

Summary report on the

Regional meeting on strengthening partnership with civil society organizations for the prevention and control of noncommunicable diseases

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Cairo, Egypt
1–2 September 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Over the last 15 years, noncommunicable diseases have moved to the forefront of global health and development agendas as an urgent global burden. Through a series of commitments, including the landmark 2011 United Nations (UN) Political Declaration of the High-level Meeting of the General Assembly on Prevention and Control of Non-communicable Diseases, the nine voluntary global targets, and the Global action plan for the prevention and control of noncommunicable diseases 2013–2020, governments have recognized the magnitude of noncommunicable diseases and their impact on the socioeconomic progress of their countries. Globally, civil society organizations have played an instrumental role in the prevention and control of noncommunicable diseases as advocates, knowledge brokers, capacity-builders, policy influencers and service deliverers.

Whilst civil society organizations have been a key player at the global level, the picture is often different at the regional level. An approach is needed in which all sectors of government and civil society work together to push for concrete and effective action that will achieve the target of a 25% relative reduction in overall mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 2025. Though there is a declared commitment at the highest level from Member States to adopt the regional framework for action to implement the UN Political Declaration on Non-communicable Diseases, the recent *WHO Global status report on noncommunicable diseases 2014* described the progress as “uneven and inadequate” at national and regional levels. It is therefore vital to empower civil society organizations to move the noncommunicable disease agenda forward through working with governments and other key players.

Against this background, the WHO Regional Office for the Eastern Mediterranean co-organized with the NCD Alliance a regional

meeting on strengthening partnership with civil society organizations for the prevention and control of noncommunicable diseases in Cairo, Egypt, from 1 to 2 September 2015. The meeting was the fourth in a series of meetings convened by the NCD Alliance across the different WHO regions in the lead up to the Global NCD Alliance Forum on 13–15 November 2015 in Sharjah, United Arab Emirates. The meeting was attended by 45 participants from national and regional civil society organizations working on the main noncommunicable diseases, other diseases such as Alzheimer's and kidney diseases, tobacco control, consumer protection, children with special needs, health policy reform and health system improvement. Among the meeting participants was Her Royal Highness Princess Dina Mired, Director General of the King Hussein Cancer Foundation in Jordan a long-time champion for noncommunicable diseases at the global level.

The objectives of the meeting were to:

- review the current capacity of regional noncommunicable disease civil society organizations and their contribution to the regional noncommunicable disease agenda;
- shed light on the challenges they face and highlight successful examples of civil society organizations;
- discuss the respective roles of WHO and civil society organizations in working together;
- identify synergies and common ground to strengthen the civil society movement in the noncommunicable disease area at the national and regional levels;
- brainstorm and identify the ways of working and collaboration mechanisms needed to develop and strengthen regional civil society in the noncommunicable disease area;
- agree ways to enable civil society to mobilize the noncommunicable disease agenda through advocacy, policy and accountability; and
- agree how commitments made will be monitored and implemented.

In his opening remarks, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, noted that the meeting was an important opportunity to build a stronger civil society movement and strengthen partnerships with civil society organizations working closely with governments and other stakeholders to implement the 2011 UN Political Declaration on Non-communicable Diseases. He noted that the focus of the meeting was the four main noncommunicable diseases, namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, which share four common risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. He clarified that while mental disorders, including Alzheimer's disease, are linked closely to noncommunicable diseases, and contribute to the noncommunicable disease global burden, they are addressed through the regional framework for mental health and would not be addressed in detail in the meeting.

In 2012, Dr Alwan said, 57% of the mortality in the Region had been caused by noncommunicable diseases, with about 80% of this caused by the four main groups of diseases. The socioeconomic implications of noncommunicable diseases for individuals included disability, loss of productivity, loss of household income and poverty, and for countries it included strain on overwhelmed health care systems, catastrophic health expenditures and poverty. The situation was exacerbated in the Region due to instability and wars. Dr Alwan further noted that the Region had led efforts to advocate for the inclusion of an "accountability framework" in the 2014 outcome document in preparation for the Third UN High-level Meeting on Noncommunicable Diseases in 2018, where countries would report on their progress. Countries were working towards implementing the regional framework for action with commitments in the areas of governance, prevention and reduction of risk factors, surveillance monitoring, and evaluation, and health care. This needed to be done

not only by ministries of health but by all sectors in government, and WHO was committed to working with the NCD Alliance to start a civil society movement in the Region for prevention of noncommunicable diseases. Finally, he stated that civil society organizations had a major role to play in preparations for the Third UN High-level Meeting in 2018 and ensuring that the Region had a good progress report and strong representation at the meeting.

Dr Cary Adams, Chair of the NCD Alliance and Chief Executive Officer for the Union for International Cancer Control, commended the long-standing partnership and cooperation between WHO and the NCD Alliance. He gave an overview of the NCD Alliance as a unique civil society network comprised of seven global federations and a network of over 2000 member associations in 170 countries. He emphasized that the noncommunicable diseases epidemic reached far beyond the health sector and constituted a major challenge to sustainable human development in the 21st century requiring a multisectoral response.

Dr Adams shared the experience of the NCD Alliance in putting noncommunicable diseases on the global agenda by capitalizing on its network and working in partnership with health and non-health nongovernmental organizations, governments, UN entities, academia and the private sector. He underlined the important shift that had taken place with the adoption of the global noncommunicable diseases architecture, from a focus at the global level to implementation at the national and regional level. As a growing network of over 36 national and four regional alliances, the NCD Alliance reflected this focus at the national and regional level. Dr Adams stressed the significance of the meeting and expressed the NCD Alliance's commitment to support civil society organization coalition and capacity-building in the Region.

Her Royal Highness Princess Dina Mired welcomed the meeting as timely and necessary in moving the noncommunicable disease agenda forward given the shift of responsibility from the global to national and regional levels. The government response to noncommunicable diseases had been weak and efforts were fragmented due to other overriding agendas, especially those related to conflict and resources, she said. Civil society organizations in the Region had not been effective in communicating their work or successes to the public and had been largely unable to engage the community at a grassroots level. However, many civil society organizations were perceived as trustworthy, less bureaucratic and able to be advocates for the concerns, needs and demands of people in the Region, and to translate action plans into real and impactful change. She noted that WHO had a pivotal role to play in bringing all parties together and building synergies to strengthen the noncommunicable disease movement in the Region.

2. Summary of discussions

Noncommunicable diseases are on the rise in the Region and will continue to grow at a rapid rate. For example, there are high levels of salt, sugar, fat, saturated fatty acid and trans fatty acid intake and low levels of physical activity and mobility, and a rise in child overweight and obesity, in some countries reaching more than 50%. While governments play a central role in promoting tobacco control, healthy diets and active life styles, the involvement of multiple sectors and stakeholders, including civil society, is vital to support the work of governments and create demand for change.

Civil society organizations can play various roles including generating knowledge, increasing awareness, advocating for policy change and monitoring enforcement. The role of civil society organizations is well established in the Region. An example is their involvement in tobacco

control and the negotiations on the WHO Framework Convention on Tobacco Control (FCTC).

Civil society organizations can help increase political pressure and social awareness to expose the role of the tobacco and food industries. They can advocate for legal protection for public health. There is a need for strong partnership between civil society and government to ensure legislation is implemented, monitored and enforced. WHO has developed a dashboard, identifying priority legal interventions, which can be used by civil society organizations as an advocacy tool.

Civil society organizations can also contribute to generating and utilizing evidenced-based data to bridge the gap between research and policy-making by formulating policy options and suggesting directions, then communicating them through networking with stakeholders.

Civil society organizations can support the training and capacity-building of health care workers, communities and other relevant stakeholders. They can monitor the quality of care and the responsiveness of health care services. There is also scope to monitor the change in acceptance and receptiveness of interventions at all levels. Civil society organizations play a key role in both stable and humanitarian emergency country contexts. More than half of the Region is affected by conflict and humanitarian emergencies where many local nongovernmental organizations are filling the gap in noncommunicable disease care.

There was agreement that civil society organizations play a key role in mobilizing the noncommunicable disease movement in partnership with the government, media, the community and other key players. There is a need for civil organizations to work closely together and to

partner with the media and other key players. Mass media campaigns have a greater impact when civil society is involved to mobilize communities and raise awareness. It was noted that non-conventional nongovernmental organizations and civil society movements should also be considered when mapping civil society, such as those which are using social media as their main platform for engagement.

There is a need to strengthen partnership at all levels between civil society organizations and all key players. The integration of the work of civil society organizations will help in achieving WHO objectives and goals. There is a need to bring the efforts of civil society organizations together and to celebrate and publicize successes in working together.

Participants undertook several group work exercises. In the first exercise they conducted an analysis of the strengths, weaknesses, opportunities and threats (SWOT analysis) of the current status and capacity of regional civil society organizations.

The strengths of civil society organizations in the Region are their great commitment to the issue at hand and power to mobilize networks of volunteers, their grassroots support, and that many enjoy independence and credibility. They have accumulated experience and knowledge, are more flexible and less bureaucratic, and have less conflict of interest.

On the other hand, weaknesses include limited technical and administrative capacity, a lack of sustainable funding, weak or no relationships with governments, lack of coordination at national and regional levels, a need for greater use of research/evidence in their work, and sometimes a lack of transparency and leadership.

Opportunities for civil society organizations include the use of technology and social media, leveraging lessons learnt by the tobacco control movement, the existence of many champions for noncommunicable diseases in the Region, the WHO regional framework for action, and the commitment of WHO and other multilateral organizations to support their work on noncommunicable diseases.

On the other hand, threats include political instability and change, globalization (which also poses an opportunity), a lack of human and financial resources, a lack of trust, an absence of legislative frameworks to support civil society engagement and a strong regional culture of resistance to change.

In the second group exercise, participants agreed on priorities for civil society organization engagement in the strategic interventions outlined in the regional framework for action. They stressed that local differences would be taken into consideration during implementation. The priorities were as follows.

Governance: through integrating noncommunicable diseases into national policies and development plans and establishing a multisectoral strategy or plan and national targets. Civil society organizations play a key role in advocacy and active engagement with the ministry of health and other health and non-health civil society organizations, and it is essential that they participate in the development of plans from an early stage. Civil society organizations can help in bringing ministries together for better collaboration. Participants stressed the importance of costing all plans clearly.

Prevention: including by ensuring healthy nutrition in early life and childhood, promoting physical activity through a life course approach

and accelerating implementation of the WHO FCTC. Civil society organizations can build pressure, act as watchdog, coordinate advocacy, raise awareness on healthy lifestyles in communities, help pass legislation/regulations and utilize social media to connect with the community.

Surveillance and monitoring: through strengthening human resources and institutional capacity for surveillance, monitoring and evaluation.

Health care: by improving access to early detection and management of major noncommunicable diseases. Civil society organizations can raise awareness, advocate, supply screening and other services, conduct research and pilot innovative solutions using social media.

In discussion, Dr Alwan clarified WHO's position on dealing with pharmaceutical companies, noting the conflict of interest between them and the existence of guidelines from WHO and the UN on how to deal with the industry. He stressed the importance of the private sector in noncommunicable disease control and prevention. Additionally, on health diplomacy, Dr Alwan stated that every year in May, before World Health Assembly, key players from across the Region come together to discuss pressing health issues.

It was observed that civil society organizations should ensure that their services are accessible to the public, should adopt an evidence-based behaviour communication model, and use advocacy to create an enabling environment for behaviour change. It was also noted that implementing the strategic interventions outlined in the regional framework for action would require the mapping of functional civil society organizations at the country level using rigorous criteria. Where civil society organizations are unable to, due to structural, financial or capacity issues, they should be supported to do so.

3. Recommendations

To civil society organizations

1. Support the implementation of the regional framework for action with a special focus on the identified core strategic interventions.
2. Establish national noncommunicable disease alliances by bringing together individual associations and societies, and actively engage in a regional noncommunicable disease alliance.
3. Allocate in-kind contributions to support civil society organization activities, including setting-up a secretariat for national and regional alliances.

To NCD Alliance

4. Support coalition-building and expansion at national, subregional and regional level.
5. Support capacity-building of alliances including through sharing tools, publications and lessons learnt in building alliances and coalitions.

To WHO and NCD Alliance

6. Support civil society organization capacity-building for active support of the implementation of the regional framework for action.
7. Develop and conduct capacity-building training workshops for civil society organizations in the Region.
8. Support the formation of regional, subregional and national noncommunicable disease alliances.
9. Support civil society organization activities in relation to sustaining a regional alliance.

To WHO

10. Map and profile regional civil society organizations in noncommunicable diseases and maintain updated online databases.
11. Reach out to engage civil society in regional activities and ensure dissemination of information products.
12. Foster dialogue between civil society organizations and governments in the Region to promote collaborative planning and implementation of the biennial programme of work.
13. Engage civil society organizations in setting, developing and implementing the regional research priorities agenda.
14. Provide support in collaboration with NCD Alliance and regional civil society organizations to maintain and nurture the civil society movement in the Region.
15. Ensure that civil society organizations are actively involved in the projects and programmes being implemented in countries.



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int