Mapping of NCD Civil Society Organisations
in Francophone sub-Saharan Africa

NCD Alliance

10 YEARS 2009-2019

Acknowledgements

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Cover: A health worker speaks to clients waiting for services at a clinic in Rwanda.

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Executive Summary

Non-communicable diseases (NCDs) are the leading cause of death globally. The World Health Organization (WHO) predicts that by 2030 they will be the most common cause of death in Africa. In order to gain insights on NCD action in Francophone Sub-Saharan Africa, the NCD Alliance initiated a mapping of Civil Society Organisations (CSOs) working on NCDs in this part of Africa. Based on the results of the online survey done with representatives of 45 CSOs from 13 countries and in-depth interviews with 10 key informants, a number of clear observations emerge – with the following key messages.

Key messages

CSOs in francophone countries of sub-Saharan Africa are in the process of development

CSOs working on NCDs in Francophone Africa which participated in this mapping exercise were mostly health NGOs, of small size (less than 20-person staff), working mainly at the national level, and the majority of these CSOs have been active for less than 10 years.

Most CSOs target the public and focus their activities on education/ awareness raising

CSOs mainly focus their activities on diabetes and cardiovascular diseases as NCDs, and on unhealthy diets and physical inactivity as risk factors. Raising awareness/education, early diagnosis/detection and reducing exposure to risk factors were the most frequently selected organisational focus areas among survey respondents. The majority of them said their actions targeted the public, followed by NCD-affected groups and governments. Their top three NCD-related activities were public education on NCDs and risk factors, patient support, and advocacy with policymakers.

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Elaborating/strengthening the national NCD plan is viewed as a priority at the national level

Most of the respondents selected the elaboration/ strengthening of the National NCD plan as their top national priority area for action to combat NCDs. This was also emphasized by most interviewees who reported that even if there was a national NCD plan in their countries, its implementation was still very limited.

Financial constraints, lack of interest, and absence of a coordinated response hinder effective NCD action.

More than a quarter of survey respondents and many key informants reported that insufficient funds, lack of political will and CSO interest, and the absence of a coordinated response are the principal challenges faced by CSOs in this region in their NCD-related actions.

Capacity building of CSOs is viewed as the most important potential solution to address the gaps in the national and regional civil society response to NCDs

More than two-thirds of survey respondents identified capacity building of CSOs as the most important potential solution to address the gaps in the national civil society response to NCDs, followed by the increased civil society sensitization.

Information sharing platforms are proposed as the top form of collaboration of CSOs at the regional level

More than two-thirds of survey respondents identified information sharing platforms as the top potential mechanism of regional collaboration of CSOs working on NCDs at the regional level. Concerning barriers to effective regional civil society collaboration, varying and multiple objectives was the most frequently selected option.

WHO, UN agencies, NCD Alliance, and other international organisations can support civil society action through capacity building and resource mobilisation.

More than three quarters of survey respondents and most of the interviewees reported that multilateral agencies such as the WHO, UNDP, World Bank and NCD Alliance can support civil society action on NCDs by resourcing civil society advocacy through technical capacity building and fund raising. These international organisations can also assist civil society in monitoring NCD commitments by governments.

Background

The epidemic of non-communicable diseases (NCDs) is now widely recognised as a major social and economic development challenge in most countries[1]. The High-Level meetings on NCDs held at the UN General Assembly in 2011, 2014, and 2018 have mobilised the global community and galvanised political commitment.[2] NCDs have also been included in the 2030 Agenda for Sustainable Development, an integrated and indivisible agenda for country development agreed upon by UN member states.[3] The role of civil society in responding to the challenge of NCDs is critical. This was recently acknowledged by the Political Declaration resulting from the 2018 UN High-Level Meeting on NCDs, which indicates the need to engage civil society organisations (CSOs) and people living with NCDs in the response. This is an illustration of the increasing recognition of CSOs as strategic actors in development and policy dialogue processes.

In 2016, the NCD Alliance and the WHO Regional Office for Africa (AFRO) held a regional consultation on the roles and responsibilities of WHO and civil society organizations in the prevention and control of NCDs in the African region. The NCD Alliance commissioned a mapping of CSOs working on NCDs in the region to inform the discussions at a Regional Consultation hosted by the NCD Alliance, in collaboration with WHO Regional Office for Africa (AFRO), in October, 2016. The online survey for that mapping exercise was conducted in both English and French, but had limited participation of CSOs from francophone countries. Given this gap in knowledge, this mapping of CSOs working on NCDs in Francophone Sub-Saharan Africa seeks to gain insights on NCD action in these countries.

The general objective of this mapping is to inform and support efforts to promote coalition building, opportunities for joint regional advocacy, and how to build on synergies between the CSOs or coalitions already taking action on NCDs.

This mapping exercise seeks to:

Describe the **current status** of civil society action on NCDs in Francophone Africa, including CSO challenges, gaps, capacity needs, and opportunities

Identify current civil society **areas of action and priorities** for NCD prevention and control

Explore opportunities and interests in action for working across borders at a regional level

Explore existing strategies that have been effective in advancing work on NCDs and potential partnerships that could accelerate civil society action.

[1] World Health Organization. Non communicable diseases fact sheet [Internet].

[2] United Nations General Assembly. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases [Internet]. United Nations; 2011

[3] United Nations. Transforming our World: The 2030 Agenda for Sustainable Development [Internet]. 2015.

Mapping of NCD Civil Society Organisations in Francophone sub-Saharan Africa

Mapping Methodology

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

The scope of the mapping

The mapping targeted African countries with French as an official language:

1. Benin
2. Burkina Faso
3. Burundi
4. Cameroon
5. Central African Republic
6. Chad
7. Comoros
8. Republic of Congo
9. Democratic Republic of Congo
10. Djibouti
11. Equatorial Guinea
12. Ivory Coast
13. Gabon
14. Guinea
15. Madagascar
16. Mali
17. Niger
18. Senegal
19. Seychelles
20. Togo
21. Rwanda

Survey

The online survey was open between the 23rd of September and 22nd of October 2018. The questionnaire was deployed in both French and English (Annex 1).

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

- National/Regional NCD alliances (where applicable);
- Relevant members of the different key federations working on NCDs;
- CSO contacts and networks of the NCD Alliance.

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

From a total of 52 responses, 5 were invalid, and 2 were eliminated because they were duplicates from the same organisations and offered less detail than the alternatives. The remaining 45 responses were analysed. Several respondents skipped some questions, which is likely explained by the length of the survey. Consequently, the number of respondents for each question is reported by the Figures included.

Responses were obtained from organisations based in 14 out of the targeted 21 sub-Saharan African countries with French as an official language (Figure 1). The highest (13) responses were obtained from CSOs in Cameroon, followed by Togo with 6, then Mali and Democratic Republic of Congo with 4 respondents each. The rest of the countries are represented by 3 responses or less. However, 2 respondents indicated that their organisations are active across the region, and 3 highlighted operations in additional countries including Guinea and Comoros. The high response rate from Cameroon is likely because the consultants for this mapping were based in Cameroon and are household names in the local NCD arena, so many respondents from Cameroon likely identified with the consultants and were more willing to oblige.

Key informant interviews

Key informant interviews were conducted in either French or English between 5th and 26th of October 2018, using an interview guide provided in Annex 2. Key informants were selected with a view of achieving thematic and geographic diversity.[4] The details of key informants can be found in Annex 3. In total, 10 in-depth interviews were conducted. One respondent opted to offer their insights in written form, while Skype and WhatsApp audio calls were used to interview the other 9 respondents.

Interviewees represented national or regional CSOs, or national or regional NCD alliances. Their organisational backgrounds mainly included the four main groups of NCDs (cardiovascular diseases, cancer, diabetes, and chronic Respiratory diseases) and the four main risk factors (tobacco use, harmful use of alcohol control, unhealthy diets, and physical inactivity).

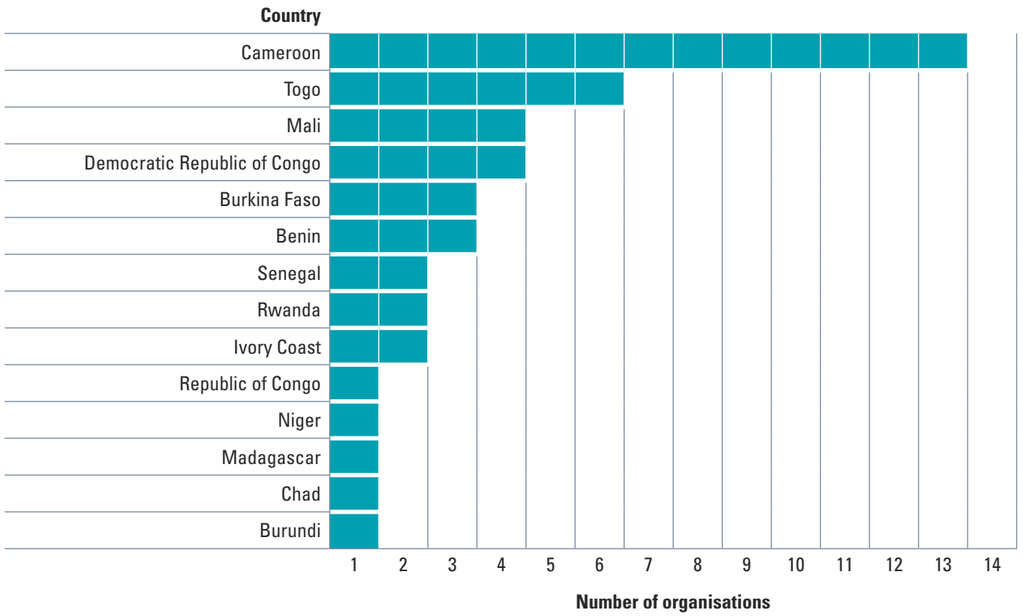

Figure 1. Countries in which respondent organisations are based (n=45)

[4] Key informant views and opinions have been incorporated to deepen the analysis and conclusions presented in this report. However, these contributions have not been independently verified.

Known active NCD alliances in francophone sub-Saharan Africa

There are currently **six national NCD alliances** known to be active in the region:[5]

[5] This list is based solely answers provided by survey respondent and so is not exhaustive.

Scope and Limitations

Given the great diversity of national contexts within the francophone Sub-Sahara African Region, extensive efforts were made to ensure that this mapping reflects as wide a variety of relevant themes and countries as possible.

However, partly due to the limited time available for collecting survey responses, only 14 out of the 21 targeted countries in the francophone Sub-Sahara Africa responded and are included in this report. The survey had a particularly large sample size from Cameroon (13 respondents) due to the fact that the survey was disseminated through consultants based in this country.

The quantitative data obtained from the online survey and presented in this report is supplemented with the perspectives of key informants from the in-depth interviews, with the view of addressing country and theme balance.

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

Survey and Interview Results

The survey results are presented below with integrated insights from the 10 in-depth interviews. They have been analysed thematically to elucidate key trends within these francophone countries of the sub-Sahara African region.

1. Profile of NCD civil society in the francophone sub-Saharan Africa countries

This section profiles the NCD CSOs which participated in the survey, including the type of organisation, duration of work in the field of NCDs, the staff size (staffs and volunteers), and the geographical scope of operation of the organisation.

a. Type of organisation

More than two-thirds (71%) of respondents to this question described their organisation as a 'Health NGO'. However, medical associations (9%), non-Health NGOs (9%) and research agencies (9%), also participated in the survey. This spread indicates that, although the great majority of respondents represent health NGOs, there is a measure of interests and awareness of NCDs among other types of CSOs (Figure 2).

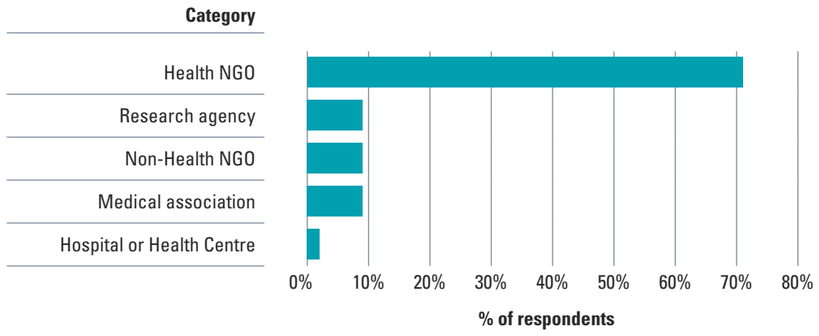

Figure 2. Nature of respondent organisations (n=45)

b. Establishment of CSOs and Duration of work in field of NCDs

Just over a quarter of the organisations represented in the survey were established before the year 2000. However, most (64%) were established in 2008 or afterwards. In terms of the duration of their work specifically on NCDs, more than one third (38%) reported that the organisation has been active on the topic for up to 5 years. Approximately 24% of respondents reported that their organisations have been active in NCDs for 10-15 years. Another 11% have been working on NCDs for 21 years or more. These results reveal that, while the largest segment of respondents have only been active on NCDs for less than 10 years, there are a few CSOs who have been active on the topic for decades (Figure 3).

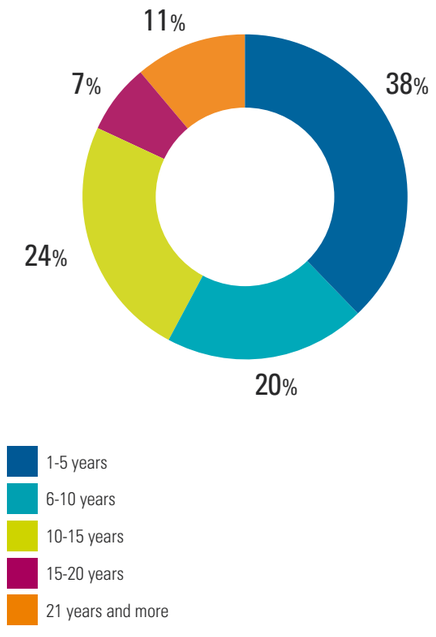

Figure 3. Years of work on NCDs (n=45)

c. Size of CSOs

Almost half (47%) of respondents to this question reported that their staff (permanent staff and volunteers inclusive) is constituted of a maximum of 20 people, while 24% reported having between 20 and 50 people involved. Only 11% of respondents belong to an organisation with more than 150 members of staff and volunteers.

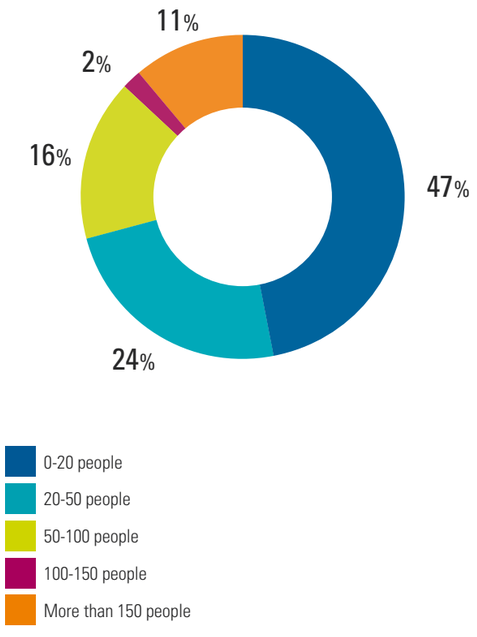

Figure 4. Staff and volunteer numbers (n=45)

d. Geographical scope of operation of CSOs

The majority (58%) of respondents to this question reported that the main strength of their organisation's work on NCDs is at the national level, followed by 23% who selected the provincial/district level. It is also interesting to note that around 7% of respondents reported strengths at the global level.

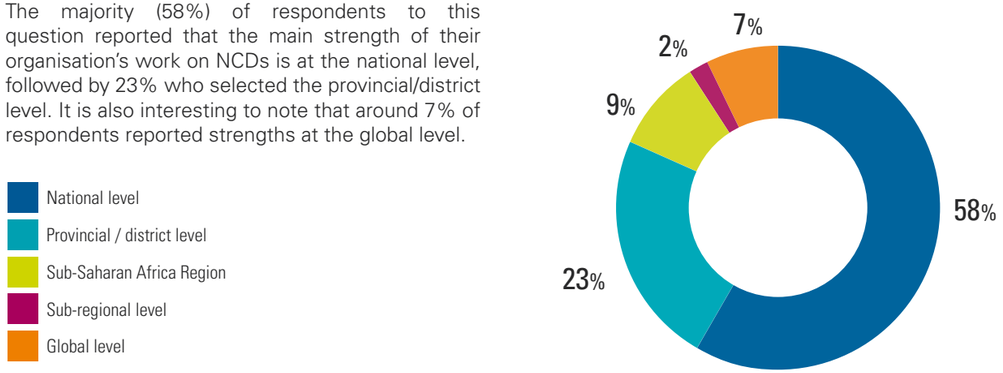

Figure 5. Geographical Scope of work (n=43)

2. Action on NCDs

a. Target groups

The majority (33/43, 77%) of respondents to this question cited the public as among the top three target audiences of their work. This was followed by CSOs targeting "NCD-affected groups" with 29 respondents (67%). This suggests that CSOs in these countries are especially focussed on roles in public awareness and engaging with people living with NCDs. In contrast, only 9% of respondents selected governments as their top target audience. Although just under half of respondents to this question (47%) did count the government as among their top three targets, the findings depicted in Figure 6 suggest that activities designed for the public and NCD-affected groups take more of a dominant role among participating CSOs.

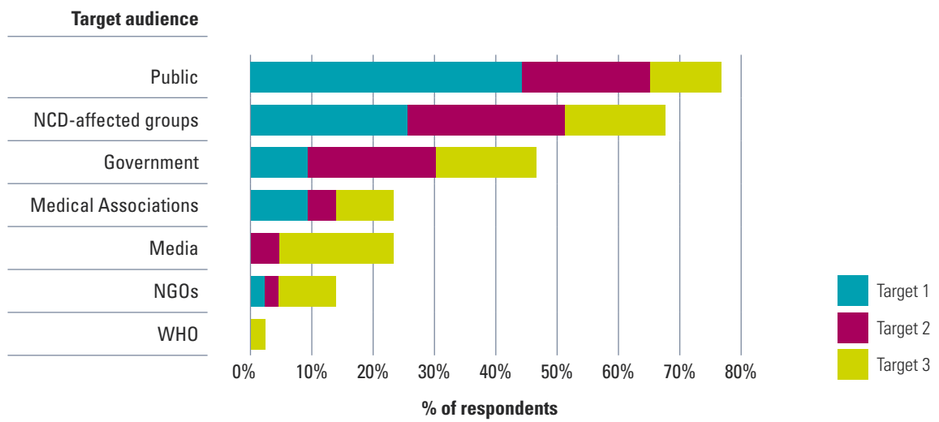

Figure 6. Top three target audiences of organisations (n=43)

b. Focus within the NCD Agenda

When asked about which diseases and risk factors their organization primarily focuses on, more than two thirds (70%) of repondents reported focusing on diabetes as among the top three priority areas of work. This was followed by cardiovascular diseases (53%), unhealthy diet (30%), cancers (28%), and physical inactivity (23%). These results indicate that very few respondents focus on issues such as tobacco use, women's health, mental or neurological conditions, harmful use of alcohol, environmental health, chronic respiratory illness, or indoor air pollution (Figure 7). Interviewees agreed that women's health, mental or neurological conditions, harmful use of alcohol, environmental health, chronic respiratory illness and indoor air pollution were topics underprioritised in general in the region.

Key informants also identified diabetes and cardiovascular diseases as the focus disease areas within their NCD agenda. They highlighted the fact that mental health issues are not yet prioritized, though they wished these would also be treated as an NCD priority area. By contrast, in Rwanda, mental health and disabilities are reportedly a national focus disease area, because of mental and physical trauma the population experienced during the war. Thus, a strong civil society response sprung in this area and led to significant action from the government in response.

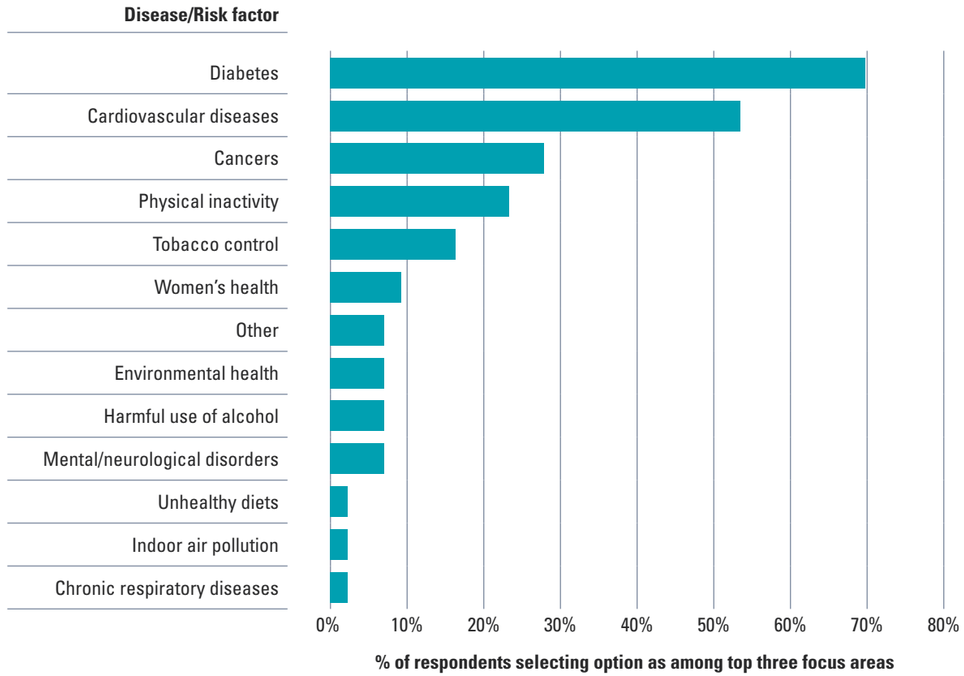

Figure 7. Areas of disease and risk factor focus (n=43)

Figure 7 makes clear that respondent CSOs tend to focus on the risk factors of unhealthy diet and physical inactivity when it comes to NCD prevention. This is likely linked to the fact that the primary focus of most CSOs is diabetes; since these two risk factors are critical to diabetes prevention action.

This was corroborated by data showing the focus area of respondents. Raising awareness/education (23%) and reducing exposure to risk factors (23%) were the most frequently selected top organisational focus area among respondents. Moreover, early diagnosis/detection was most frequently selected as the second most important organisational focus area. This points to the active role of CSOs in NCD prevention and early diagnosis. The low focus on the options of mobilising civil society response, sensitising non-health sectors, and improving health coverage seems to suggest a weak emphasis on advocacy (Figure 8).

c. Priority areas of intervention

When asked about their organisation's top three NCD-related activities (Figure 9), the vast majority of respondents to this question (83%) reported that they focus on public education on NCDs and risk factors. Once again, this points to the conclusion that the general public is an important target audience for CSOs, with a focus on prevention and early diagnosis. The second activity most often cited by respondents (60%) as a top priority was advocacy with policy-makers for improved policies. This indicates an active interest in advocacy and system change on the part of civil society action in prevention and control of NCDs among respondents, although this is not generally the main activity carried out by organisations. This echoes the finding that governments are among the top target audiences of participating CSOs(see Figure 6), although the public and NCD-affected groups are more of a focus.

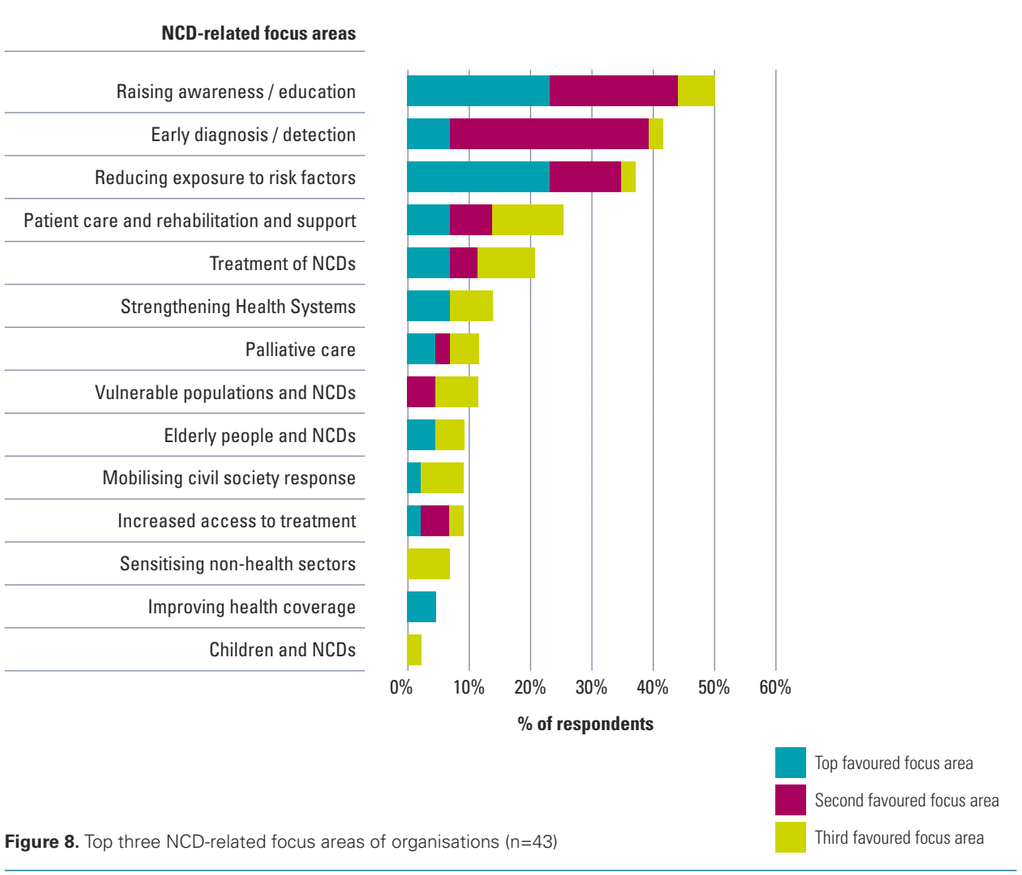

Figure 8. Top three NCD-related focus areas of organisations (n=43)

Interestingly, none of the respondents selected 'Evaluating NCD interventions', 'Running information networks/newsletters', or 'Litigation' as among their top activities.

When asked to comment on strategies that had been used by their CSO that led to specific outcomes, only half of the survey responders commented. The main strategies cited by these responders include:

- Advocacy with politico-health authorities and legislators on the issue of NCDs and their consequences in the population;
- Raising public awareness of NCDs and their risk factors;
- Patient care;
- Training of health professionals in the managements of some NCDs.

d. Strategies adopted by CSOs

We also asked to respondents what are the top 2 strategies adopted by their CSOs that have led to specific outcomes vis-à-vis various target groups. Most of the participants in the survey responded and their responses are synthesized in the table 1 below.

e. Status of national NCD responses

When asked to respond to the statement that 'civil society plays an important role in shaping national health policy and advocacy efforts are well established and recognised by government', an overwhelming majority of respondents to this question either strongly agree (70%) or agree (25%). Notably, not a single respondent disagreed, and only 2 (5%) were neutral on the topic. (Figure 10). This finding is indicative of a high level of confidence among CSOs that their efforts are valued and effective.

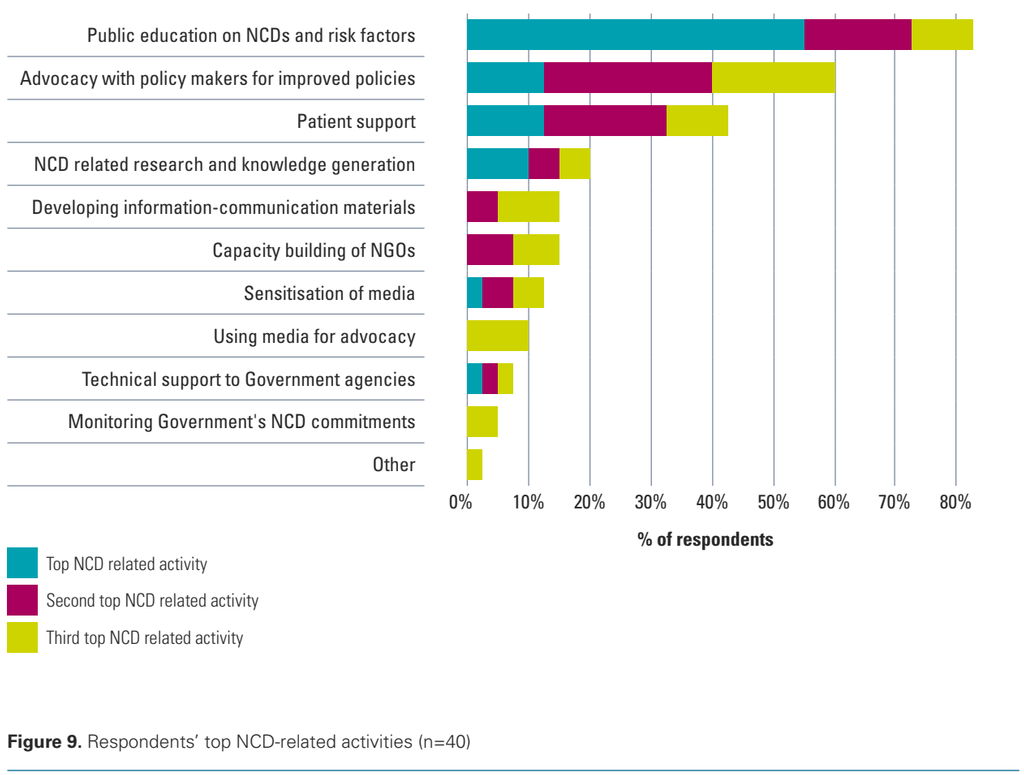

Figure 9. Respondents' top NCD-related activities (n=40)

Target groups	Strategies adopted	Outcomes
Government	Advocacy for elaboration of legislation and text of application and guidelines	Policy developed and improved collaboration between government and civil society
	Lobbying for participation in the UN high-level meeting on NCDs	Attended and delivered an address at Plenary
	Organization of conferences	Establishment of a multidisciplinary technical group for advocacy
	Designing educational tools and using educational peers and educators	A better self-management of people living with NCDs
Health professionals	Case Management Training	Enhanced capabilities
		Creation of care units
	Promotion of the disease screening	Validation of the strategy of some disease screening programmes
Patients	Training of patients to improve the management of their diseases	Improved knowledge on NCDs
	Offer of (better quality) care	Improvement of quality of life
Population	NCD awareness and free testing campaigns	The population is sensitized on NCDs and their risk factors
		Screening of new cases
Opinion leaders	Collaboration with local and traditional authorities	The mobilisation of local authorities for convincing people to be sensitized and tested
CSOs	Strengthening the capacity of civil society to monitor commitments made by governments	Adoption and implementation of some policies in several countries of sub-Saharan Africa
	Social mobilisation for the involvement of CSOs in the prevention and control of NCDs	CSOs have included the prevention of NCDs in their missions and programmes, targeting youth, students and workers.
Media	Mobilization of journalists	Increased awareness and mobilization of the population

Table 1. The TOP 2 strategies adopted by some CSOs that have led to specific outcomes vis-à-vis various target groups

Concerning the top national priority areas for action to combat NCDs, developing a national NCD plan emerged as the single most important issue (with over half of respondents highlighting it as a top action area)[6]. 'Facilitating access to early detection and treatment' (49%) and 'monitoring NCD commitments by governments' (46%) were the second and third most frequently selected issues, respectively. Most of interviewees reported that, even where there is a national NCD plan, its implementation is very limited. Early diagnosis and treatment are significant challenges in these countries, hence CSOs' focus on improving access to care and monitoring the respect of commitments made by governments at national and international levels. Civil society's emphasis on monitoring NCD commitments by governments is understandable, considering that most countries in sub-Saharan Africa often ratify international conventions and political declarations aimed at preventing and controlling NCDs, without adhering to these commitments.

Research and surveillance and industry monitoring were the least chosen national NCD action areas by respondents.

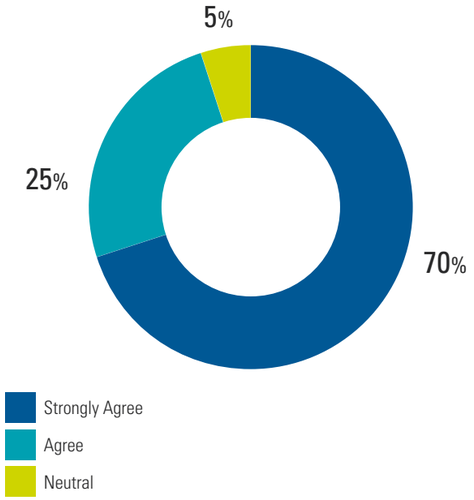

Figure 10. Civil society plays an important role in shaping health policy nationally and advocacy efforts are well established (n=40)

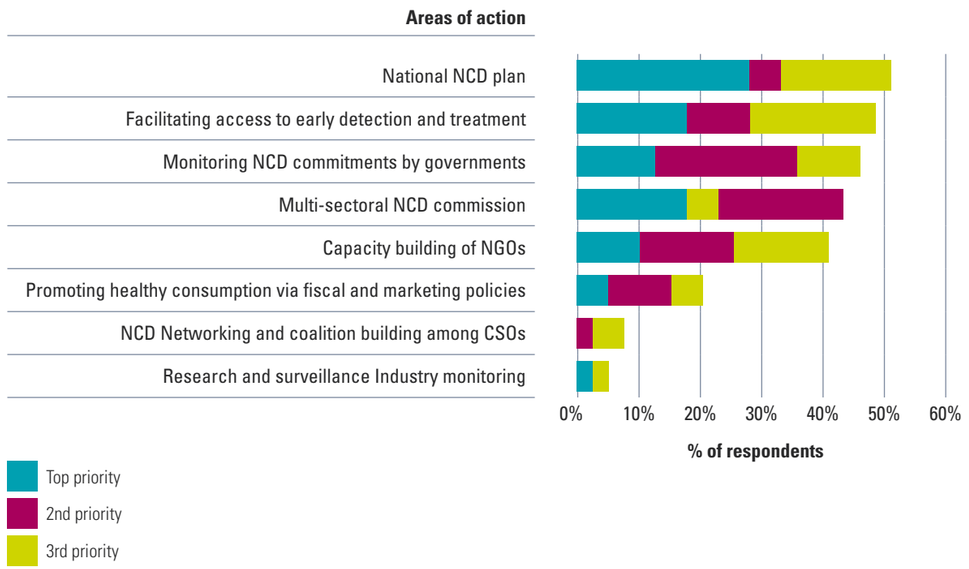

Figure 11. Priority areas for action at the national level to combat NCDs (n=39)

6 According to WHO AFRO agenda item 12 for the 68th session of the Regional Committee for Africa, in 2017, only fifteen Member States in the African Region had operational national multisectoral integrated NCD policies and plans. https://www.afro.who.int/sites/default/files/2018-09/AFR-RC68-9%20Status%20of%20Implementation%20of%20the%20timebound%20NCD-Ed.RC68inputs.pdf Last accessed 4th January 2019.

3. Challenges, Gaps, Solutions and Capacity Needs

a. Challenges

When asked about the top three challenges to work on NCDs nationally (Figure 12), respondents pointed to insufficient funds as the single most significant obstacle, 28% of respondents selecting it as the top obstacle. Lack of political will was the second most frequently cited top obstacle (20%) and poor implementation of programmes and policies the third (18%). Overall, however, insufficient civil society advocacy and monitoring was the second most often mentioned obstacle, with 38% of respondents counting it as among the top three obstacles.

Many key informants also indicated that lack of political will and insufficient funds were major challenges to NCD action in these countries.

These results may not be entirely surprising considering that lack of political will coupled with a weak civil society advocacy and monitoring would certainly lead to a poor mobilization of funds and thus a poor implementation of programmes and policies. Lack of funding from governments is a problem that extends beyond the issue of NCDs in many African countries. Very few countries in sub-Saharan Africa respect the commitments made in the Abuja Declaration which stipulates that they spend at least 15% of their annual budget to improve the health sector.[7]

Lack of technical expertise, inadequate human resources, interference by industry with conflicting interest, and lack of enforcement of NCD-related laws were not seen as top obstacles by any respondents. However, one key informant discussed the lack of control of multinational industries while another highlighted the lack of NCD prevention policies as important challenges.

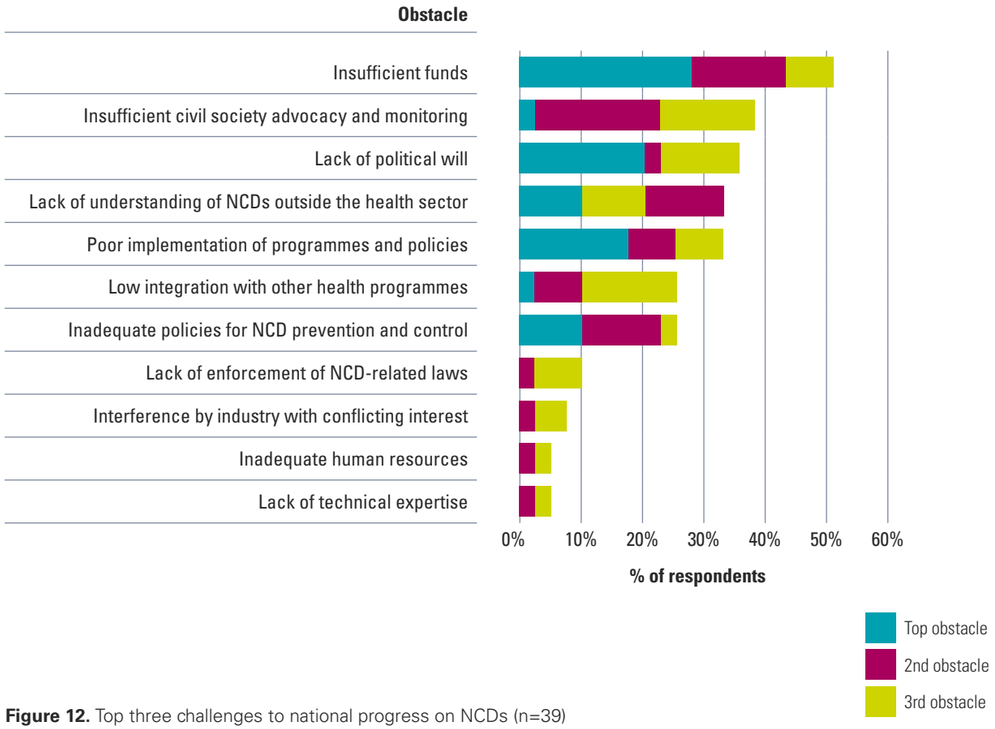

Figure 12. Top three challenges to national progress on NCDs (n=39)

7 WHO. The Abuja Declaration: Ten years on [Internet]. WHO. 2011 [cited 2018 Nov 4]. Available from: http://www.who.int/healthsystems/publications/abuja_declaration/en/

b. Gaps

Respondents were also asked about the top three major gaps in the national civil society response to NCDs. Almost all (92%) of respondents to this question identified financial constraints as among the top three gaps. Many of the key informants interviewed also raised financial constraints as a significant gap in national civil society response to NCDs. This corroborates the reported challenges to national progress on NCDs in these countries, where lack of funds was also highlighted as the top obstacle (Figure 12). The second and third most frequently selected top gaps were limited NGO interest in NCDs (46%) and lack of coordinated response (33%) (Figure 13).

The limited NGO interest in NCDs is in line with the fact that civil society mobilisation efforts for NCDs are fairly recent in most of these countries (Figure 3). Moreover, the persisting burden of infectious diseases and other health challenges in these countries has been traditionally the main area of focus for NGOs in the region rather than NCDs.

The lack of a coordinated response, which emerged as a top challenge above, can also be seen in the large proportion of respondents who reported not having a national NCD alliance in their country (36%), or who were unsure if such an alliance exists (26%).

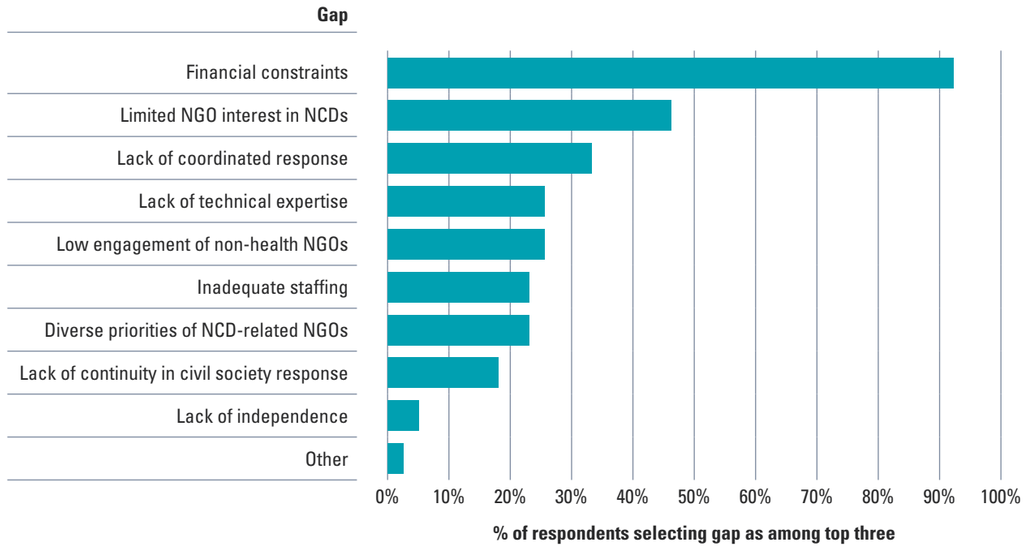

Figure 13. Major gaps in the national civil society response to NCDs (n=39)

c. Solutions and capacity needs

In response to the identified weaknesses, respondents were asked what they thought the top potential solutions to address the gaps in the national civil society response to NCDs could be. More than two thirds (69%) of respondents identified capacity building of NGOs as among the top three potential solutions (Figure 14). This was followed by the need to increase civil society sensitization on the importance of NCD prevention and control (49%) and the integration of NCDs into existing programme priorities (46%). These results reaffirm the fact that the civil society response in these countries is relatively young and needs training and support. Raising awareness among CSOs on NCD issues should contribute in attracting more active players and also attract government interest in NCD prevention and control in these countries.

Very few respondents thought making the business case for investing in NCD response was a top solution to address the gaps in the national civil society response to NCDs. However, some key informants indicated this potential solution as a means of increasing commitment and engaging more actors in NCD prevention and control.

The specific capacity needs of civil society in addressing NCD concerns nationally was also addressed by the survey. The relevance of this is underscored by the fact that capacity building was the most proposed potential solution to address the gaps in the national civil society response to NCDs (Figure 14). More than half of respondents to this question (56%) identified advocacy and campaign skills among the top three major national civil society capacity needs (Figure 15). This reveals a strong interest in stepping up advocacy efforts among these CSOs. It is worth noting that advocacy with policymakers was the second most reported activity of respondents (Figure 9).

The second most selected major capacity need was resource mobilization support (54%). This is in concordance with the lack of funds identified as the main gap in civil society NCD response in these countries (Figure 12).

d. Opportunities

Snapshot of major achievements and good practices according to interviewees

When asked about achievements, several interviewees highlighted the fact that the control of NCDs in their countries is at an early stage. They noted that some efforts are being made on educating the public and early diagnosis of diabetes, CVDs and breast cancer. Two interviewees also cited the anti-tobacco law voted in their country as a big achievement.

Almost all interviewees looked to the control of HIV in the region as a model of success. In fact, HIV control programmes in most of the countries have successfully put in place well-coordinated procedures and structures for optimising prevention, care and treatment for people living with HIV. They also highlighted the fact that HIV control mobilized enough funding and actors' commitments with well-organized associations in this area. They thought that NCDs could be integrated into such existing programmes.

Opportunities

When asked about the untapped opportunities for scaling up action on NCDs or unexplored areas of work that could help channel more funding for programmes in their country, respondents suggested the following:

- Make NCD prevention and control a national priority in the implementation of the SDGs;
- More political commitment and sensitization of public health policymakers who lack collaboration with national and external partners and the involvement of NGOs in the development and implementation of policies;
- Sensitize private companies and bilateral and multilateral agencies to provide direct aid to NGOs involved in NCD prevention and control;
- Intensification of NCD sensitization and screening of the population especially in inaccessible and remote areas;
- Involvement of opinion leaders and the youth

Most of interviewees mentioned the 2030 Agenda for Sustainable Development, which includes NCDs as a target, and the 2018 UN High-Level Meeting on NCDs, with the participation of top government officials, as opportunities that can be seized upon to make progress on NCD prevention and control. They thought that through their voices, coupled with country champions and international organisations, advocacy could boost NCD prevention and control in their countries and region.

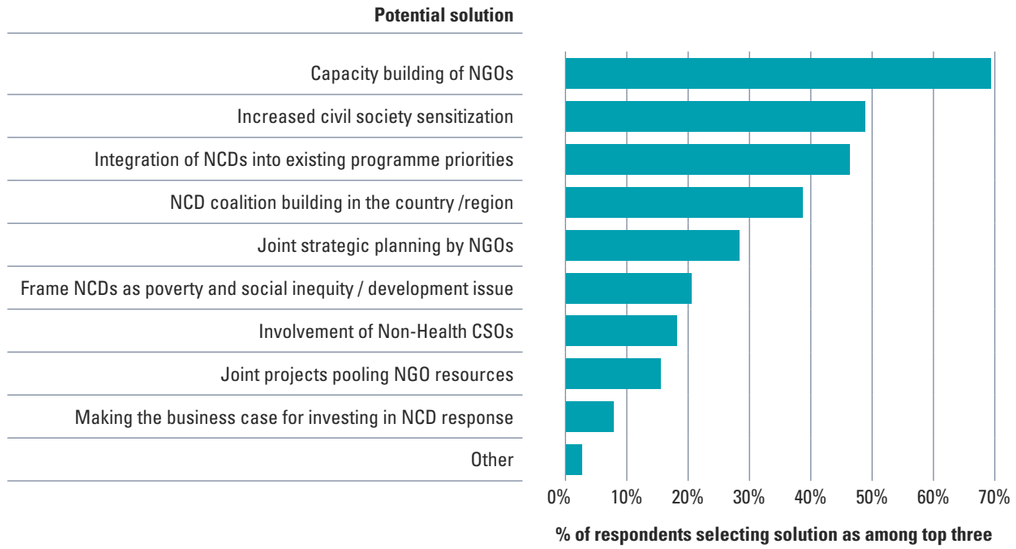

Figure 14. Potential solutions to address gaps in civil society response (n=39)

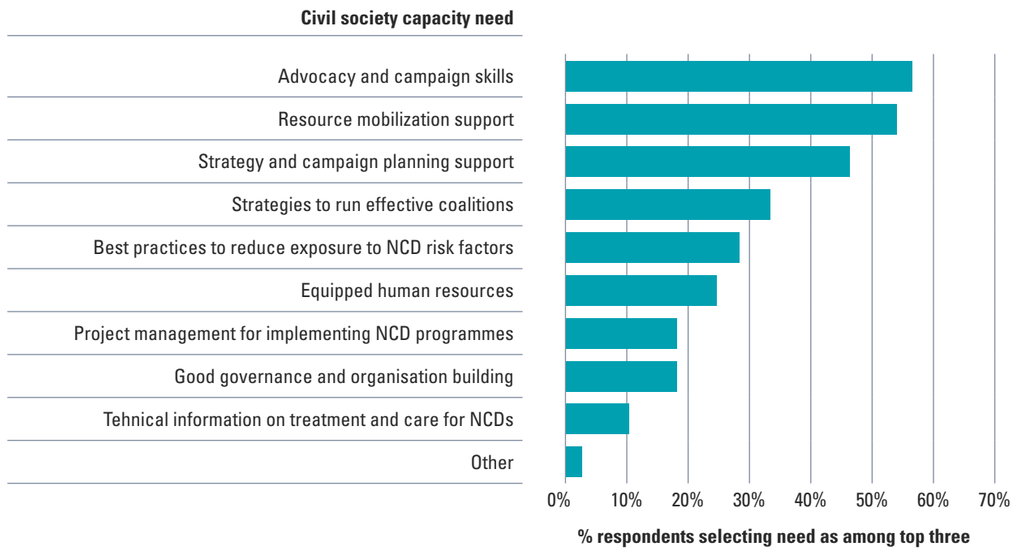

Figure 15. Major civil society capacity needs with regards to addressing NCDs nationally (n=39)

4. Regional Priorities, Mechanisms and Partnerships

a. Regional priorities

In addition to national priorities and challenges, survey respondents were also asked for their opinions regarding the scope and potential of regional action.

Regarding priority areas for action to control NCDs at the regional level, strategies to address cross-border promotion, taxation and trade of tobacco, alcohol and unhealthy foods was the most frequently selected top priority (38%). This was followed by facilitating access to treatment across countries (28%) and capacity building of NGOs (18%). Overall, however, facilitating access to treatment across countries was the most frequently selected option, with 67% of respondents highlighting the issue.

Differences emerge when comparing respondents' priorities for national versus regional action. For example, networking among NGOs was not seen as a priority area for national action, with only 7 respondents selecting this as an issue (Figure 11). At the regional level, however, 16 respondents highlighted the need for networking among NGOs. This seems to suggest that collaboration among CSOs is seen as a more important task at the regional level as opposed to the national level.

Only 4 respondents identified research and surveillance and only 1 selected industry monitoring as one of the top three regional priorities. This reflects the results obtained at the country level, where these options were also the least popular (Figure 11).

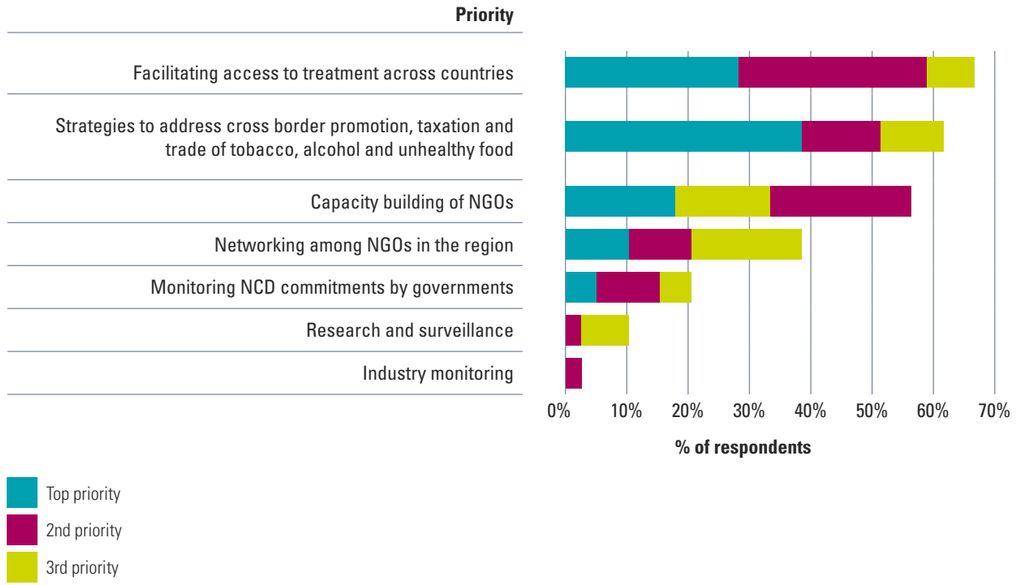

Figure 16. Priority areas for action at the regional level to combat NCDs (n=39)

b. Mechanisms for regional collaboration

The absence of national NCD alliances in 9 out of the 14 countries represented by survey respondents is reflected by the lack of regional alliances. Among the 3 main sub-Saharan African regions with countries participating in this survey (Central, East and West African regions), only the East African Region has a regional Alliance (The East African NCD Alliance). This regional NCD alliance was established in 2015 and is the umbrella union of national NCD alliances from Burundi, Kenya, Rwanda, Tanzania, Uganda and Zanzibar. An interviewee also mentioned the creation of an African NCD Alliance in 2016 during the Mauritius Conference organized by WHO and the Global NCD Alliance, but this Alliance exchanges information informally and doesn't have an active workplan. Almost all survey respondents (97%, n=38) and interviewees thought there is need to bring together CSOs working for the prevention and control of NCDs at the regional level.

Figure 17 displays respondents' views on the kind of regional and global collaboration that they believe would enhance their work on NCDs. Many of the respondents (67%) identified information sharing platforms) as among the top three potential collaborations, followed by guidance on NCD policies and good practices (59%) and networking opportunities for NGOs in the region (56%). Many of these top selections, particularly information sharing and guidance on policy, echo calls for capacity building of CSOs highlighted in Figure 14.

Only 20% of respondents selected identifying areas for joint action as one of the top three forms of collaboration, making it the least popular option. This suggests that more value is placed on exchange of information than collaboration on activities. However, this finding may stem from low awareness regarding the potential efficiency of collaborative and well-coordinated NCD-related advocacy.

Respondents were also asked to identify the barriers to effective regional civil society collaboration on NCDs. The three options selected most frequently included the presence of varying and multiple objectives, selected by 72% of respondents followed by problems with leadership (59%) and competition for resources (49%), see Figure 18. Respondents felt that linguistic barriers (38%) pose a bigger barrier to regional collaboration than differences in perspectives and frameworks (36%) or incompatible organisational structures (23%).

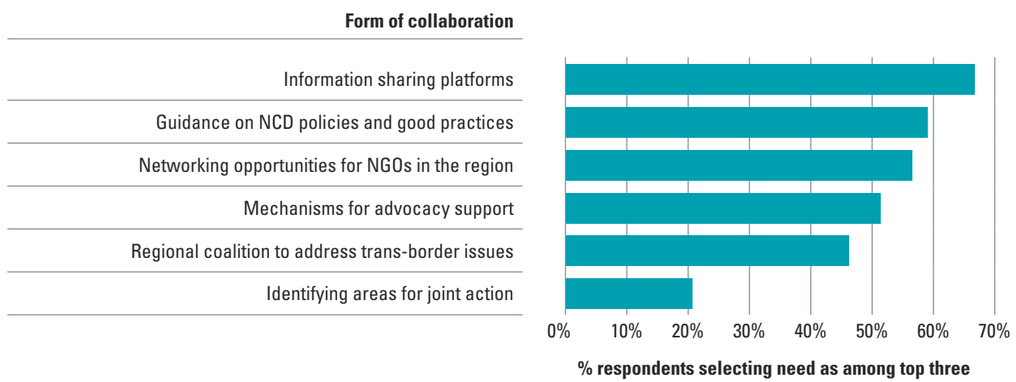

Figure 17. Top three forms of collaboration that could enhance CSOs' work on NCDs (n=39)

Figure 18. Barriers to effective regional civil society collaboration on NCDs (n=39)

c. Partnerships

The role of partnership was another important aspect of civil society support for NCD prevention and control that was assessed in this mapping. When respondents were asked for the top three ways in which multilateral agencies such as the WHO or UNDP can support civil society action on NCDs in the region, resourcing civil society advocacy was the most popular answer (79%) (Figure 19). This reaffirms the previously emphasized need for capacity building of CSOs (Figure 14), given the fact that advocacy was also identified as the second most reported NCD-related activities of these CSOs (see Figure 9).

The second most frequently selected option was to integrate NCDs into existing development programmes (67%). Respondents' desire to see international organisations integrating NCDs into existing development programmes in their countries may speak to the fact that they do not perceive a great deal of political will among governments to act alone (Figure 12).

The option of building a civil society monitoring mechanism for NCD commitments was the third most selected option (64%). This results suggest a desire for accountability-related support and tools, underlined by the fact that respondents previously identified civil society advocacy and monitoring as a major challenge to national progress on NCDs (Figure 12). The current gap in this area of work is seen in the fact that only 2 respondents indicated monitoring government NCD commitments as part of their top NCD-related activities (Figure 9).

In line with survey respondents, interviewees noted the important role that that can be played by WHO, UNDP and other UN organisations to enhance civil society actions through capacity building and fundraising. They also highlighted the fact that, in their experience, these organisations prefer not to directly help CSOs but rather work with or through governments. Interviewees also recognized that WHO recommendations and their role in country level advocacy towards policy makers and the monitoring of government NCD commitments can be an important way to enhance NCD control in the region.

The role of multilateral organisations in supporting NCD civil society by enlisting the involvement of non-health sectors was not a popular choice among survey respondents (18%). WHO identifies collaboration across sectors outside health (multisectoral collaboration) and between the government and non-state actors (intersectoral collaboration) as key to equitable prevention and control of NCDs and

to attainment of national targets[8]. Considering the above, and the importance of 'health in all policies'[9], it is interesting to note the low prioritisation of this concept among respondents, suggesting the potential need for more sensitisation on the importance of collaboration beyond the health sector.

The least popular option of partnership support for civil society support among survey respondents was that of developing the business case for NCDs (15%). However, several interviewees highlighted the importance of this option. For them, the demonstration of the economic gains of NCD control can galvanise many CSOs and even the private sector to join the movement.

More than the two thirds (69%) of respondents reported that advocating for NCDs in national development plans (Figure 20) is among the top three ways in which civil society can support the WHO, UN Agencies, and other international organisations to contribute to NCD prevention and control. The second most popular response was improving community preparedness for NCD interventions (56%), followed by providing linkages to the public and communities (51%). This relates closely to the fact that the public and NCD-affected groups are among respondents' most important target audiences (Figure 6).

Relatively fewer respondents highlighted their role in holding governments to account on national progress on NCDs (23%). This may be due to the fact that these CSOs are fairly young and may not have significant experience in conducting government accountability activities. Indeed, Figure 19 shows a large appetite for support in building a civil society monitoring mechanism for NCD commitments. Furthermore, as emphasized by some interviewees, lack of collaboration between CSOs may also limit experience sharing in this regards.

Apart from collaboration of CSOs with some key international organisations, we also asked the respondents about other sectors their organisations collaborate with on NCD prevention and control activities. Most respondents reported that they collaborate with government agencies (87% of respondents), followed by academia (59%), private sector (54%), and multisectoral organisations (23%). This shows the multiple partnerships between the civil society and other sectors. This is in accordance with the recommendations made in the WHO NCD Global Action Plan 2013–2020 which stipulates that partnerships are one of the key strategic action for NCD prevention and control[10]. In 2011, the UN Political Declaration on NCDs highlighted the critical role played by civil society in the prevention and control of NCDs and pushed for strengthening of partnerships between government and civil society.

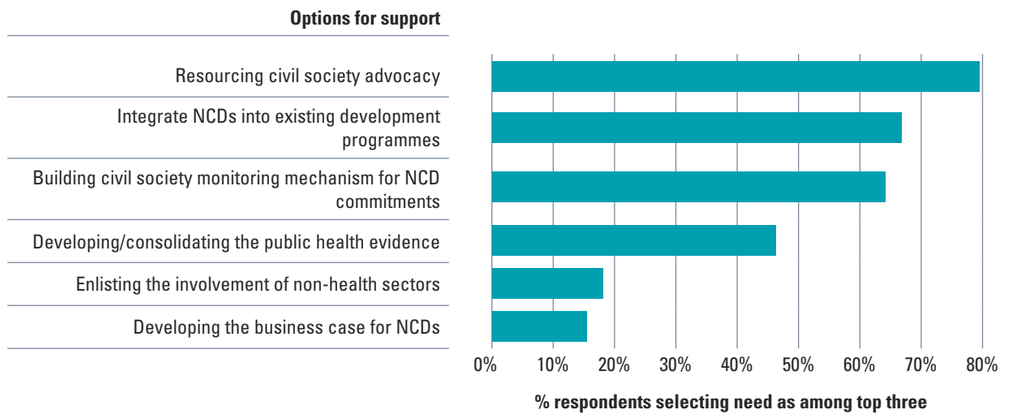

Figure 19. Ways in which the WHO, UN Agencies and other international organisations can support civil society NCD (n=39)

[8] WHO. Global status report on noncommunicable diseases 2014. Geneva: World Health Organisation; 2014.

[9] Ollila E. Health in All Policies: from rhetoric to action. Scand J Public Health. 2011 Mar;39(6 Suppl):11–8.

[10] Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva, Switzerland: World Health Organization; 2013

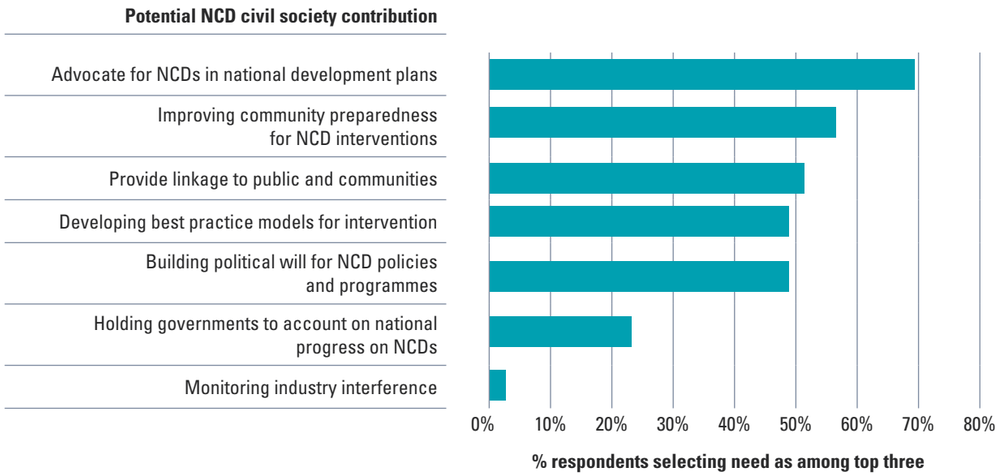

Figure 20. Ways civil society can support WHO, UN Agencies and other international organisations to contribute to the prevention and control of NCDs (n=39)

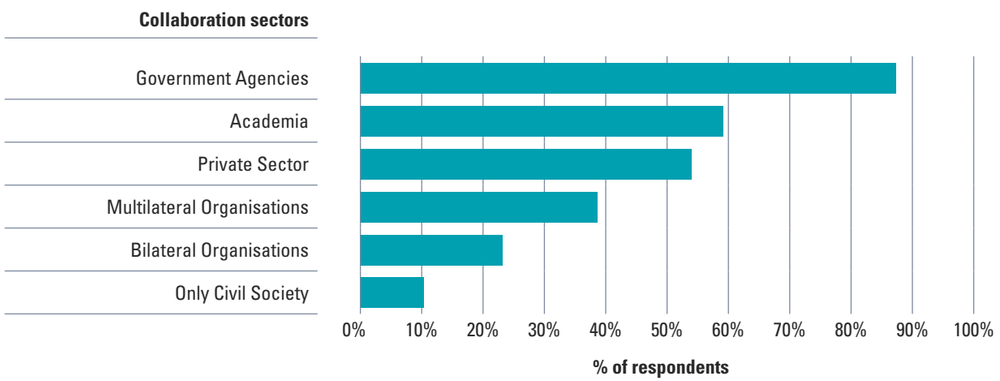

Figure 21. Civil society collaboration with other sectors

Conclusions

This mapping of NCD civil society action in Sub-Saharan Francophone Africa suggests that the civil society response to the challenge of NCDs in these countries is quite young.

Despite the fact that competing priorities could play a role in the perceived low response to NCDs in these countries, respondents strongly believed that building capacity and partnerships in advocacy could give CSOs opportunities to overcome these challenges. New national and regional partnerships, including the creation of additional national NCD alliances, could be a starting point for building greater civil society influence.

Survey respondents highlighted the need for establishing national NCD plans and setting up multi-sectoral NCD commissions as priority areas of action at the country level. They also expressed the need to hold governments accountable for commitments made for NCD prevention and control especially at the international level. Survey respondents felt that low political will for action on NCDs poses a significant barrier to national progress, and expressed a recognition of the importance of monitoring NCD commitments by governments.

Insufficient funding and financial constraints were generally seen to constitute a major obstacle to civil society action for NCDs in these countries. Capacity building, not only for advocacy but also for resource mobilization, information sharing platforms, and partnerships could be possible ways of addressing these gaps and needs.

There is a growing but young civil society response to NCDs in Sub-Saharan Francophone African countries. Though this response is still largely fragmented and uncoordinated, there is room for improvement through networking, collaborations and alliances which would provide a platform for advocacy and more efficient resource mobilization.

Annexes

Annex 1. Survey Questionnaire

Survey Questionnaire

1. What is the full name of your organisation?

2. What is your full name? *(confidential)*

3. What is your email address? *(confidential)*

4. Please enter your organisation's website address:

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

6. If your organisation has operations in other countries as well, please list them below *(optional)*:

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

I. Medical association (e.g. cardiologist association)
II. Health NGO (e.g. cancer society or nutrition education group)
III. Non-Health NGO
IV. Research agency (including academic institutions)
V. Hospital or Health Centre
VI. Don't know
VII. Other (please specify)

8. How large is your organisation (staff and volunteers)?

I. 0-20
II. 20-50
III. 50-100
IV. 100-150
V. 150+

9. In what year was your organisation founded?

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

I. 1-5 years
II. 6-10 years
III. 10-15 years
IV. 15-20 years
V. 21 years and more

11. The main strength of your organisation's work on NCDs is at what level? *Tick the most relevant option.*

I. Provincial / district level
II. National level
III. Sub-Regional level (please specify)
IV. Sub-Saharan Africa Region
V. Global level
VI. Other (please specify)

12. Who are the TOP three target audiences of your work? *Please select a maximum of 3 (with 1 being the most important).*

I. Public
II. NCD-affected groups (e.g. patients, survivors and families)
III. Government
IV. NGOs
V. Medical Associations
VI. Media
VII. WHO
VIII. Other (please specify)

13. Which diseases/risk factors does your organization primarily focus on? *Please select up to 3 top themes.*

I. Cancers
II. Cardiovascular diseases
III. Chronic respiratory diseases
IV. Diabetes
V. Mental/neurological disorders
VI. Tobacco control
VII. Harmful use of alcohol
VIII. Physical inactivity
IX. Unhealthy diets
X. Indoor air pollution
XI. Environmental health
XII. Women's health
XIII. Other (please specify)

14. What are the TOP three focus areas of your work on NCDs? *Please select a maximum of 3 (with 1 being the most important).*

I. Reducing exposure to risk factors
II. Early diagnosis / detection
III. Raising awareness / education
IV. Treatment of NCDs
V. Patient care and rehabilitation. and support
VI. Strengthening Health Systems
VII. Improving health coverage
VIII. Increased access to treatment
IX. Mobilising civil society response
X. Sensitising non-health sectors
XI. Women and NCDs
XII. Children and NCDs
XIII. Elderly people and NCDs
XIV. Vulnerable populations and NCDs
XV. Palliative care
XVI. Other (please specify)

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

I. NCD related research and knowledge generation
II. Public education on NCDs and risk factors
III. Advocacy with policy makers for improved policies
IV. Patient support
V. Technical support to Government agencies
VI. Monitoring Government's NCD commitments
VII. Evaluating NCD interventions
VIII. Capacity building of NGOs
IX. Developing Information-communication materials
X. Running information networks / newsletters
XI. Using media for advocacy
XII. Sensitisation of media
XIII. Litigation
XIV. Other (please specify)

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

I. Strongly Agree
II. Agree
III. Neutral
IV. Disagree
V. Strongly Disagree

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

Target group 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:

Target group 2:

Strategy used:

Its outcome:

18. What are the TOP three challenges to work on NCDs in your country? *Please select a maximum of 3 (with 1 being the most important).*

I. Lack of political will
II. Inadequate policies for NCD prevention and control
III. Poor implementation of programmes and policies
IV. Lack of understanding of NCDs outside the health sector

V. Insufficient civil society advocacy and monitoring
VI. Interference by industry with conflicting interest
VII. Challenges from bilateral and multilateral agreements (e.g. trade and investment agreements)
VIII. Lack of technical expertise
IX. Inadequate human resources
X. Insufficient funds
XI. Lack of enforcement of NCD-related laws
XII. Low integration with other health programmes
XIII. Other (please specify)

Comment Box
(Optional)

19. What do you see as the MAJOR gaps in the civil society response to NCDs in your country? Please select up to 3 top gaps.

I. Limited NGO interest in NCDs
II. Diverse priorities of NCD-related NGOs
III. Lack of coordinated response
IV. Lack of continuity in civil society response
V. Low engagement of non-health NGOs
VI. Lack of technical expertise
VII. Inadequate staffing
VIII. Financial constraints
IX. Lack of independence
X. Other (please specify)

Comment Box
(Optional)

20. What do you think are the potential solutions to address the gaps in civil society response to NCDs in your country? *Please select up to 3 top solutions.*

I. Increased civil society sensitization
II. Capacity building of NGOs
III. Joint strategic planning by NGOs
IV. NCD coalition building in the country / region
V. Frame NCDs as poverty and social inequity/development issue
VI. Integration of NCDs into existing programme priorities
VII. Joint projects pooling NGO resources
VIII. Making the business case for investing in NCD response
IX. Involvement of non-health CSOs
X. Other (please specify)

Comment Box
(Optional)

21. What are the MAJOR capacity needs of the civil society in your country in addressing the NCD concerns in your country? *Please select up to 3 top needs.*

I. Strategies to run effective coalitions
II. Strategy and campaign planning support
III. Technical information on treatment and care for NCDs
IV. Best practices to reduce exposure to NCD risk factors
V. Advocacy and campaign skills
VI. Equipped human resource
VII. Resource mobilization support
VIII. Good governance and organization building
IX. Project management for implementing NCD programmes
X. Other (please specify)

22. What do you think are the TOP three priority areas for action at the regional level to combat NCDs in Francophone Sub-Saharan Africa? *Please select a maximum of 3 (with 1 being the most important).*

I. Strategies to address cross border promotion, taxation and trade of tobacco, alcohol and unhealthy food
II. Facilitating access to treatment across countries
III. Monitoring NCD commitments by Governments
IV. Industry monitoring
V. Capacity building of NGOs
VI. Networking among NGOS in the region
VII. Research and surveillance
VIII. Other (please specify)

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

I. National NCD plan
II. Multi-sectoral NCD commission
III. Promoting healthy consumption via fiscal and marketing policies
IV. Monitoring NCD commitments by governments
V. Industry monitoring
VI. Capacity building of NGOs
VII. NCD Networking and coalition building among CSOs
VIII. Research and surveillance
IX. Facilitating access to early detection and treatment
X. Other (please specify)

24. Is there already an NCD civil society alliance or coalition in your country? *Tick the appropriate answer.*

I. Yes
II. No
III. Don't Know

IF YES:

25. Please provide the name of the alliance and contact details.

26. Does your organisation collaborate with the NCD alliance or coalition in your country *(e.g. through membership)*?

I. Yes
II. No

27. Do you think there is a need to bring together civil society organizations working for the prevention and control of NCDs at the regional level? *Tick the appropriate answer.*

I. Yes
II. No

28. What do you think are the barriers to effective regional civil society collaboration on NCDs? *Tick all that apply*

I. Varying and multiple objectives
II. Incompatible organizational structures
III. Incompatible organizational cultures
IV. Differences in perspectives and framework
V. Difference in technical knowledge and Competences
VI. Linguistic barriers
VII. Competition for resources
VIII. Problems with leadership
IX. Other (please specify)

29. What kind of regional and global collaboration can enhance your work on NCDs? *Please select up to 3 top options.*

I. Information sharing platforms
II. Mechanisms for advocacy support
III. Regional coalition to address trans-border issues
IV. Joint areas for action
V. Networking opportunities for NGOs in the region
VI. Guidance on NCD policies and good practice
VII. Other (please specify)

Comment Box
(Optional)

30. 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? *Please select up to 3 top options.*

I. Developing/consolidating the public health evidence
II. Developing the business case for NCDs
III. Building civil society monitoring mechanism for NCD commitments
IV. Integrate NCDs into existing development / health programmes
V. Enlisting the involvement of non-health sectors
VI. Resourcing civil society advocacy
VII. Other (please specify)

31. 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? *Please select up to 3 top options.*

I. Building political will for NCD policies and programmes
II. Improving community preparedness for NCD interventions
III. Provide linkage to public and communities
IV. Developing best practice models for intervention
V. Holding governments to account on national progress on NCDs
VI. Advocate for NCDs in national development plans
VII. Monitoring industry interference
VIII. Other (please specify)

32. What other sectors does your organisation collaborate with on projects around NCD prevention and control?

I. Academia
II. Government Agencies
III. Bilateral Organisations
IV. Multilateral Organisations
V. Private Sector
VI. Only Civil Society

Comment Box
(Optional)

33. What are the untapped opportunities for scaling up action on NCDs or unexplored areas of work that could help channel more funding for programmes in your country? *(e.g. leveraging bilateral agency funding).*

Comment Box
(Optional)

34. Please provide any other brief comments you think would help the NCD Alliance better understand your organisation's work *(optional)*.

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

I. Yes, please contact me
II. No, please do not contact me

Annex 2. Interview Guide

In-depth interview Guide

I. COUNTRY MATTERS

1. The civil society movement in the country

- What are the groups currently active in the field of NCDs in your country?
- 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? What was key in addressing potential barriers?
- 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?
- Does your organisation engage in any multisectoral partnerships? If so, please describe. What are the opportunities and challenges?

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 (and/or disease specific plans) ?
- In what ways does civil society contribute to its implementation?
- What more can be done?

5. Capacity needs

- What capacity gaps retard progress? (e.g. technical capacity, inadequate resources etc.)
- Any specific resources available within the country/region?
- Are there other capacity building resources currently available from international / bilateral / other organisations?
- 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 at the regional level?
- 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?

CLOSING

Additional comments/questions you would like to make/convey?

Annex 3. List of Key Informants

François NDIKUMWENAYO
Burundi NCD Alliance - Respiratory
(Burundi)

Ferdinant Mbiydzenyuy
CBCHS NCD Prevention and Control - NCDs
(Cameroon)

Jacko Abodo
Association Obesité et Diabète de Côte d'Ivoire
(Ivory Coast)

Nimon Bezewe
Cercle d'Elites pour la Recherche Sociologique et le Développement à la Base
(Togo)

Samira Alkhali Mahamat
Donnons nous la main (DONAMA) – Cancer
(Chad)

Joseph Mucumbitsi
Rwanda Heart Foundation
(Rwanda)

Charles Gombe
Union Congolaise contre le Cancer/ALIAM - Cancer
(Congo)

Tih Ntiabang
Framework Convention Alliance
(Africa/Cameroon)

Ignace Sallah
Afrique Santé du troisième âge et longévité
(Togo)

Stephane Besançon
ONG Santé Diabète
(Mali)

MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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