter)	Interpreter
29	South Africa	Michelle Searra (interpreter)	Interpreter
30	South Africa	Mr N Ilunga (interpreter)	Interpreter
31	South Africa	Ms Elisabeth Arnaud (interpreter)	Interpreter
32	WR Mauritius	DR Musango Laurent	WR/Mauritius
33	WCO Mauritius	Nundoochan Ajoy	NPO
34	WCO Mauritius	Sarah Dawoojee	Secretary
35	WCO Mauritius	Jane Chan Seem	Secretary
36	WCO Mauritius	Shamila Ajudha	Secretary
37	Sweden	Mrs Sophie Andersson	Executive Director
38	Sweden	Dr. Hoseah Waweru	Vice Director
39	Denmark	Mr. Bent Lautrup-Nielsen	Senior Program Manager
40	USA	Helen McGuire	Program Leader (NCDs)
41	Denmark	Susanne Volqvartz	Director Development
42	Switzerland	Jeremiah Mwangi	Director of Policy & Advocay
43	Kenya	Jamillah Mwanjisi	Head of Policy, Advocay and Campaign
44	Zambia	Chimponda Phillip	SAAPA Chaiperson/Executive Director
45	Cameroon	Ferdy Mbiydzenyuy	Coordinator NCP Prevention and Control Program
46	USA	Amy Eussen	Governing Council Member
47	Uganda	Dr. Mwambu Tom Philip Mabisi	Chairman of Board of Directors
48	Tanzania	Dr. Kaushik Ramaiya	General Secretary
49	Kenya	Prof Gerald Yonga	Chair
50	Rwanda	Crispin Gishoma	Director/Chair
51	Ethiopian	Mr Wonda Bekele	Focal Person / General Director
52	Malawi	Maud Mwakasungula	Cancer Advocate/Vice Chair NCD Alliance
53	Nigeria	Dr Sani Malami	Vice President
54	South Africa	Vicki Pinkney Atkinson	Advocay, Awareness, Access, Accountability
55	Uganda	David Mulabi	CEO NCD Alliance Uganada
56	East Africa	Dr. Joseph Mucumbitsi	President

57	Zambia	Brenda Chitindi	Advocacy in Prevention & Control of NCDs
58	International Africa region	Ms. Kiki Edwards	ADI Ambassador for WHO African Region
59	FDI World Dental Federation (Africa member)	Dr. Boipelo Mariri	
60	NCD Alliance	Katie Dain	Executive Director NCD Alliance
61	NCD Alliance	Cristina Parsons Perez	Assistant Director NCD Alliance
62	WHO/HQ	Todd Hanna	WHO/HQ
63	WHO/HQ	Dr Bente Mikkelsen	WHO/HQ
64	MoH Mauritius	Mr Grish Gunraz Gunesh	Senior Chief Executive, Ministry of Health and Quality of Life, Mauritius
65	MoH Mauritius	Timol Maryam	General Director health service
66	NGO Mauritius	Kalla Dalilah	Member representative
67	Alzheimer Mauritius	Sorefan Ameewah	President
68	NGO Mauritius	Jahangeer Arefa	Representative NGO Centre des Dames Mourides
69	NGO Mauritius	Mohee Deowan	Executive Director
70	WHO/HQ	Louise Agersnap,	HQ/NMH/NMA/GCM
71	Mauritius	Dr Sookram Chandralall	Independent Expert

ANNEX 3: Summary of CSOS SWOT analysis of the draft Framework

GROUP: Governance and Leadership			
STRENGTH	WEAKNESS	OPPURTUNITIES	TREATS
CSO are already doing lots of work in advocacy, raising awareness, public outreach. They have formed critical alliances with a strong voice. CSOs are flexible in responding to situations and work directly with people affected by NCDs.	Sustainability issues, such as finance, internal governance issues with CSOs, competition between CSOs for resources, lack of technical capacity, creation of alliances that don't work	Taxation of tobacco, alcohol and sugar sweetened beverages could be ear marked for Multisectoral commissions. Other opportunities include the political declaration on NCDs, inclusion of NCDs in SDGs, key regional and global meetings on NCDs such as the regional consultation with CSOs and the up-coming Global dialogue, trust of WHO towards CSO	Tobacco and alcohol industry interference. Competing needs of ministries of health, lack of Multisectoral frameworks or systems to drive agenda for NCDs
GROUP: Management of NCDs			
STRENGTH	WEAKNESS	OPPURTUNITIES	TREATS
Convening patient voice, advocate, number of CSOs involved in the region, the document includes several NCDs, CSOs are involved in dissemination of knowledge and test innovative approaches	Fragmentation, duplication, poor financing of NCDs	Fragmentation and overlap, competition for scarce resources, lack of governance structure with most CSOs	Most countries have national NCD plans – CSOs can support the plan being understood at country level, support knowledge sharing and best practices

List of acronyms

AFRO	Africa Regional Office
CSO	Civil Society Organization
EANCDA	East Africa NCD Alliance
FENSA	Framework of Engagement with Non State Actors
GCM	Global Coordination Mechanism
HIV	Human Immunodeficiency Virus
IDF	International Diabetes Association
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOU	Memorandum of Understanding
NCD	Non Communicable Disease
NSA	Non State Actors
RHF	Rwanda Heart Federation
WHA	World Health Assembly
WHO	World Health Organization

