REGIONAL MEETING ON STRENGTHENING NCD CIVIL SOCIETY ORGANISATIONS, WHO EMRO
Cairo, 1-2 September 2015

Background Paper

Mapping of NCD Civil Society Organisations in the WHO Eastern Mediterranean Region

World Health Organization
Regional Office for the Eastern Mediterranean

NCD Alliance
PUTTING NON-COMMUNICABLE DISEASES ON THE GLOBAL AGENDA

Outline

I. BACKGROUND

The WHO Regional Office for the Eastern Mediterranean (EMRO) in collaboration with the NCD Alliance is organizing a Regional Meeting on strengthening NCD Civil Society Organizations in the region in Cairo on 1-2 September 2015. The meeting aims to strengthen the Noncommunicable Diseases (NCD) civil society movement in the region.

The specific objectives of the Regional Meeting are to:

- Review the current status and facilitate sharing of experiences among regional NCD civil society organizations;
- Strengthen the capacity of NCD civil society organizations in forming alliances to drive advocacy, policy, and accountability;
- Foster effective collaboration between CSOs within and across countries, with governments and WHO to better support implementation of regional NCD priorities.

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 mapping aims to describe the current status of civil society action on NCDs in the region, its challenges, gaps and needs. It also explores effective strategies that have been successful in advancing work on NCDs in countries in the Eastern Mediterranean Region (EMR) and potential partnerships that could accelerate civil society action.

The EMRO NCD Civil Society Meeting is part of a series of such meetings in various WHO regions that are being organised in preparation for the first ever Global NCD Alliance Forum in Sharjah, United Arab Emirates, on 13-15 November 2015. Serving as input to the Global Forum, the outcomes of the EMR meeting and the results of the preceding mapping will therefore also inform the future directions of civil society action on NCDs around the world.

II. MAPPING METHODOLOGY

The mapping exercise comprised of an online survey among civil society organisations working on NCDs in the region and in-depth interviews with key informants from EMR countries.

Survey: The online survey was administered between 10 and 18 August. The in-depth interviews were conducted from 10 August to 21 August.

The respondents were selected by purposive sampling. A multi-pronged approach was adopted to maximise response from the sample 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 Eastern Mediterranean Region (EMR);
- EMR members of six of the international NCD Alliance federations;
- Civil society list of the NCD programmes of the WHO country offices in EMR;
- National NCD Alliances in EMR.

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

Out of the 61 responses to the survey, 9 duplicate responses were excluded from the data, and 5 did not go beyond the introductory questions (questions 1-7 in annex 1). The remaining 47 responses were analysed, of which 42 completed the entire survey. The questionnaire can be found in Annex 1.

Responses were received from respondents across 16 countries out of the 22 countries in EMR, of which a notable proportion (19.2%) came from civil society working on NCDs in Egypt. The proportion of responses from countries seems to broadly correspond to the perceived strength and size of civil society in a given country.

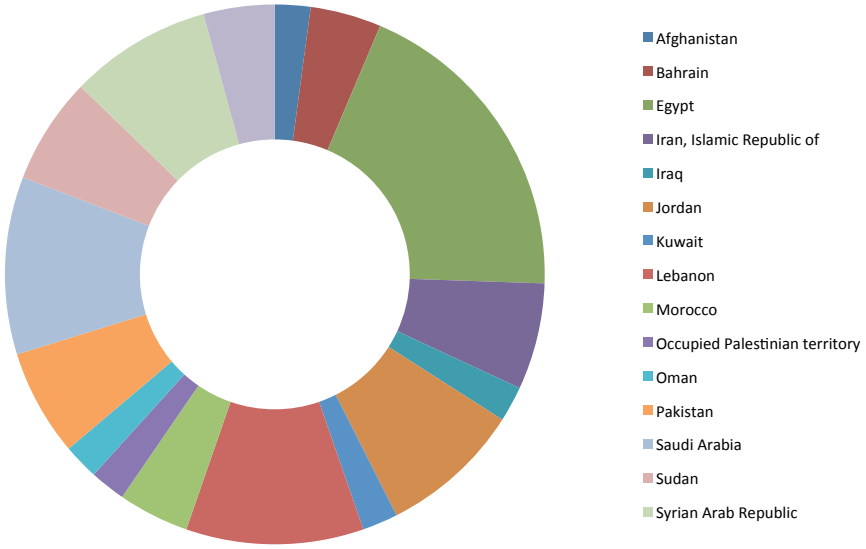

Fig 1. Countries in which organisations are based

Key Informant Interviews: In-depth interviews were conducted using a discussion guide (Annex 2) with 8 key contacts drawn from various EMR countries. A key informant from each major NCD and from each of the common risk factors was interviewed. The discussion guide explored the survey variables in detail and information was analysed along thematic lines. The details of key informants can be found in Annex 3.

III. SCOPE AND LIMITATIONS

This is the first ever mapping of civil society organisations working on NCDs in WHO EMR. It is extensive in that it covers 16 out of 22 countries in WHO EMR. Between the online survey and in-depth interviews, the mapping has also made a reasonable attempt to cover the civil society response to all the major NCDs and their risk factors in the researched countries. The results provide an indication of the overall trends in civil society involvement, achievements, needs and challenges on NCDs in EMR.

However, in the absence of a verifiable database of NCD civil society 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 EMR 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, every attempt has been made to address them specifically through in-depth qualitative interviews of country key contacts. Despite best efforts, no information on NCD related civil society in Djibouti, Libya, Qatar, Somalia, United Arab Emirates, and Yemen is included in this mapping exercise.

IV. SURVEY AND INTERVIEW RESULTS

1. Profile of NCD Civil Society in WHO Eastern Mediterranean Region

a) Type of Organisation: Over half of respondents (55.3%) were from health NGOs, but with a considerable proportion of total respondents (25.5%) having a non-health focus, spanning humanitarian issues, education, and development. Reflecting interest and awareness of NCD issues, this a positive observation in light of the multisectoral challenge that NCDs pose to societies requiring strong and active sectoral collaboration beyond the NCD and health sector (Figure 2).

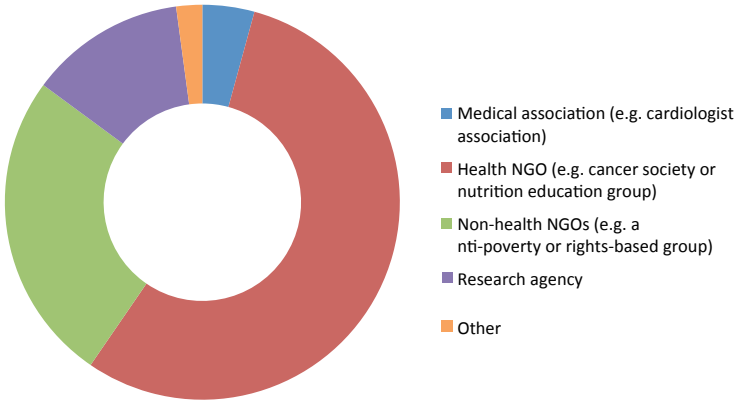

Fig 2. Nature of organisations

b) Years of Work on NCDs: In the past 15 years, the number of organisations working on NCDs in the region has been steadily increasing. There seems to have been an even increase in organisations working on NCDs every five years as 19.2-21.3% of respondents indicated they began their work in one of the 0-5years, 5-10 years and 10-15 year brackets before the survey was conducted. However, 25.5% of organisations had a long standing focus on NCDs for 21 years or more.

The majority of respondents (66.0%) represented organisations whose primary reach was at the national level. 19.1% worked across the region, 4.3% in multiple countries within the region, and 10.6% at the provincial level. (Figure 3)

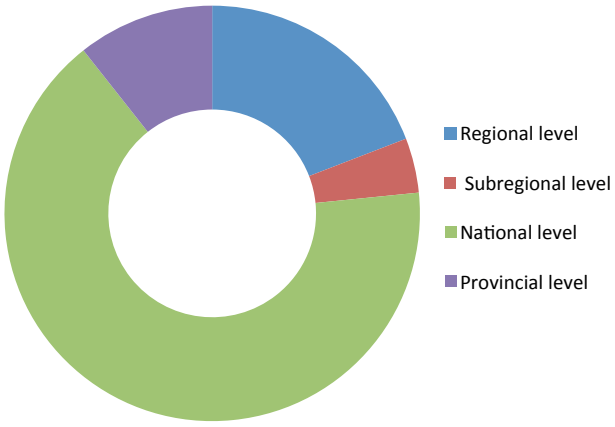

Fig 3. Nature of organisations

2. Action on NCDs

a) Target Groups: Half of respondents (51.1%) cited the public as the primary target audience of their organisation, with a further 25.5% (76.6% in total) including it in their top three priority audiences. Across the top three target audiences, governments were the next most common priority (61.7%), followed by NCD-affected groups such as patients and families (46.8%). This frequent targeting of members of the general public by a greater number of organisations than that of affected groups is an early indication of a focus on prevention and awareness-raising by civil society organisations in EMR (Figure 4).

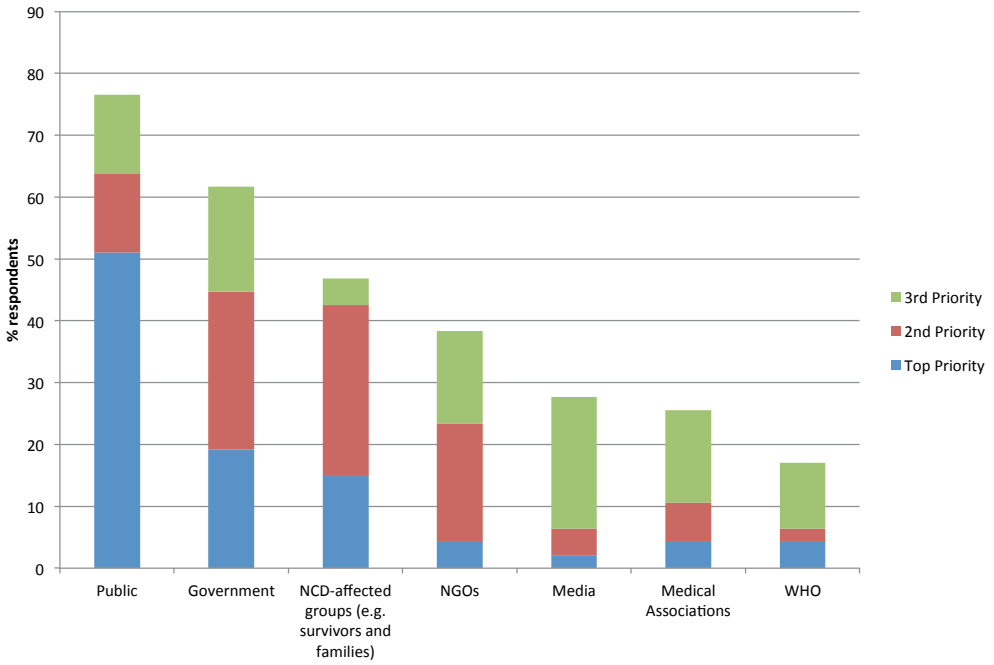

Fig 4. Top three target audiences of organisations

b) Focus within the NCD agenda: Over half of all respondents (55.3%) focus on tobacco control as one of their priority areas. This was followed by cancers (48.9%), unhealthy diets (44.7%) and physical inactivity (42.6%). This focus on risk factors reinforces the impression of a general prioritisation of prevention across EMR. Given the predominance of Islam in the region, it is unsurprising that the harmful use of alcohol was not a focus area compared to other risk factors, with only 12.8% of respondents working on this area. In addition to the options given in the survey, organisations also work in the areas of Universal Health Coverage (UHC), outdoor air pollution, obesity and metabolic syndrome, and organ failure.

29.8% of organisations work on raising awareness as the primary means by which they address NCDs, followed by 23.4% working on risk factors, and 14.9% on early diagnosis. These three areas were also the most commonly featured across the top three means by which organisations tackle NCDs, at 70.2%, 46.8%, and 42.6% respectively. Albeit appearing to be a less significant area of focus for respondents, it should be noted that health systems strengthening was identified as another important focus area (Figure 5).

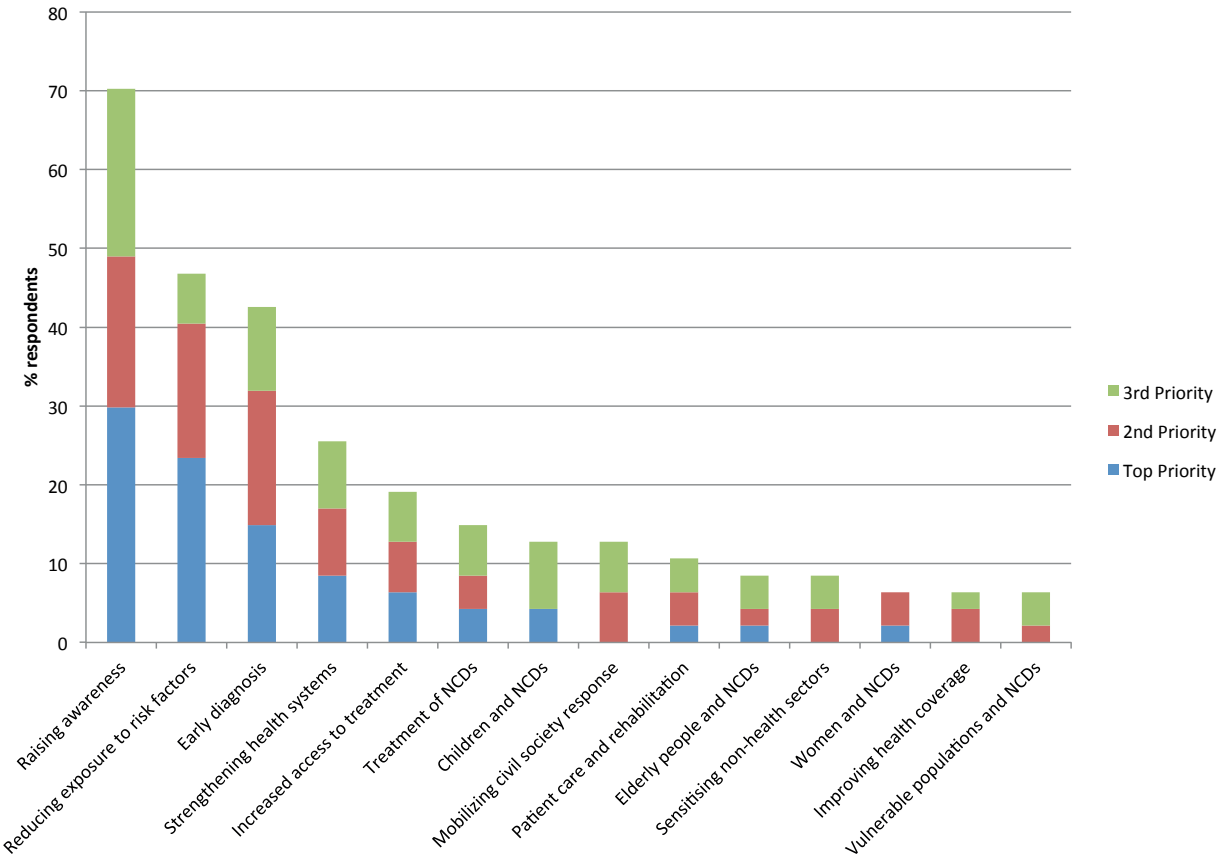

Fig 5. Top three focus areas on NCDs

c) Priority area of intervention: Over half of respondents (54.5%) cited public education on NCDs and risk factors as the primary activity of their organisation; this was by far the most common primary activity, with the next most common activities noted by just 13.6% of respondents each. Across the top three priorities, public education was also the most commonly cited, followed by advocacy with policy makers (45.4%), patient support (40.9%), and capacity building of NGOs (36.3%). It appears that NCD civil society organisations in the region do not play an active role in accountability with a negligible number of respondents indicating "monitoring Government's NCD commitments" to be a priority. This is an interesting observation given that the WHO Regional Framework on NCDs provides a clear set of process indicators to assess country progress by 2018 that could facilitate civil society monitoring of NCD commitments in the region. This may however also be simply a reflection of the still relatively recent adoption of the framework (Figure 6).

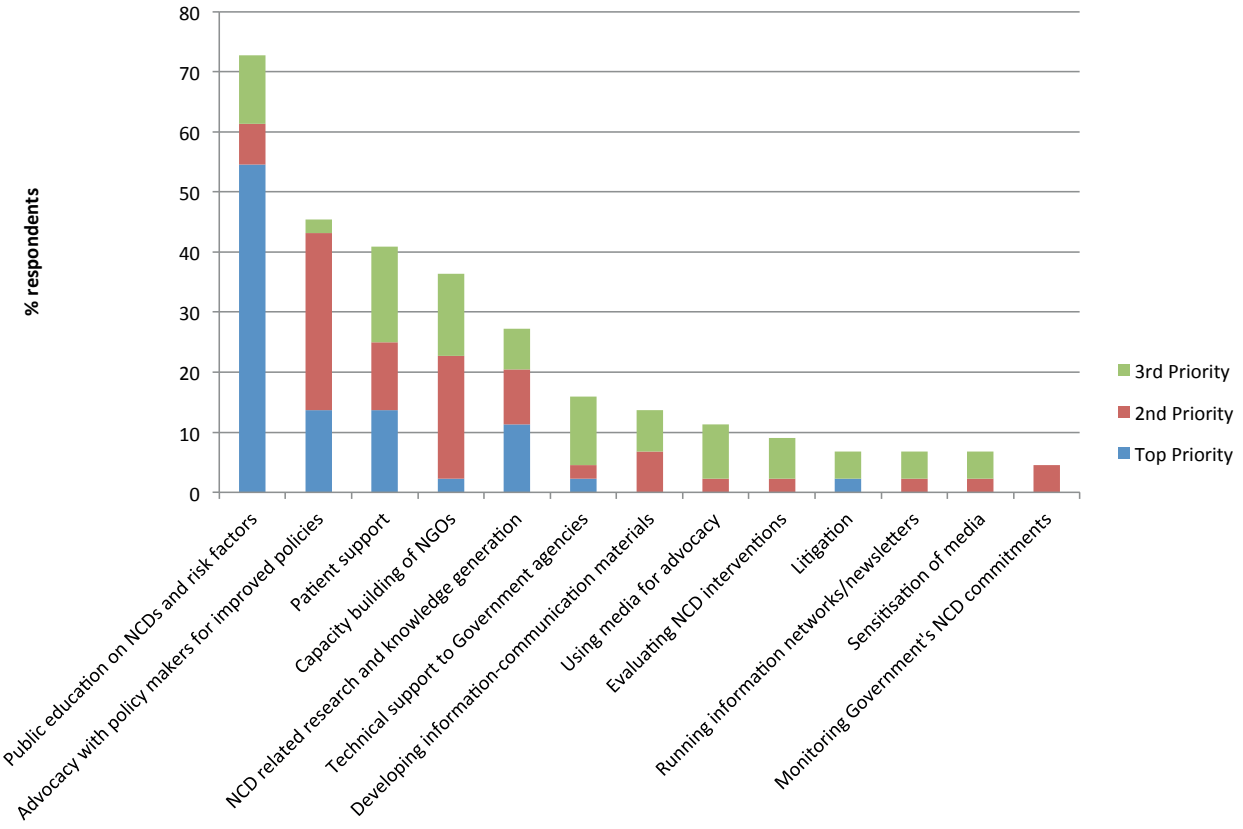

Fig 6. Top three focus areas on NCDs

3. Challenges, Gaps, Solutions and Capacity Needs

a) Challenges: Despite the large burden on NCDs in the region only very few countries have an operational multisectoral national NCD policy, strategy or action plan that integrates several NCDs and shared risk factors[1]. The situation is only slightly better with regards to strategies to address NCD risk factors with the notable exception of tobacco control. Where plans and strategies are in place, interviewees reported poor implementation and insufficient engagement of civil society in their development, implementation and monitoring. This matches with the survey findings that suggest that poor implementation of programmes and policies was the greatest barrier to a national NCD response, as indicated before by 19.0% of respondents. This was followed closely by lack of political will; inadequate NCD policies for NCD prevention and control; a lack of understanding of NCDs outside the health sector; and insufficient funds; which were identified as the primary barrier by 16.7% of respondents each. Across the greatest three barriers for each respondent, poor implementation of programmes and policies was by far perceived as the greatest obstacle, being mentioned by 61.9% of respondents. This was followed by insufficient funds (45.2% of respondents), and lack of understanding of NCDs outside the health sector (38.1%). All of these issues exist within a context of political instability and/or conflict in many countries in EMR, which serves to compound the challenges at hand.

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

Interference by industry with conflicting interests (9.5%), and challenges from bi-lateral and multi-lateral frameworks, such as trade and investment agreements (7.1%) are not highlighted to be among the most pressing challenges to the NCD response in the region. However, given respondents' strong emphasis on the need to address cross-border issues such as the promotion, taxation and trade of tobacco, alcohol and unhealthy food, as well as comments submitted at the end of the survey and information gathered during interviews that suggest the opposite, it must be assumed that the low priority accorded to these issues here stems from limitations inherent in the survey question, which limited respondents to three selected areas only (Figure 7).

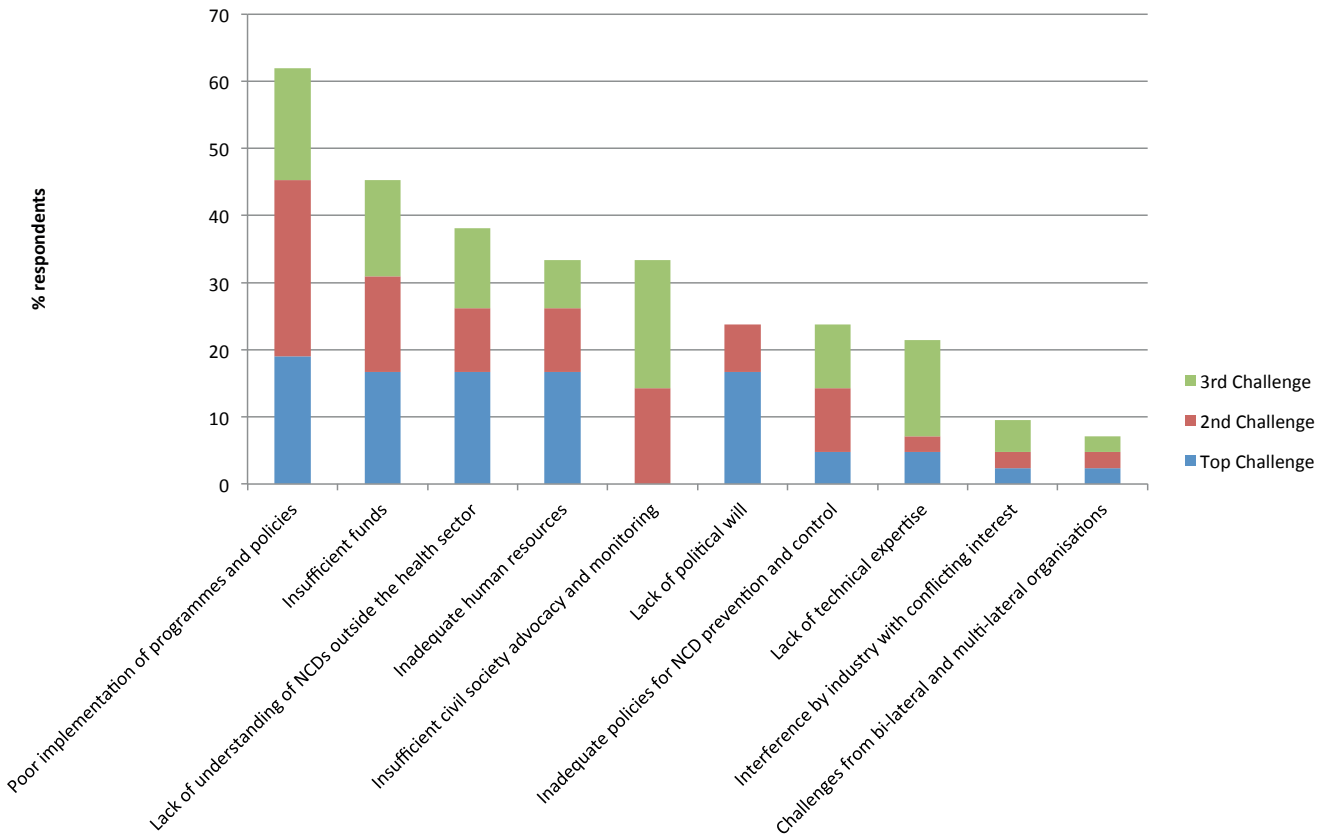

Fig 7. Top three challenges to work on NCDs

b) Gaps: Regarding limitations in the civil society response at the country level, respondents identified financial constraints as the greatest gap (76.2%) (Figure 8). This was followed by a lack of coordinated response (64.3%), as well as a lack of continuity in civil society response and limited political support for civil society organisations in general (50.0% each). Responses to this question, as well as interview responses, suggest that coordination can have a considerable impact on ameliorating national or regional circumstances and may indeed be a key factor to address going forward.

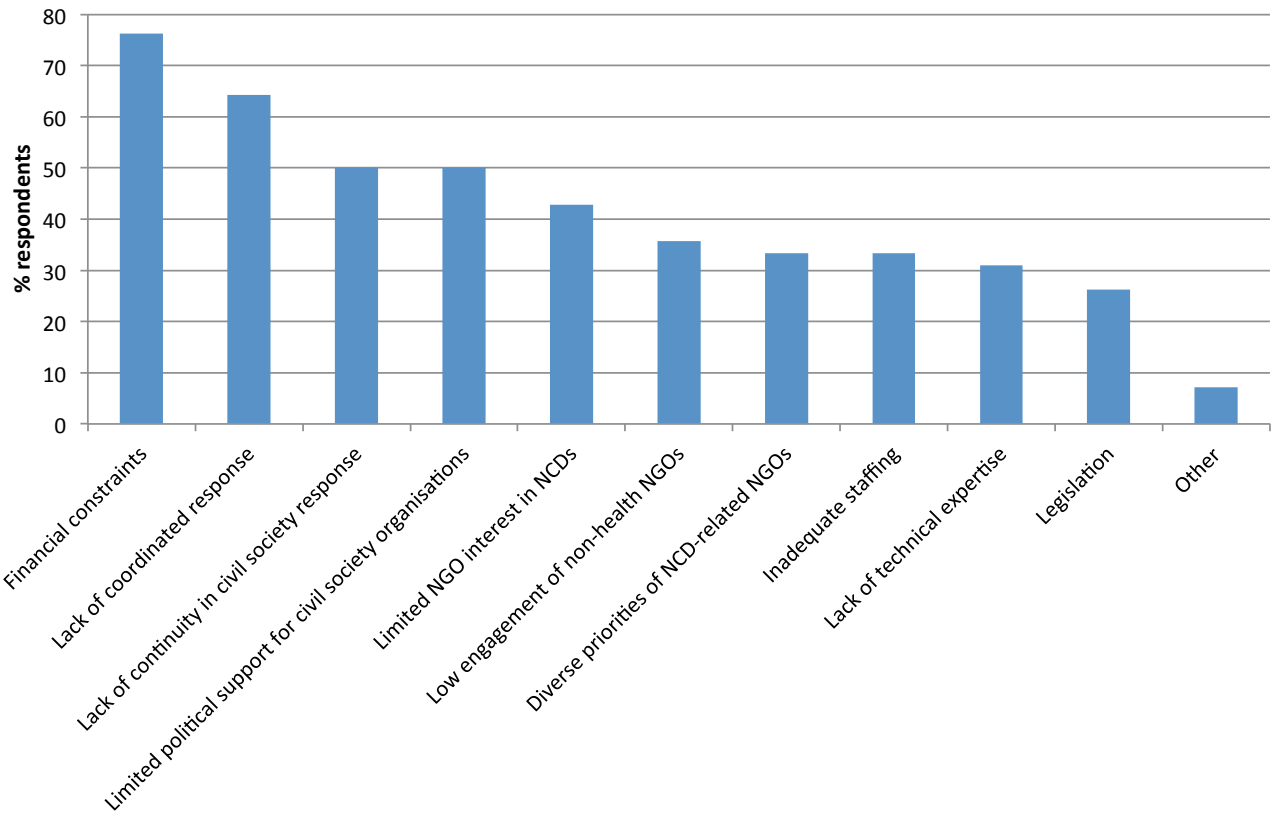

Fig 8. Major gaps in the civil society response to NCDs

Notably all but one of the organisations working across the whole region (85.7%) cited a lack of coordinated response as a major gap. This is especially significant given that EMR is the region with the least number of national NCD Alliances. Interestingly, financial constraints were an issue in particular for organisations working at the provincial level, with all but one respondent representing a provincial organisation (80.0%) citing this as a barrier.

Overall, this survey question also highlights the challenging situation and lack of political space for CSOs to operate in – a challenge experienced across the region that is not specific to NCDs.

c) Solutions & Capacity Needs: When asked to identify potential solutions to the gaps in the civil society response in EMR, 78.6% of respondents selected joint strategic planning by NGOs as a priority. Capacity building of NGOs, and integration of NCDs into existing programme priorities were also seen as key needs by respondents, recommended by 66.7% each. NCD coalition-building in the country/region was also strongly favoured, being selected by 64.3% of respondents. Other solutions mentioned by respondents were to create a training centre for volunteers, financial support in the form of unrestricted grants for those working in NCDs, and the development of a corporate accountability framework. 100% of regional organisations cited joint strategic planning by NGOs as a potential solution, which correlates with the need identified in the previous question for improved coordination at the regional level (Figure 9).

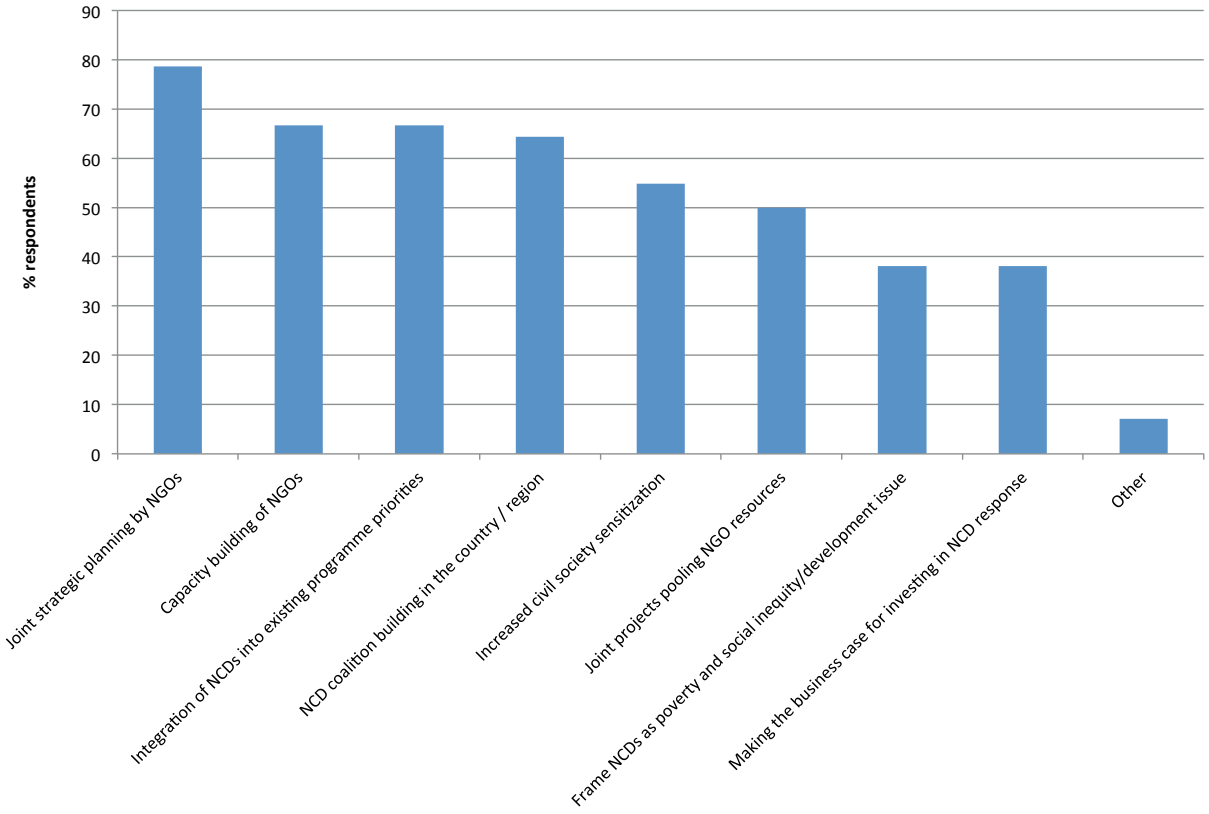

Fig 9. Potential solutions to address gaps in civil society response

Some of the top capacity needs identified by respondents include good practices to reduce exposure to NCD risk factors (73.8%) reflecting the region's focus on prevention. Advocacy and campaigns skills (71.4%) as well as strategy and campaign planning support (64.3%) figure almost as high on organisations' list of capacity building needs, along with good governance and organization building (64.3%). Effective coalition-building and resource mobilization followed closely. Additional capacity needs included legal capacity building to counter corporate litigation in courts, and reduction of stigma and discrimination. All but one of the respondents from regional organisations (85.7%) cited good governance and organization building as a major capacity need. At the provincial level, 100% of respondents identified the need for strategy and campaign planning support, good practices to reduce exposure to NCD risk factors, and equipped human resources (Figure 10).

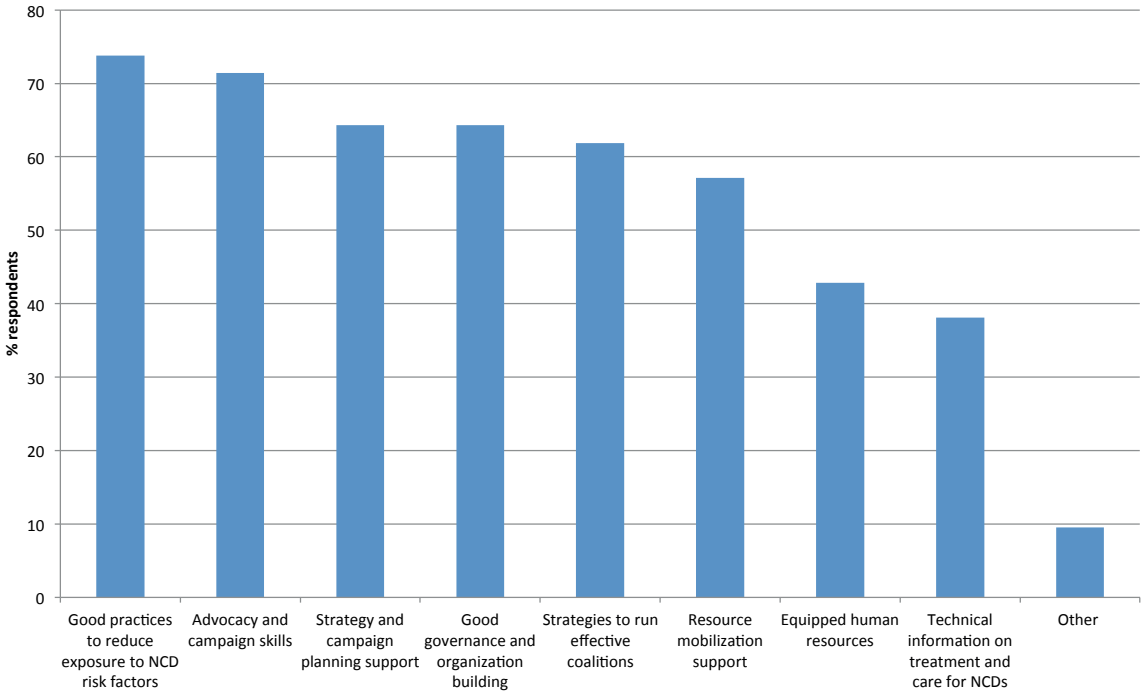

Fig 10. Potential solutions to address gaps in civil society response

4. Opportunities and Good Practices

a) Opportunities

The adoption of the WHO Framework Convention on Tobacco Control (FCTC) by countries in the region was identified as a factor that galvanized tobacco control civil society in EMR. Interviewees highlighted the work of the Framework Convention Alliance (FCA), the Union against Tuberculosis and Lung Disease (The Union) and the World Lung Foundation (WLF) as instrumental to building a coordinated civil society movement working on tobacco control across the region, and suggested lessons learnt from tobacco control as important to informing the national and regional NCD response.

b) Snapshot of Good Practices

Civil society across countries in the region reported tried and tested strategies that contributed to meaningful outcomes in NCD prevention and control. Below is a snap shot of good practices that are emerging from the region. A deeper elaboration of country civil society good practices is required to provide a comprehensive presentation.

Progress since the 2011 UN High Level meeting on NCDs: Under the patronage of Her Royal Highness Princess Dina Mired the King Hussein Cancer Foundation has driven considerable advances in cancer control and NCDs in Jordan. Efforts have been made to improve early diagnosis with increased numbers of early detection testing units especially for breast cancer around the country, and to raise awareness on NCDs and common risk factors initiating public health media campaigns engaging all sectors from Government to the private sector and NGOs.

Diabetes Education and Awareness Raising: Access to timely diagnosis and treatment is a challenge in remote areas. The Moroccan League for the Fight against of Diabetes initiated "Raising Awareness for the Fight against Diabetes among the Poor in Remote and Needy Areas" a project focusing on screening campaigns and disseminating

educational information on diabetes and healthy lifestyle, as well as training of local health professionals. The project aimed to address the gaps in diabetes care in Morocco by training diabetes educators and working parlamentarians.

Accessibility and Affordability of Medicines: Progress has been made in the access to affordable medicines in Syria following catastrophic effects of conflict, through controlling price increases and improving affordability.

Healthy Cities and Healthy Villages: In Syria, the WHO EMRO Healthy Cities, Healthy Villages programme, a community initiative between government, WHO and local community volunteers has helped encourage healthy activity and nutrition habits, and decrease high-risk behaviours such as smoking and unhealthy eating. A number of communities and villages were reported to have become smoke-free.

Coalition Building: Three national tobacco control alliances have been established in the EMR; in Egypt in 2009, and in Jordan and Lebanon in 2010. The aim of establishing these alliances was to align the work and join efforts of alliance's members to better leverage existing resources and to accelerate activities at the country level. In addition, we were made aware that a "NCD Alliance - Pakistan (NCDA-Pak)" initiative has been officially launched in November 2014. The Alliance is a partnership between the Pakistan Medical Association, leading cardiologists, health and media professionals, lawyers and civil society. The alliance focuses on tobacco control, being also a member of the Framework Convention Alliance, as well as cancer control.

5. Regional Priorities, Mechanisms and Partnerships

a) 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 food were by far the most frequent primary priority of respondents (40.4%), followed by capacity building of NGOs (9.5%). Across all three top priorities, strategies to address cross border promotion and networking among NGOs in the region were both cited by 54.8% of respondents, followed by research and surveillance (50.0%), then jointly by monitoring NCD commitments by governments, and capacity building of NGOs (47.6% each) (Figure 11).

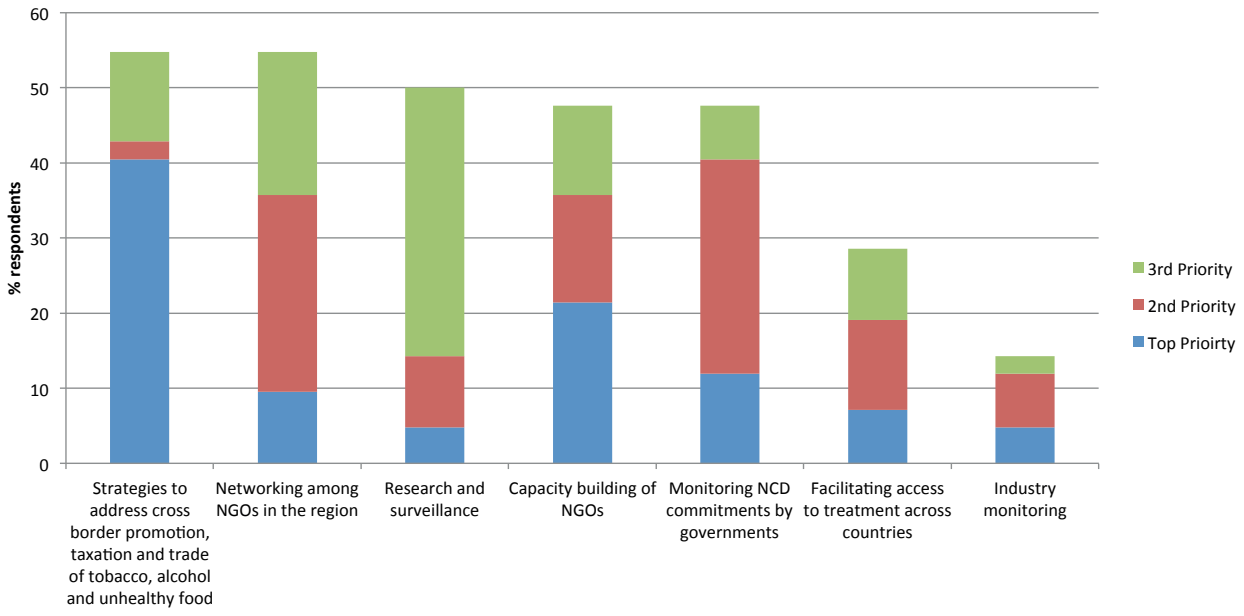

Fig 11. Priority areas for action at the regional level to combat NCDs

b) Mechanisms for Regional Collaboration: When asked what kind of regional and global collaboration would enhance work on NCDs, many of the survey options given received a similar level of response, with information sharing platforms; a regional coalition to address trans-border issues; identifying areas for joint action; networking opportunities for NGOs in the region; and guidance on NCD policies and good practice all being cited by between 73.8% and 78.6% of respondents. 85.6% of respondents with a regional focus and 73.3% of organisations working at the national level noted the need for regional coalitions to address trans-border issues, and identifying areas for joint action. At the provincial level, all respondents highlighted the value of guidance on NCD policies and good practice.

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.

c) Partnerships: The survey asked how multilateral agencies such as the WHO or UNDP can support civil society action on NCDs in the region. 90.0% of respondents cited resourcing civil society as the specific area in which WHO, other UN agencies and international organizations could support civil society advocacy on NCDs. Additional priority areas for support were developing and consolidating the public health evidence, and building civil society monitoring mechanism for NCD commitments (both 73.8%), and integration of NCDs into existing development programmes (71.4%).

When asked about ways in which civil society can support WHO, UN Agencies and other international organizations to contribute to the prevention and control of NCDs, 88.1% of respondents mentioned advocacy for NCDs in national development plans. 76.2% noted building political will for NCD policies and programmes, which was followed jointly by improving community preparedness for NCD interventions, and provide linkage to public and communities (both 71.4%) (Figure 12).

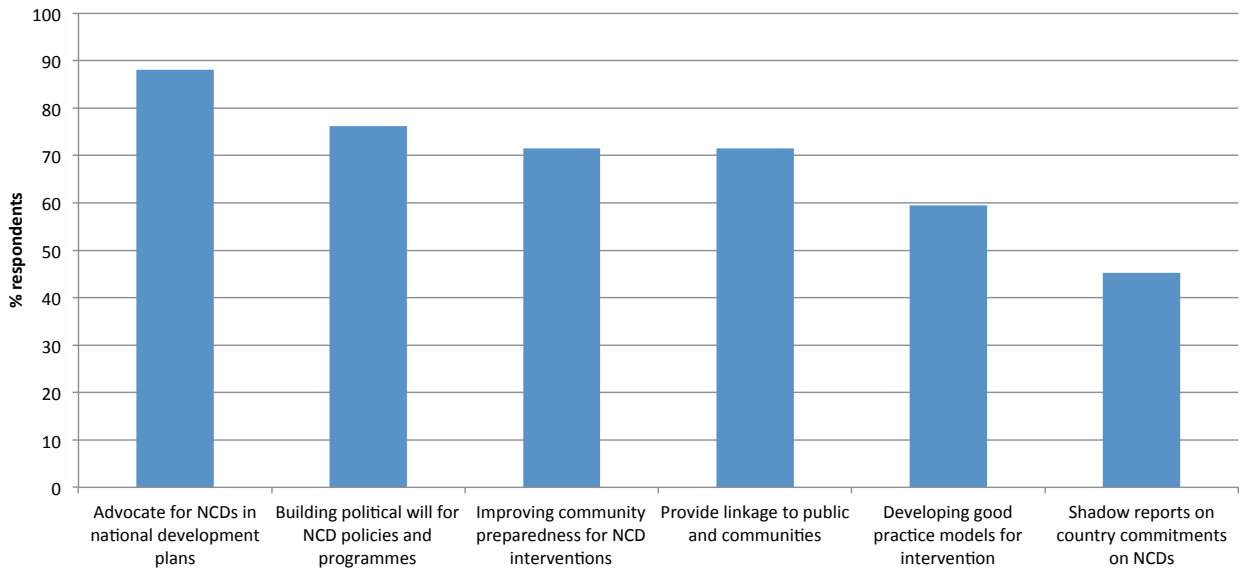

Fig 12. Ways in which civil society can support WHO, UN Agencies and other international organizations to contribute to the prevention and control of NCDs

V. MAPPING RECOMMENDATIONS

Based on the findings from this mapping, below are some recommendations for key NCD stakeholders in the EMR region.

For Civil Society

- Support Governments in developing and implementing national NCD plans and policies
- Monitor progress and hold Governments accountable to NCD Commitments
- Build multisectoral coalitions across diseases and risk factors and involving where possible non-NCD/health CSOs, at national and sub-national levels
- Establish regional platforms or coalitions for networking, information exchange and advocacy support
- Advocate for integration of NCDs into national health and development plans

For Governments

- Develop and implement national NCD plans and policies, 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

- Actively engage civil society in the development of technical resources, guidelines and frameworks for action
- Support civil society advocacy and capacity-building at both national and regional level and help raise the profile of civil society organisations 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 League of Arab States, the Gulf Cooperation Council etc.

For other multilateral agencies and development partners

- Help make the business case for NCDs
- 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

For the NCD Alliance

- Support coalition-building at national, sub-regional and regional level 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 EMRO 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 & campaign planning, civil society monitoring/shadow-reporting, as well as organisational development and fundraising

VI. CONCLUSION

The civil society response to NCDs in EMR has consistently grown over the last decade and seems to be driven by a strong focus on NCD prevention. A fair number of non-health NGOs seem to be active on NCDs across the region connecting NCDs to the humanitarian response, education and broader development issues which indicates promising avenues for sectoral collaboration on NCDs.

Civil society across the region enjoys limited political support and overall participation in political processes with Governments and WHO EMRO needs to be strengthened. In general, civil society is currently not active in accountability and monitoring governments' compliance with and overall progress against the commitments made in the 2011 High-Level Declaration and 2014 UN Review Outcome Document. A key opportunity here is the *WHO Regional Framework for Action to Implement the UN Political Declaration on NCDs, including indicators to assess country progress by 2018*.

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 EMR - 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.

Author:
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Annex 1
Survey Questionnaire

NCD Civil Society Mapping in the WHO Eastern Mediterranean Region

Purpose

This survey by the NCD Alliance aims to map the profile, activities, achievements to date, challenges, needs and potential collaborations of civil society organisations working on Noncommunicable Diseases (NCDs) and their risk factors in WHO's Eastern Mediterranean Region (EMR).

Findings

An analysis of the findings will be shared with all respondents and a summary report will be presented at the *Regional Meeting on Strengthening NCD Civil Society Organisations in the Eastern Mediterranean Region in September 2015*.

Confidential

The responses will be anonymised – therefore not attributed to individual respondents. Any comments or attachments you indicate as confidential will be respected as such.

Instructions

The survey should take less than 15 minutes to complete. If you do not finish the survey in one go, you can return to it by clicking on the link in the email you received and then continue. You can only submit the survey once, but you can edit your responses until the survey is closed on 16 August 2015 5pm CET. If you have any questions about the survey, please email us: emromapping@ncdalliance.org

If you have any questions about the survey, please email us at the above email.

Thank you - we really appreciate your input!

Survey Questionnaire

1. What is the full name of your organisation?

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2. Which country does your organization work in? Choose from the drop down list.
(drop down list - Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen).

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 Noncommunciable 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
- ☐ Eastern Mediterranean 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

- ☐ ElderlypeopleandNCD
- ☐ 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. **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	
ITS 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

- ☐ Good 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 Eastern Mediterranean 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 good 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.

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Please send any documents that complement your survey inputs to: ERMOmapping@ncdalliance.org

Thank you. This is the end of the survey. If you are ready to submit your responses, please click on the "DONE" button below. The survey closes on Tuesday, 18 August 2015 5pm IST

Annex 2
List of Key Informants

Dr. Ghassan Shahrour
Syrian NCD Alliance
Syria

Pr. Jamal Belkhadir
Ligue Marocaine de Lutte contre le Diabète
Morocco

Dr. Fawzi amin
Bahrain red crescent society
Bahrain

Mr. Nadeem Iqbal
The Network for Consumer Protection
Pakistan

Dr. Wael Safwat Abd Elmeguid
Asdekaa Alkhair
Egypt

Ms. Zeina Jamal
YADUNA Women heart Health Center
Lebanon

Ms. Diane Mansour
Alzheimer's Disease International
Lebanon

Mrs. Mawya Al-Zawawi
Lina and Green Hands Society
Jordan