

**The NCD Alliance**  
Putting non-communicable diseases  
on the global agenda

# NCD Alliance Strategic Plan

2012–2015

Putting non-communicable  
diseases on the global agenda



The NCD Alliance was founded by:



**International  
Diabetes  
Federation**



**WORLD HEART  
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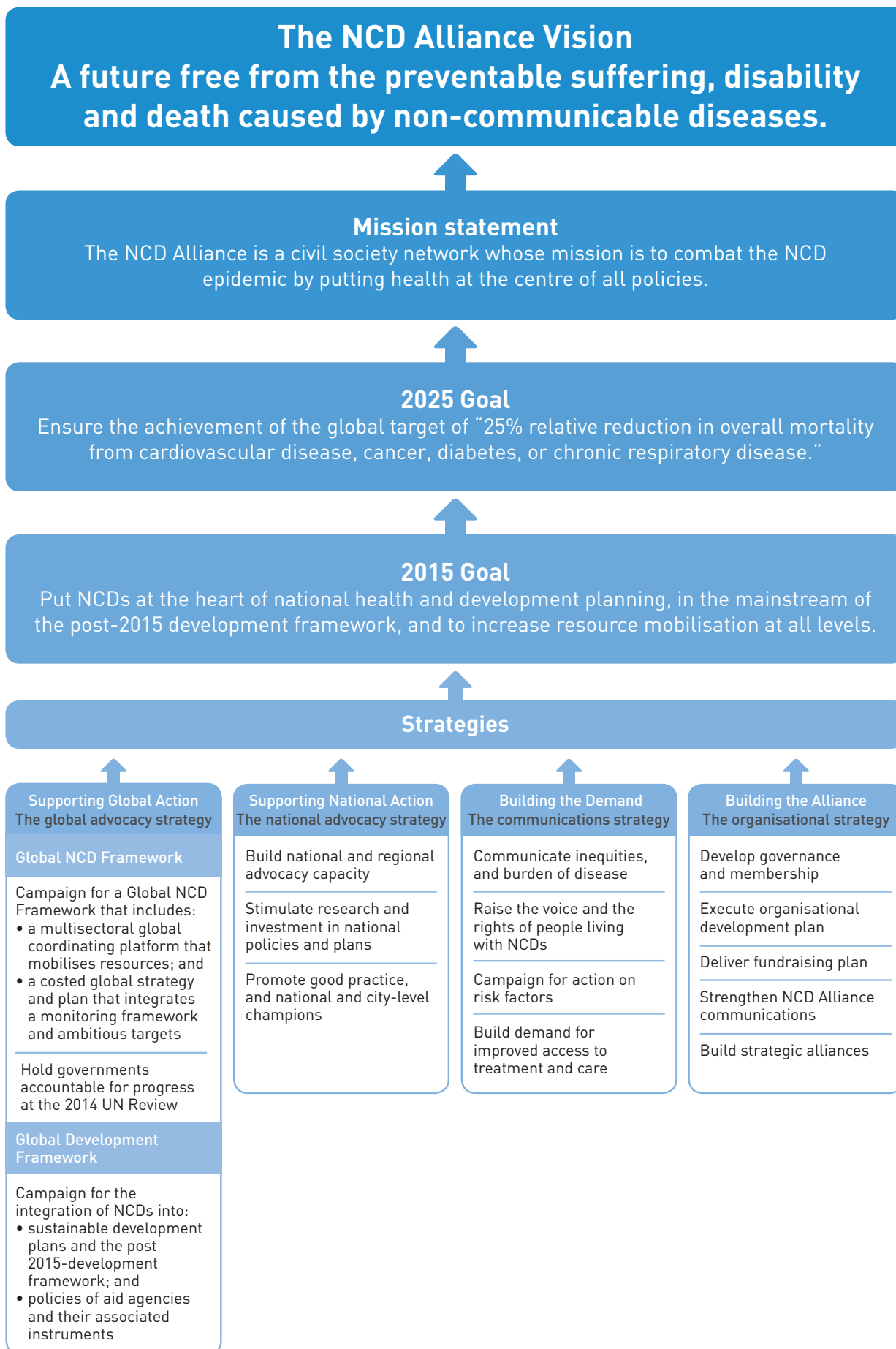
**International Union Against  
Tuberculosis and Lung Disease**  
*Health solutions for the poor*

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# NCD ALLIANCE STRATEGY DIAGRAM



# EXECUTIVE SUMMARY

**The NCD Alliance, and  
its network of more than  
2,000 organisations.**

The UN High-level Meeting on Non-communicable Diseases 19–20 September 2011 (the UN Summit) was a landmark in the global campaign to tackle one of the most significant health crises facing the world in the 21<sup>st</sup> Century. The Political Declaration of the Summit provides clear recognition by UN Member States of the scale of the epidemic, its impact on both human lives and achievement of development goals, as well as the inadequacy of the resources being applied. It also provides their commitments and timetable for action. The NCD Alliance, and its network of more than 2,000 organisations, leads the global civil society movement against preventable illness, disability and death from NCDs\* and has played a significant role in achieving this advance.

This strategic plan outlines the analysis that informs NCD Alliance's vision, mission and strategic goals for taking this campaign to the next phase – namely, seeing these commitments become reality.

This planning document also lays out the four main strategies that the NCD Alliance has identified to achieve these goals. The priority strategy is to build on the Alliance's success to date in leading and coordinating global advocacy campaigns.

## **Supporting Global Action: the global advocacy strategy**

To achieve the ambition of the 2011 UN Summit, a global multisectoral framework must be developed, and this must be put at the heart of the post-2015 global development agenda. The Alliance's global advocacy strategy focuses on engaging effectively with the relevant UN and WHO-led consultation, negotiation and planning processes, by promoting expert policy positions, supporting evidence and innovative thinking. The Alliance will build on its existing foundations and bring together a broad network of NCD organisations acting at the national, regional and global level to mobilise support for change.

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\* The four major NCDs, as defined by the World Health Organization, are cancer, cardiovascular disease, chronic respiratory diseases and diabetes. These conditions share common modifiable risk factors including tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity. Other NCDs include, but are not limited to, mental and neurological disorders such as dementia and Alzheimer's disease; autoimmune disorders such as psoriasis; bone and joint conditions such as osteoporosis and arthritis; and renal, oral, eye and ear diseases.

The global advocacy strategy assumes that robust levels of national and regional advocacy, media and communications activities that build on the UN Summit campaign can be delivered. To achieve the significant shifts in political will, resource allocation, and conceptions of health required to reach the long-term goals. However, we believe that investment in two additional strategies is required.

### Supporting National Action: the national advocacy strategy

Whatever global commitments are made at the UN General Assembly or the World Health Assembly, real change must be achieved at the national level. The NCD Alliance therefore believes that increasing the support for national activities that build capacity, generate support and establish evidence will make a significant contribution to the global advocacy strategy, and to achieving long-term change.

### Building the Demand: the communications strategy

A wider understanding of the scale and underlying causes of the epidemic is necessary to achieve the fundamental change in approach required to tackle NCDs effectively. Mass communication campaigns are required that build pressure for change by focussing on the inequity in the NCD burden, demands for fair access to treatment and care, protection from risk factors, and raising the voice for, and rights of, people living with NCDs.

Across these two strategies, this plan assumes that other organisations (members, partners and others) might lead on delivery of aspects of the activities outlined. As well as delivering activities, the NCD Alliance roles can also include: convening stakeholders to stimulate investment and catalyse action; and promoting networking and facilitating experience-sharing to build the movement and accelerate change.

Informed by the recommendations of the in-depth independent review conducted after the UN Summit ([www.ncdalliance.org/Review](http://www.ncdalliance.org/Review)), an organisational strategy for the development of the NCD Alliance completes the set of strategies.

### Building the Alliance: the organisational strategy

The organisational development strategy will deliver a financial plan, fundraising strategy, and a governance plan that will build the NCD Alliance to be a robust and inclusive organisation that can deliver on the mission and vision. A vital component of building the Alliance is to strengthen ties with other strategic alliances on global health and development issues.

This plan lays out the ambition of the NCD Alliance to deliver a comprehensive strategy to reduce preventable suffering, disability and death caused by NCDs. By 2015, our goal is to put NCDs at the heart of national health and development planning, and in the mainstream of the post-2015 development framework, and to increase resource mobilisation at all levels.

Our top priority is the global advocacy strategy and development of organisational capacity, but the Alliance believes that long-term progress will require investment in the national advocacy and communications strategies. Delivering this plan will require significant new investment and the active participation of network members. Provided the Alliance is able to raise adequate resources, and galvanise its network to advocate for the campaign priorities, we are confident that the plan can be fully implemented over the next three years.

**This comprehensive strategy lays out the ambition of the NCD Alliance to achieve its goals. Significant investment will be needed to implement this plan.**

# THE NCD EPIDEMIC: THE PROBLEM AND THE OPPORTUNITY

**The main misconceptions that surround chronic non-communicable diseases are that they primarily affect the elderly or are a problem only for the developed world.**

The NCD Alliance Strategic Plan is informed by an understanding of the issues surrounding the NCD epidemic and analysis of the related challenges and opportunities.

## THE MYTHS ABOUT NON-COMMUNICABLE DISEASES

The main misconceptions that surround chronic non-communicable diseases are that they primarily affect the affluent, the elderly or are a problem for the rich, developed world rather than for developing countries. Unfortunately, NCDs give rise to a global burden of ill-health, disability, poverty and premature death that touches all countries.

- The sad truth is that the NCD burden falls hardest on those least able to cope: the socio-economically disadvantaged in both high and lower income countries. They are not "diseases of affluence" – indeed, a vicious circle of NCDs and poverty can leave poorer people facing greater exposure to the risk factors, coupled with the loss of income and costs of health care driving families further into poverty.
- Although the NCD burden increases as populations age, not only the elderly are affected. An estimated nine million of the 36 million deaths from NCDs each year are among the under-60s,<sup>1</sup> and death is often preceded by a period of illness that well may have posed a heavy burden on family resources. This impact is felt especially in poorer countries. Some 29% of NCD deaths occur among people under 60 in low- and middle-income countries, compared to 13% in high-income countries.<sup>2</sup>
- 82% of all deaths from cardiovascular disease (CVD)<sup>3</sup> and over 90% of those from chronic obstructive pulmonary disease (COPD) occur in low- and middle-income countries.<sup>4</sup> Even in Africa where famine and infectious disease still present a formidable challenge, projections indicate that deaths from NCDs will exceed those from communicable, maternal, perinatal, and nutritional diseases by 2030.<sup>5</sup>

## A GLOBAL PROBLEM

Globally, an estimated 63% of deaths are due to NCDs:<sup>6</sup>

- CVD killed 17.3 million people in 2008 – 30% of global deaths in that year.<sup>7</sup>
- The number of people with diabetes already stands at 366 million (of whom as many as 183 million are unaware that they have the disease), more than double the rate in 1980.<sup>8</sup> The rate is projected to continue to rise steeply to 552 million by 2030, unless urgent action is taken.<sup>9</sup>
- In 2008, over 12 million new cases of cancer were diagnosed worldwide, an increase of a fifth in less than a decade.<sup>10</sup>
- An estimated 64 million people had COPD worldwide in 2004. The disease now accounts for 5% of all deaths globally. Total deaths from COPD are projected to increase by more than 30% in the next 10 years unless action is taken.<sup>11</sup>
- The burden of diseases in low and middle income countries is exacerbated by the established links between NCDs and some infectious diseases. These include tobacco use increasing the risk and severity of TB and diabetes increasing new cases of TB; people living with HIV/AIDS often having high rates of NCDs; Human Papillomavirus (HPV) causing cervical cancer and Hepatitis B virus links to liver cancer.<sup>12</sup>
- Mental-health conditions are the leading cause of disability-adjusted life years worldwide, and account for over a third of healthy years lost to NCDs.<sup>13</sup>

Deaths from NCDs are projected to continue to increase by 15% globally by 2020, with the biggest rise in Africa, South-East Asia and the Eastern Mediterranean regions, where the increase will be over 20%.<sup>14</sup>

The four major risk factors for NCDs – poor diet, physical inactivity, harmful use of alcohol, and tobacco use – are also increasingly widespread. Tobacco use alone is estimated to kill 6 million people a year, 72% of whom live in low- and middle-income countries.<sup>15</sup> More people in the world are now thought to be overweight or obese than are underweight (1.5 billion compared to 1 billion).<sup>16</sup>

## AN ECONOMIC DISASTER-IN-WAITING

The huge impact of NCDs is also economic. Expenditure on products that cause disease can displace spending from other essentials such as food or children's education. In Bangladesh, for example, it is estimated that if the average household bought food with the money normally spent on tobacco, more than 10 million people could be lifted from malnutrition<sup>17</sup>. Within a family, development of an NCD can lead to loss of income and unsustainable expenditure on health care. Family members (often girls) are also removed from employment or schooling to act as carers.

Beyond the family, national economies and health systems are coming under increasing strain as the costs of treating NCDs rise. In many developed countries the financial crisis has struck health care budgets just as the population is aging and requiring expensive care for chronic, long-term conditions. In developing countries, the growth of diseases such as diabetes is threatening to overwhelm already stretched health systems.

The World Economic Forum has consistently recognised NCDs as one of the leading global threats to economic development.<sup>18</sup> With the Harvard School of Public Health, they estimated in 2011 that the anticipated economic burden (cumulative output loss) of the major NCDs between 2011 and 2030 to be around US\$30 trillion.<sup>19</sup> The cost of mental-health problems is also expected to rise, with an additional loss of US\$16 trillion between 2011 and 2030. In total, this loss is equivalent to 75% of global GDP in 2010<sup>20</sup> – and for developing countries, the total annual loss due to NCDs is roughly 4% of GDP.<sup>21</sup>

Even without the indirect costs (e.g. lost productivity), the direct costs of NCDs are substantial. For example, diabetes cost at least US\$465 billion dollars in health care expenditure in 2011 – 11% of total health care spending worldwide.<sup>22</sup>

**NCDs are a problem that requires a whole of government and whole of society approach.**

## WHY HAVE NCDs NOT BEEN A PRIORITY?

Given these facts, the case for acting on NCDs seems clear in order to prevent human suffering today and health systems breakdown tomorrow. And yet progress – whether at national or international level – has been slow and patchy, with programs poorly resourced.

There are a number of reasons for this lack of action:

- There has been a lack of awareness of the global impact of NCDs – it is a problem for all countries and all populations.
- Although the Millennium Development Goals (established in 2000 and due to expire in 2015) recognise health as central to poverty reduction, only HIV/AIDS, malaria, tuberculosis, maternal and child health are mentioned specifically. Crucially, NCDs are not explicitly included in the MDGs. It is hard not to conclude that the omission of NCDs has led development agencies and other donors to sideline them given that of the estimated \$21.8 billion global development assistance for health in 2007, less than 3% – \$503 million – was dedicated to NCDs.<sup>25</sup>
- There has been a lack of champions for the NCD cause. On the state level, it has been small countries, such as those in the Caribbean, that have pushed the NCD agenda forward internationally, but no G8 or G20 governments have as yet stepped forward with significant commitment to international leadership on the issue, or resources commensurate with the problem. Large private funders, like the Bloomberg Initiative and the Bill and Melinda Gates Foundation, fund action against important causal factors like tobacco use, but action has been piecemeal.
- Given the complexities of tackling their modifiable risk factors, NCDs are a problem that requires a whole of government and whole of society approach. Investment in surveillance, screening, vaccines, treatment, technologies, health care workers or even health systems as a whole is not the full answer. The factors beyond health – finance, trade, agriculture, transport, energy, urban-planning, education and more – create a complexity that advocates, governments and funders find hard to tackle. Advocacy has tended to be disease or risk factor specific, and it has been hard to coordinate. There is a key role for coalitions such as the NCD Alliance, which bring together these different advocacy groups, as well as working with organisations beyond the NCD world to identify synergies and economies of scale.

## WHAT CAN BE DONE?

The real tragedy is that much can be done to prevent or delay the onset of NCDs, or to treat them before major complications set in.

- Working to **prevent** NCDs – particularly tackling the major risk factors, can have a striking effect. WHO has estimated that up to 80% of some NCDs could be prevented or delayed by eliminating these risk factors.<sup>23</sup> Access to essential medicines and technologies, such as aspirin, statins, and prophylactic vaccines for HPB and HBV infections can also help to prevent NCDs – but even in generic form these are beyond the reach of many of the poorest.
- **Early diagnosis** of NCDs is also essential, as this gives individuals the best chance of surviving into healthy old age. Type 2 diabetes, for example, can be successfully managed, but it is often years before the disease is diagnosed, by which time the serious complications (which include CVD, blindness and kidney failure) may have already set in.
- Finally, **access to treatment** for the diseases once they have manifested is essential. For example, in the developed world, huge strides have been made in treating heart disease, and diabetes, too, can largely be managed by the use of drugs such as insulin. But these options are often not open to people in the developing world.

WHO has identified a series of "best buys" to prevent and treat NCDs in low- and middle-income countries, which address all three of these areas.<sup>24</sup>



## NEW OPPORTUNITIES FOR PROGRESS

In 2011, NCDs rose dramatically on the international agenda and the global processes now in train provide a clear opportunity to achieve a paradigm shift in the health and development agenda.

## UNITED NATIONS HIGH-LEVEL MEETING

The culmination of recent calls for the world to take note of the extent and urgency of the epidemic of NCDs came at the UN Summit in September 2011.<sup>26</sup> This was only the second such meeting on a health topic, the first having been HIV/AIDS in 2001. The plenaries included 34 Heads of State and 79 other country representatives (such as Health Ministers), and an unprecedented number of civil society organisations were also able to attend.<sup>27</sup>

The Political Declaration unanimously adopted at the Summit calls for the strengthening of national policies to prevent and health systems to treat NCDs, better monitoring of the prevalence of NCDs, and a whole-of-government and whole-of-society effort, including collaborative partnerships between different sectors. It also clearly recognises NCDs as a major challenge to development in the 21st century and for them to be addressed in the post-2015 global development framework.

## WHO ACTION PLANS

The planning and consultations for updating the 2008–2013 WHO Global Action Plan for the Prevention and Control of Non-communicable Disease to cover the period 2013–2020, is being undertaken in 2012 for discussion by the World Health Assembly in 2013. Implementing the good intentions expressed at the UN Summit and in the Political Declaration will be essential to the Plan.

## WORLD ECONOMIC FORUM GLOBAL RISKS

In recent years, the World Economic Forum has been highlighting the importance of the NCD epidemic for the global economy, as it poses a major global risk in terms both of likelihood of occurrence and severity.<sup>28</sup> There is a growing body of evidence on, and discussion of, the economic impacts of the NCDs. Positioning NCDs in this way can be instrumental in breaking the diseases out of a health sector silo, bringing them into the purview of finance departments and national planning as a whole.

## MDGS AND RIO+20

The MDGs have framed the global development agenda for over a decade, and discussions on their post-2015 replacement are now under way. This presents a unique opportunity for the world to re-assess global trends and challenges for the coming decades. The Political Declaration on NCDs provides a mandate for the inclusion of NCD prevention and treatment in the MDG successors, with a priority that reflects their impact on development. Consensus must be found on the most appropriate way to react to the changing disease risks to the developing world, so as best to catalyse action and investment on health and development.

Health is a key component of sustainable development, as the UN Conference on Sustainable Development (Rio+20), taking place in June 2012, should acknowledge. The Rio meeting marks the 20<sup>th</sup> anniversary of the 1992 UN Conference on Environment and Development, and its objective<sup>29</sup> is "to secure renewed political commitment for sustainable development, assess the progress to date and the remaining gaps in the implementation of the outcomes of the major summits on sustainable development, and address new and emerging challenges" – which should include NCDs.

## CIVIL SOCIETY MOBILISATION

The NCD Alliance-led call for a UN Summit on NCDs and the campaign to deliver strong outcomes from the Summit stimulated unprecedented levels of activity, coordination and dialogue across the broad spectrum of organisations engaged in the individual NCDs and their risk factors. The relationships and momentum generated by the Summit must now be maintained and developed to ensure the ambitions of the Political Declaration, and the opportunity of the new development framework are realised.

# THE NCD ALLIANCE: PUTTING NCDs ON THE GLOBAL AGENDA

Founded by the International Diabetes Federation (IDF), Union for International Cancer Control (UICC) and World Heart Federation (WHF), the NCD Alliance was launched during the 62<sup>nd</sup> World Health Assembly in May 2009, with the aim of raising the priority given to NCDs on the global health and development agenda.

Joined by the International Union Against Tuberculosis and Lung Disease (The Union) in March 2010, the NCD Alliance organised itself to advocate for four key immediate goals:

- For the United Nations General Assembly to hold a Summit on NCDs.
- For the inclusion of indicators on NCDs in the MDGs at the September 2010 MDG Review, and inclusion of NCDs in the successor goals to the MDGs in 2015.
- For access to affordable, quality essential medicines and technologies for NCDs in low- and middle-income countries.
- For integration of NCDs into health systems, particularly at the primary health care level.

**The NCD Alliance was launched during the 62<sup>nd</sup> World Health Assembly in May 2009, with the aim of raising the priority given to NCDs on the global health and development agenda.**

These goals reflected the NCD Alliance analysis of the fundamental problem that, despite the burden of the diseases, there was a lack of political will to tackle NCDs, reflected by the diseases being neglected as a development issue, absent from the MDGs, and with inadequate resources applied, particularly in low- and middle-income countries. Furthermore, given the multisectoral nature of the NCD epidemic, the issue required global attention at the highest level.

Advocacy efforts by the NCD Alliance have contributed significantly to major advances in the last two years:

- With strong country champions such as the governments of the Caribbean Community (CARICOM), the UN General Assembly passed a Resolution in May 2010 calling for a UN Summit to address the prevention and control of NCDs.
- In September 2010 the High Level Meeting on the MDGs called for accelerated progress to address “evolving health challenges such as the increased incidence of non-communicable diseases”.
- In the period leading up to the UN Summit, NCD Alliance activities increased rapidly as it sought to engage intensely with the negotiations of:
  - UN Modalities Resolution for the Summit.
  - WHO-led regional consultations.
  - First Global Ministerial Conference on Healthy Lifestyles and Non-Communicable Disease Control held in Moscow.
  - UN civil society hearings.
  - Political Declaration itself.

## A UN Summit Partners Group was formed to coordinate with NGOs investing significant resources into the campaign.

- The NCD Alliance mobilised not only the members of their own four federations, but also engaged with partner organisations and networks to inspire, inform and focus civil society engagement. Expert working groups were established to develop policy positions and briefing materials. Briefing events and meetings were organised to reach key audiences. Close working relationships were established with WHO, key government contacts, as well as with other interested expert groups such as The Lancet NCD Action Group.

Structures were put in place to help manage all this activity. A Memorandum of Understanding was agreed between the four federations of the Alliance, and a business plan developed. A UN Summit Partners Group was formed to coordinate with NGOs investing significant resources into the campaign. A Common Interest Group was opened to all interested NGOs to share information, intelligence and calls to action. A Supporters Group was set up to maintain communication with private sector funders.

**The Alliance's 2015 goal is a policy-led goal that identifies the change in prioritisation of health and NCDs.**

A comprehensive report of the NCD Alliance activities up to the successful conclusion of the UN Summit is available at [www.ncdalliance.org/Report2011](http://www.ncdalliance.org/Report2011).

The UN Summit on 19–20 September 2011 marked a tipping point for the NCD campaign. The Political Declaration of the Summit provides clear recognition by UN Member States of the scale of the epidemic, its impact on both human lives and achievement of development goals, and the inadequacy of the resources being applied. It also provides their commitments and timetable for action, including agreement for a global monitoring framework to be established by the end of 2012, progress on partnerships for multisectoral action, and national plans to be established by the end of 2013, and a report and review of progress in 2014.

Having reached this extraordinary landmark more quickly than they had dared hope in May 2009, the NCD Alliance has taken the opportunity since the Summit to commission an independent review of its activities and structure. The development of this strategic plan for the next phase is aligned with the findings and recommendations of this review. This process means that the NCD Alliance is now well-prepared to ensure that the momentum gained so far will be maintained and increased.

The NCD Alliance Mission Statement proposes a fundamental change in the perception and prioritisation of health that is necessary to achieve the Vision of a future free from preventable suffering, disability and death caused by NCDs. The NCD Alliance considers that making significant progress in tackling NCDs requires a recognition of the multisectoral nature of NCDs and the social determinants of health that would put health at the centre of all policies.

The 2025 Goal of a 25% relative reduction in overall mortality from the four major NCDs reflects the current WHO proposal for an ambitious global target to be achieved through the commitments made at the UN Summit. The Alliance's 2015 goal is a policy-led goal that identifies the change in prioritisation of health and NCDs needed to make possible achievement of this long-term goal:

*To put NCDs at the heart of national health and development planning, and in the mainstream of the post-2015 development framework, and to increase resource mobilisation at all levels.*

In this next phase covered by this strategic plan, the NCD Alliance will build on its success and widen its network, in order to deliver programs that will follow up on the commitments made at the Summit and secure inclusion of NCDs in the successor goals to the MDGs in the post-2015 development framework. The NCD Alliance is calling for a coherent approach to the Summit commitments and WHO plans, that will deliver a global multisectoral NCD framework, which will be at the heart of the post-2015 development agenda. The following section of this document outlines the strategies identified to support achieving this goal.

### NCD Alliance Review: Recognition of success to date

The NCD Alliance commissioned an external review of the Alliance's work over the last two years. The review surveyed 130 members of the Alliance's network and 51 partners and supporters. Some key achievements were commonly identified:

- The majority of respondents praised the Alliance's leadership in successfully influencing the outcomes from the UN Summit on NCDs.
- Many respondents said that the Alliance enabled a voice for civil society to collaborate for a common goal.
- The Alliance had credibility because of the four federations aligning together for NCDs.
- The Alliance was helpful to partners and many smaller NGOs in providing materials and intelligence on UN and WHO actions leading up to the UN Summit.
- The Alliance has been successful in changing the landscape for NCD prevention and control.
- A comprehensive report of the review and its recommendations is available at [www.ncdalliance.org/Review](http://www.ncdalliance.org/Review)

**The NCD Alliance is now well-prepared to ensure that the momentum gained so far will be maintained and increased.**

# 1. SUPPORTING GLOBAL ACTION: THE GLOBAL ADVOCACY STRATEGY

Achievement of the NCD Alliance's 2015 goal will require an effective NCD framework to be established and fully integrated into the post-2015 development framework. The NCD Alliance's top priority is therefore the delivery of a global advocacy strategy that focuses on the processes that will shape how NCDs are addressed at the national, regional, and global level:

- Commitments made at the 2011 Summit and in its Political Declaration.
- WHO planning processes for its 2013–2020 NCD Global Action Plan.
- The framework-setting process for the post-2015 development agenda, starting with the UN Conference on Sustainable Development (Rio+20).
- Resource mobilisation at the national and international level including the funding policies of the bilateral and multilateral agencies.

The global advocacy strategy builds on the core strengths of the NCD Alliance: the capacity to unite a broad network of NCD organisations at all levels to develop and promote innovative thinking, expert policy positions and supporting evidence.

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## 1.1 CAMPAIGN OBJECTIVES

### The Global NCD Framework

In the Political Declaration, Member States made wide-ranging commitments for action. The NCD Alliance argues that these must be developed as a comprehensive package that delivers an effective global framework and optimises the opportunity for progress. This framework should include the following elements:

- A multisectoral **global coordinating platform** that is a catalyst for coordinated action on NCDs. The coordinating platform would promote exchange of knowledge and practice, mobilise resources for NCDs through a rapid financing facility and other mechanisms, and establish the framework for accountability. WHO plays a lead role in this coordinating platform alongside other key UN agencies, governments, donors, and representatives from civil society and the private sector.\* Civil society must play a key role in such a platform.
- A global coordinating platform that has the **mandate to develop fully the next Global Action Plan for NCDs** with WHO so that other sectors define and invest in their roles and responsibilities from the outset; a draft plan produced by WHO alone will not achieve the buy-in needed to get the plan fully resourced and implemented.
- The **global monitoring framework and global targets** currently under discussion should form an integral part of the global plan. The related consultation and planning processes should inform each other.
- Member States should set **bold and aspirational targets** that will drive progress in the next 15 years.
- Solid progress on the commitments made in the Political Declaration should be reported to the UN General Assembly and **reviewed at a UN High-level Meeting in 2014**.

### The post-2015 Development Framework

The inclusion of NCDs in the successors to the MDGs has been a key demand of the NCD Alliance since its formation in 2009. The UN has begun a consultation process to examine the design, scope, and potential themes for the post-2105 development framework. Any strategy we develop must take into account the variety of possible outcomes: the existing MDGs timeline and perhaps the goals and indicators themselves are extended; a new framework is adopted; or even that a much vaguer and looser set of aspirations rather than commitments. Whatever the eventual framework, the NCD Alliance objective is to ensure that tackling NCDs is specifically accommodated in health targets and indicators, and that the inter-relationship between NCDs with all dimensions of development, economic growth, poverty alleviation, social development and sustainability is clearly recognised across the whole development framework.

In addition, the NCD Alliance aims to build strong relationships with the organisations, agencies and experts across the wider global development community. We aim to put the evidence and arguments on the causes, impacts, and solutions for the NCD epidemic at the heart of the process and the surrounding dialogue.

\* The NCD Alliance believes that the scale and burden of the NCD epidemic commands a response from all sectors. The Alliance is committed to principles of transparency and accountability in relations with all partners from both the public and private sectors.

## 1.2 GLOBAL FRAMEWORK CAMPAIGN ACTIVITIES

### Resource mobilisation

While the Political Declaration recognises that resources are not “commensurate with the problem” and encourages governments to explore bilateral and multilateral channels, we are yet to see a major shift in resources. A variety of options is available including rapid financing mechanisms\*, innovative financing mechanisms†, multi-donor trust funds, and support for increased domestic revenue generation through tax strategies.

Many bilateral aid agencies have not funded NCDs as a matter of policy because they do not feature in the MDGs. Yet by taking this position, donors are neglecting their commitments to aid effectiveness which require them to align their aid to recipient country priorities, not global agendas.

The global NCD community cannot afford to let bilateral aid agencies off the hook until 2015. Human, financial and technical assistance are urgently required for NCDs by many low- and middle-income countries. The NCD Alliance will focus on influencing aid policies of the major bilateral aid agencies in the shorter-term. Our advocacy will draw upon tools such as the Paris Declaration on Aid Effectiveness and focus on building the case with bilateral aid agencies through the OECD, as well as working with our membership in both recipient and donor countries to put pressure on their own governments and bilaterals.

**Advocates have productive dialogue with governments that links national progress to global policy frameworks.**

The NCD Alliance has proven its ability to mobilise a global network of advocates including national organisations, grassroots activists, and international experts to deliver coordinated campaigns that have shifted the global agenda. Building on our experience and lessons learned in the UN Summit campaign, we will deliver a campaign that will influence government positions through: direct advocacy with governments; supporting the NCD Alliance network to build dialogue at the national level; generating support across the range of global health and development stakeholders; and delivering targeted media and communications strategies. The main activities are outlined below and illustrated in diagrams provided in an appendix at the end of this document.

### Develop policy positions:

- Develop and promote well-informed policy positions and other expert briefing materials.
- Convene meetings of experts to seek consensus.
- Support and promote research to provide evidence for policy-making.

### Dialogue with governments:

- Conduct face-to-face meetings and specialist briefings to develop close contact with government permanent missions in New York and Geneva.
- As a leading civil society voice, actively engage in the consultation processes and related WHO and UN meetings and fora.

\* For example, as recently activated by the UN Road Safety Forum

† Such as the Tobacco Solidarity Contribution



#### Mobilise the NCD Alliance network:

- Empower the NCD Alliance network of advocates to engage directly with their governments, by providing policy briefings, advocacy tools, and information.
- Convene the global NCD Alliance network to share intelligence and inform the campaign strategy.
- Encourage and support the development of national and regional alliances of NCD advocates and organisations.\*
- Support the mobilisation of grassroots activists to target the global processes.†

#### Build support across the Health and Development sectors:

- Maintain close relationships with key contacts from WHO, other UN agencies including the World Bank, and leading philanthropic foundations.
- Stimulate dialogue with leading think tanks, academics and expert groups.
- Build a shared agenda with leading Development and Health civil society organisations.

#### Strategies for media and communications:‡

- Deliver a global media strategy that targets key stages in the NCD and global development framework processes.
- Provide media advocacy tools and support for national and regional level action.
- Provide web-based resources that promote the latest developments, resources, and access to the global dialogues on NCDs.

#### Outputs:

- Working groups on key issues bringing together advocates and other experts that produce policy briefings and expert reports.
- High level briefings in Geneva, New York and at key meetings and events, and presentations at conferences and congresses.
- Advocacy tools and support, including: webinars, newsletters, email lists for the NCD advocate network; e-petitions and other grassroots calls to actions, and social networking activities through e.g. Facebook and Twitter.
- Media activities including placement of editorials and feature stories.
- NCD Alliance website providing a source of up to date information and resources.

#### Outcomes:

- NCD advocates have productive dialogue with governments that links national progress to global policy frameworks.
- Improved understanding and acceptance of NCD epidemic, prevention and control issues across global health and development sectors.
- Bilateral aid agencies include NCDs in their development policies and respond to requests from low-income countries for technical and financial support for tackling NCDs.
- Country champions lead Member State support for an effective NCD Framework including a multisectoral global coordinating platform, and the mainstreaming of NCDs in the post-2015 development framework in key consultations and negotiations.

\* Delivery of significant activity, outputs and outcomes at the national level is dependent on investment in the national advocacy strategy (on page 16)

† Delivery of significant activity, outputs and outcomes in grassroots mobilisation is dependent on investment in the communications strategy (on page 20)

‡ This global advocacy strategy assumes investment in sufficient resources for media and communications activities focused on key events in the global agenda processes, but significant investment in campaigns that would build wider awareness of the issues and public pressure is outlined in the communications strategy (on page 20)

# 2. SUPPORTING NATIONAL ACTION: THE NATIONAL ADVOCACY STRATEGY

The constituents of international bodies such as the UN General Assembly and the World Health Assembly are national governments. And while global frameworks agreed in these fora will provide leverage, change has to be delivered at the national level through the development and adoption of multisectoral NCD plans that have resources assigned to them and are incorporated into long-term national planning priorities.

Increasing the support for national and regional activities that build capacity, generate support and establish evidence would therefore be a significant contribution to both the effectiveness of the global advocacy strategy, and to building capacity for achieving the long-term goals of significant reduction in overall mortality by 2025. Progress at the national level will provide evidence for the UN General Assembly report and discussion scheduled in 2014 to review the progress in implementation of the Political Declaration commitments.

The strategy outlined in this section assumes significant investment in support for national level capacity and activities through both the NCD Alliance itself, and other organisations (members, partners and others). The NCD Alliance can play a variety of roles – convenor, catalyst, champion and fundraiser, coordinator, project-leader or project-partner – to deliver programs that support:

- Capacity building for national NCD advocacy.
- Development and promotion of model NCD plans and best practice guidelines.
- Action on NCDs at national and city levels, and promote champions and example of good practice.

## 2.1 BUILDING NATIONAL NCD ADVOCACY

### Campaign Objective:

The NCD Alliance will work with other organisations (members, partners and others) to support building civil society networks capable of: effectively promoting the adoption and implementation of national NCD plans; generating multisectoral support and consensus around policies and plans; and producing and promoting case studies and recommendations.

### Activities:

- Recruit national partners capable of initiating action from strategic priority countries that might act as influential regional and global champions.
- Develop action plans and provide resources for NCD network building.
- Generate support for stakeholder meetings that bring together key government departments, technical experts, health and development agencies such as WHO and UN country teams.
- Generate support for national level research and media advocacy.
- Encourage south-south, and triangular cooperation, through coordination, and facilitation of experience sharing between networks across and between regions.
- Support and promote case studies, research and best practice models.

**Increasing the support for national activities that build capacity.**

### Outputs:

- Support for capacity and network building activities including curriculum and advocacy materials, technical and financial assistance for stakeholder planning meetings.
- Support to national and regional NCD alliances and networks including seed grants and technical assistance.
- Research reports and case studies.
- Information and experience sharing between NCD networks through webinars, resource sharing, and meetings.
- Media output to promote national NCD alliance campaigns.
- National and regional NCD alliances and networks established.

### Outcomes:

- Increase in the strength and effectiveness of NCD alliances' and networks' collaboration at national, regional and global level.
- National government NCD planning and policy-making supported by engaged and informed stakeholder groups.
- Improved NGO capacity through skills- and knowledge-sharing within and between countries.
- Accelerated pace of change as experience, lessons learnt and research are shared within and across regions.

## 2.2 NATIONAL NCD POLICIES AND PLANS

### Campaign Objective:

The NCD Alliance will support and promote the development of planning frameworks, and best practice guidelines for national multisectoral NCD plans. This essential support for national level action will put the flesh on the bones of the global NCD framework.

### Activities:

- Establish and support specialist working groups to develop policy recommendations on key issues.
- Work with WHO, and centres of research and policy development, to convene and facilitate expert groups to develop an operational research agenda, recommendations for policy development and good practice guidelines.
- Catalyse resource mobilisation for increased investment in operational research and policy development.
- Promote national and city-level case studies.
- Identify resources and sources of expertise to support national level networks.
- Provide a clearinghouse for NCD research and policy development.

**National NCD policy making and planning supported by improved evidence base and best practice guidelines.**

### Outputs:

- Meetings of experts (individuals and institutions) that develop synthesis and analysis of evidence on key NCD policy issues and a prioritised research agenda that lead to further collaborative efforts to meet research and policy gaps.
- Identification of funding opportunities and support for grant applications.
- International media promoting research findings.
- Web-based clearinghouse facility providing improved access to research, policy and practice.

### Outcomes:

- Increased investment in NCD operational research and policy development focused on priority needs.
- Development of internationally applicable best practice guidelines.
- Development of costing and other planning tools to support investment planning for priority interventions.
- National NCD policy-making and planning supported by an improved evidence base and by best practice guidance.
- Increased coverage of NCD policy research in international and specialised media.
- Improved access to research and guidance increases civil society capacity to engage in policy-making and planning process.

## 2.3 NATIONAL AND CITY CHAMPIONS

The NCD Alliance will work with partner organisations to promote national and city level NCD plans in action that will serve as champions and sources of evidence for others. Using its broad range of contacts across funder organisations, individual and institutional experts, civil society networks, government and the media, the Alliance can broker introductions, and foster new relationships to facilitate progress at all levels.

### Activities:

- Through national partners, identify national government and city leadership with progressive NCD strategies who are willing to act as champions.
- Develop dialogue with initiatives such as the C40 Sustainable Cities and WHO's Healthy Cities to explore and promote the co-benefits of clean energy, active transport, sustainable nutrition and other related strategies.
- Work with target countries and cities to develop and promote case studies at regional and global fora including inter-governmental and inter-agency meetings, and professional congresses.
- Through national advocates and government champions, identify key program beneficiaries to share their experience and outcomes in campaign communications.
- Media placement of success stories to key audiences around strategic opportunities for progress.

### Outputs:

- Case studies published and promoted in peer-reviewed journals, and presented at professional congresses and regional and international inter-governmental meetings.
- International media support (press releases, editorials, features etc) promoting success stories and champions.
- Events and meetings that bring together national and city government leaders experts and practitioners to share experience of implementing NCD plans.
- A web-based clearinghouse for resources on NCD policies in action.

### Outcomes:

- Increased number of national and city governments convinced of benefits of investing in NCD plans.
- Increased coverage of success stories in strategic national and international media increases public awareness and support from opinion leaders.
- Improved access to case studies and evidences increases civil society capacity to engage in policy-making and planning process. Working examples of good practice, and champions willing to speak out for the benefits of investment in effective NCD plans supports achievement of the global advocacy strategy.

**Increased media coverage of success stories and champions.**

# 3. BUILDING THE DEMAND: THE COMMUNICATIONS STRATEGY

The mission of the NCD Alliance is to achieve a fundamental change in how NCDs (and health more broadly) are understood by individuals and communities, and how NCDs are integrated into national government and international policy-making. To create real change in the long-term, it will not be enough to target governments and experts. Increased public understanding and awareness is needed of the scale of the NCD epidemic, the inequities reflected in the burden of the disease, the human suffering caused by the lack of adequate access to treatment, and the causes behind the modifiable risk factors. Raising the voice and the rights of people living with NCDs will be critical to putting a human face to the problem.

Popular demand will provide leverage to support the political and technical approaches to changing policy and resource allocation. Popular understanding will sustain the changes.

The strategy outlined in this section assumes significant investment in support for communications-led activities through both the NCD Alliance itself, and other organisations (members, partners and others). It also assumes increased coordination and cross-fertilisation across the communications and community-level activities of the NCD Alliance membership and broader networks.

**Raising the voice and the rights of people living with NCDs will be critical to putting a human face to the problem.**

## 3.1 COMMUNICATIONS-LED CAMPAIGNS

Investment in three main communications-led campaigns that will build the demand for action are proposed.

- The **scale of the epidemic and the inequities** it exposes within and between countries provide a compelling case for change. The facts and the human stories behind them must be more widely understood by the public if there is to be sufficient popular pressure for change exerted on governments.
- The issues surrounding **access to diagnosis and treatment** may be complex and decided at the highest levels of global health diplomacy, trade negotiations, and national economic interest – but the stories of human suffering and injustice behind the figures are simple and make a compelling case for change. The NCD Alliance will work across its networks to activate popular demand for significant change to provide better and more equitable access to diagnosis and treatment.
- Promoting understanding of the **modifiable risk factors** behind the global rise of the NCD epidemic will be essential to creating change. Initially the focus for communications on NCD prevention will be a campaign that demands the end of marketing to children of products which are proven to be risk factors. This will not only seek to protect children but also to help communicate the wider issues affecting consumption and adult choices. In the coming years additional prevention-focussed campaigns will be developed.
- Changing the policies of **bilateral and multilateral agencies** to respond to the need for investment in tackling the epidemic in low- and middle-income countries requires pressure from both recipient countries, and from the public (taxpayers) in donor countries. A call to action to address the huge gap between the amount of development aid for health currently applied to NCDs, and the scale of the burden and the inequities within and between populations.

### Activities:

- Work with partners across the NCD network to convene and support campaign strategy dialogue between risk factors interest groups and map existing policies and campaigns across regions to identify key strategic opportunities.
- Develop the network of NCD campaign communications personnel that coordinate plans, share resources, and cooperate on communications activities.
- Commission a PR agency to develop and deliver a global media strategy that identifies key messages, audiences and media.
- Recruit spokespeople as identified by global and national advocacy campaigns and promote compelling stories to support the delivery of key NCD policies and programs.\*
- Provide adaptable media packs and support materials for network members to use at national level to support global releases and other campaign opportunities.
- Deploy social media campaigns, and other direct contact with supporters and recruitment of members of the public to promote direct response activities.
- Build alliances with health access, human rights, and other organisations to collaborate on key issues or messages and potentially engage in joint global outreach and campaigns.

\* See 2.3 on page 19 and 3.2 on page 23

## Increased media coverage of NCD epidemic and key campaign demands.

### Outputs:

- Media-friendly reports on the NCD epidemic and the campaign issues with supporting press releases, materials, spokespeople and press conferences as appropriate.
- Feature stories and op-eds in leading outlets.
- Email petitions and letter writing campaigns.
- Dedicated activist social network sites and communications (Twitter etc), and pages for activists on NCD Alliance website linking up campaigns and activities across the networks.
- “Stop Marketing to Children” and “Access to Medicines” working group meetings and ongoing dialogue.
- Global mapping and coordination of campaign activities and opportunities.
- Presentations and events at key for a (government, professional congresses etc).

### Outcomes:

- Individual disease and risk factor-focussed organisations link their issues to wider NCD issue in their communications.
- Increased media coverage of NCD epidemic and key campaign demands.
- Increased public recognition of NCDs, their causes, and need for solutions.
- New active supporters recruited for member organisations and for NCD Alliance campaigns.
- Increased sharing of skills and experience across areas of expertise builds campaign capacity at international and national level.
- Improved coordination of campaigns amplifies campaign messages across issue areas.
- Governments made aware of popular pressure for change in donor as well as recipient countries.

## Increased number of individuals and organisations engaged in promoting the issues facing people living with NCDs, their needs and solutions.



## 3.2 RAISING THE VOICE OF PEOPLE LIVING WITH NCDs

The voices of people living with NCDs – patients, survivors, carers, and those who have been bereaved – provide a powerful pressure in any campaign for change. It has become a cliché however, that “nobody knows anybody with an NCD.” Currently recognition is considered to work only at the level of each individual disease, and self-identification has apparently developed more for some diseases than others, for example, for cancer more than for cardiovascular disease. This element of the campaign will therefore aim to tap into existing networks to learn lessons and share experiences.

### Activities:

- Work with partners across the NCD network to convene and support campaign strategy dialogue across interest groups such as NCD Child, those focussed on ageing, those on gender issues, patient groups, human rights and wider indigenous population, and other social and ethnic groups.
- Identify opportunities in global and national campaign for participation by people living with NCDs.
- Map existing grassroots campaigns and identify strategic opportunities for collaboration and strategic gaps.
- Promote personal stories and offer partner access to media outlets interested in NCDs.

### Outputs:

- People living with NCDs recruited by partners for participation in global, regional and national advocacy campaigns.
- People living with NCDs requested by media and other contacts for inclusion in articles and events.
- Resources for campaigns and media developed include: contact/story database established as resource for partners and media; “share-your-story” toolkit developed and a web-based clearinghouse for activities and impressions featuring people living with NCDs and their stories.

### Outcomes:

- Existing individual disease and risk factor-focussed grassroots organisations link their issues to wider NCD issue in their communications.
- Increased number of individuals and organisations engaged in promoting the issues facing people living with NCDs, their needs and solutions.
- Increased grassroots activities linking local issues to national and global NCD epidemic, its inequities and demands for policy change and resource mobilisation.
- Increased public recognition of the issues facing people living with NCDs, their causes, and need for solutions.
- Increased public response for calls to support NCDs through proactive grassroots events.
- Increased inclusion of NCD issues in other patient-focused and human rights discussions.
- Governments experience significant increase in pressure for change.

# 4. BUILDING THE ALLIANCE: THE ORGANISATIONAL STRATEGY

In order to deliver the programs outlined above, the NCD Alliance will increase its own capacity and effectiveness, supported by organisational planning, monitoring and evaluation. The thorough-going review of activities to date, informed by the consultation with our partners and a wide range of NCD stakeholders will inform all elements of organisational development.

## 4.1 DEVELOP GOVERNANCE STRUCTURES

A process will be initiated to improve governance structures to reflect the key recommendations of the review:

- Clarification of the role of partner organisations as to their function in, and membership status with, the NCD Alliance.
- A viable yet efficient mechanism to gain involvement of broader groups needed for the next phase of development and implementation reflected in the strategic plan.
- An expanded Steering Group to include representation from more diverse global voices.

**Supportive and collaborative relationships with stakeholders across the health and development sectors will be a central element of the plans.**

## 4.2 ORGANISATIONAL DEVELOPMENT PLAN

A comprehensive organisational development plan will incorporate:

- Financial plans for income and expenditure forecasts.
- Work plans including objectives, activities and budgets for all areas of activity.
- Management structure and human resources plans to manage growth and delivery of program of work.
- Monitoring and evaluation plans.

## 4.3 FUNDRAISING STRATEGY

The fundraising strategy will ensure the maintenance and development of existing and new funding relationships and revenue streams. The fundraising strategy will inform the organisation's financial planning.

## 4.4 NCD ALLIANCE COMMUNICATIONS STRATEGY

An organisational communication strategy will work in synergy with campaign communications strategies, to promote recognition and understanding of the NCD Alliance, its mission and programs.

## 4.5 BUILD STRATEGIC ALLIANCES

The NCD Alliance recognises that it cannot achieve its mission alone. Further developing supportive and collaborative relationships with stakeholders across the health and development sectors will be a central element of the plans and activities.

**The NCD Alliance will increase its capacity and effectiveness.**

# MONITORING AND EVALUATION

**Significant increase in resource mobilisation towards NCDs.**

## INTEGRATING MONITORING AND EVALUATION

Monitoring activities and evaluation of progress will be a key element of NCD Alliance's operations. Specific and time-bound objectives, and success indicators, will be prepared for campaign programs of activities and their sub-projects. Project evaluations will be undertaken to complete each project cycle, and reviews of progress against the 2015 objectives will be completed annually and after major campaign landmarks as appropriate.

## THE NCD ALLIANCE WILL HAVE ACHIEVED ITS PLAN BY 2015 IF IT HAS:

- Built a strong NCD civil society network that advocates effectively for promoting health in all policies, that includes an expanded Alliance membership and relationships formed with strategic partners across a wide range of health and development organisations.
- Provided evidence-based expert policy advice and innovative thinking that has informed global policy making.
- Mobilised and supported advocates at country level to engage in both national and global health policy-making processes.
- Supported capacity building programs to develop networks for action on NCDs in target countries, and promoted experience- and skill-sharing within and across regions.
- Contributed to increased operational research activity that has built the evidence base for policy-making and production of best-practice guidelines.
- Stimulated increased media coverage of the burden and inequities of the NCDs epidemic, its causes and the solutions.
- Delivered campaigns that have increased public pressure on governments for action to improve access to treatment, and to tackle the modifiable risk factors.
- Raised the voice of people living with NCDs in its own communications and through promoting increased grassroots activities.
- Developed sound finances, and a stable management structure for the Alliance that has enabled growth and responsiveness to changing external circumstances.

## WE WILL KNOW OUR PLAN HAS BEEN SUCCESSFUL IF:

### Global NCD Framework:

- A multisectoral NCD plan has been developed by a multisectoral global coordinating platform.
- The NCD plan incorporates bold targets to deliver ambitious results, and an effective global monitoring framework that promotes accountability for progress.
- The 2014 UN Review renews Member State commitment to achieving the 2025 targets, supports increased resource mobilisation, and the integration of the NCD framework within the post-2015 development framework.

### Post-2015 Global Development Framework:

- Strong links are made between health and sustainable development through the Rio+20 process and its outcomes. Related policy development recognises the shared causes of negative impacts on health and economic, environmental, and social development, and the co-benefits of solutions for preventing NCDs and promoting sustainable development.
- The NCD epidemic is a significant theme of the consultation and negotiations at the 2013 UN MDG Review so that proposals for NCD prevention and treatment feature in the outcomes of the Review.
- The post-2015 global development framework agreed by UN Member States supports the global NCD framework, and incorporates targets and indicators for significant progress on achieving the 2025 mortality goal.

### Resource Mobilisation:

- A significant increase in resource mobilisation towards NCDs has been achieved at national, regional and international levels. This increase is integrated within a health systems approach that delivers co-benefits for health service provision at the primary care level.
- Development funding agencies from the 15 lead donor countries have responded to the priorities of national governments, and significantly increased the development aid for health applied to NCD prevention, control and care.
- An increased number of governments are using taxation strategies to both target modifiable risk factors and generate revenue for NCD programs.

### Supporting National Action:

- The 2014 UN Review reports a significant increase in the implementation of comprehensive national multisectoral NCD plans with resources allocated.
- A suite of evidence-based planning tools and good practice guidelines are available to national and sub-national governments to implement multisectoral NCD plans.
- More NCD networks are active at the national and sub-national level, exchanging experience, coordinating strategies for achieving improved provision for NCD prevention and control, and networking with others regionally and internationally to share experience and evidence of success.

### Building the Demand:

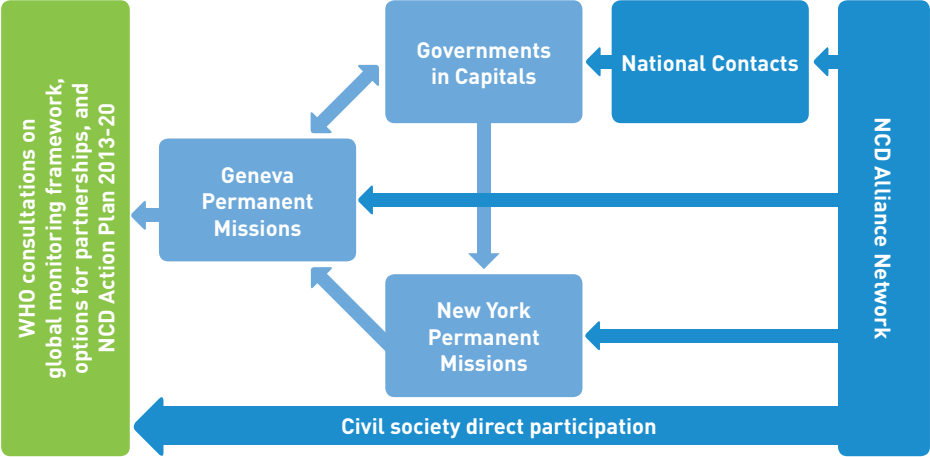
- Increased public recognition of the term NCDs can be demonstrated against current levels.
- Significant coverage of key NCD issues has been generated in strategic target media at the national and global level.
- Grassroots advocacy on NCD issues has delivered mass mobilisation on campaign calls to actions.

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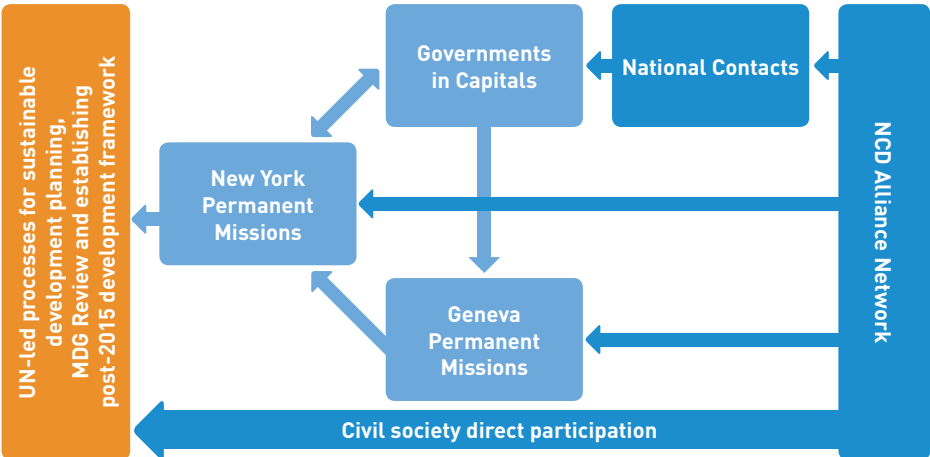
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# APPENDIX: GLOBAL ADVOCACY STRATEGY DIAGRAMS

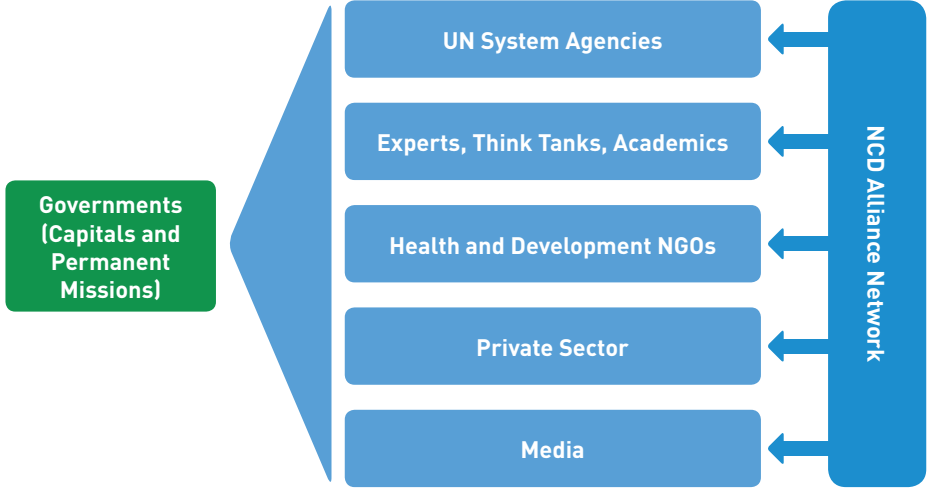
## Promoting a global NCD framework



## Promoting NCDs in the post-2015 development framework



## Building support





**The NCD Alliance**  
Putting non-communicable diseases  
on the global agenda

For more information about the NCD Alliance  
please see our website [www.ncdalliance.org](http://www.ncdalliance.org)

If you would like someone to contact you  
please write to [info@ncdalliance.org](mailto:info@ncdalliance.org)

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