I. Introduction

WHO engages with partners in the NCDnet Advocacy and Communications Working Group to strengthen commitment to the implementation of the NCD Action Plan

The Advocacy and Communications Working Group has been created to increase awareness at global, regional and national levels of the 6 Objectives of the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases and thereby strengthen the commitment and contribution of international partners and Member States to its implementation. The partners in NCDnet are the leaders in their respective fields. Combining the abilities of international partners active in cardiovascular diseases, cancers, diabetes and chronic respiratory diseases with the risk factor communities dedicated to tobacco control, healthy diets, physical activity and the reduction of the harmful use of alcohol, alongside patients organizations, Member States and stakeholders outside the health arena creates a synergistic effect on the efforts to raise awareness of the increasing magnitude of the public health and socio-economic problems posed by NCDs.

The Advocacy and Communications Working Group will strive to combine all voices in an integrated prevention and control model, thereby strengthening currently fragmented efforts. To accomplish this requires a coordinated messaging effort to build a united front at global, regional and national levels. The Advocacy and Communications Working Group will provide the backbone to this effort to not only raise awareness, but more importantly, to build substantial multisectoral political support for the 6 Objectives of the Action plan which are as follows:

- Objective 1: To raise the priority accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments.
- Objective 2: To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases.
- Objective 3: To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.
- Objective 4: To promote research for the prevention and control of noncommunicable diseases.
- Objective 5: To promote partnerships for the prevention and control of noncommunicable diseases.
- Objective 6: To monitor noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels.

Current constraints

Scaling up action to address the cardiovascular disease, cancer, diabetes and chronic respiratory diseases and their four shared modifiable risk factors, tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol in low- and middle-income countries faces many hurdles
and barriers. Effective use of collective communications and advocacy techniques must be applied to break down these barriers to action, which are many and include:

- Inadequate commitment of policy makers to NCDs within health plans and health systems work.
- Weak health systems, unable to provide access to essential NCD medicines, interventions and healthcare.
- Weak intersectoral action and inadequate emphasis on health-in-all-policies, particularly by non-health government agencies.
- Continued globalization of unhealthy behaviours.
- Lack of recognition by development agencies of the negative socio-economic impact of NCDs, particularly on the poor and poor countries.
- Resistance to inclusion of NCDs in the MDGs.
- Reluctance of international development agencies to engage ODA for work on NCDs in developing countries.

II. **Proposed communications strategy 2010-2013 of the Working Group**

The overall goal of the Working Group on Advocacy and Communications is to advise on how NCDnet can increase focus on the prevention and control of NCDs in low- and middle-income countries through collective advocacy.

The suggested specific objectives and expected outcomes of the Working Group include:

<table>
<thead>
<tr>
<th>Specific objective:</th>
<th>Expected outcome:</th>
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<tr>
<td>1a Raise the awareness at relevant high-level forums and meetings of the need to include NCDs in global discussions on development.</td>
<td>Advocacy strategy and toolkit developed, enabling NCDs to be included in information products of international partners.</td>
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<td>1b Raise the awareness at events of national and regional leaders of the need to effectively involve sectors outside of health.</td>
<td>Reports, health impact assessments and related key messages on intersectoral action included in information products of international partners and disseminated at national level to wide-range of government agencies.</td>
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<td>2 Raise the awareness at events of national leaders of the need to establish new, or strengthen existing, policies and plans for the prevention and control of NCDs.</td>
<td>2010 Global Status Report on NCDs and related key messages on the urgent need to develop national policies and plans incorporated in information products of international partners and disseminated at all levels.</td>
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<td>3 Raise the awareness at events of national leaders that the attractiveness of the return on investment on prevention is high.</td>
<td>WHO reports and related key messages on promoting cost-effective interventions to reduce the main shared modifiable risk factors included in information products of international partners and disseminated at all levels.</td>
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<td>4 Raise the awareness at scientific and research meetings of the need to prioritize applied research on NCDs at national level.</td>
<td>Key messages on the need to follow a prioritized NCD research agenda included in information products of international partners and scientific publications.</td>
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Preparation of a draft long-term campaign strategy will be completed by June 2010, while, at the same time, the Working Group on Advocacy and Communications focuses on specific opportunities and events in 2010. Proposals developed within the Working Group will be further assessed by the WHO NCDnet International Advisory Council and WHO for prioritization and to ensure maximum coordination with other related work streams.

### III. **Proposed focus of the Working Group in 2010**

The Working Group proposes to focus on raising the priority accorded to NCDs in development work at global and national levels, and also on building and uniting the NCD community at global, regional and national levels, as the first target areas for action in 2010.

This strategy will focus on three communications goals in 2010:
- Raising the priority of NCDs among those policymakers and the international donors who influence and define the global development agenda.
- Increasing resources available to strengthen low- and middle-income countries' national policies and plans to prevent and control NCDs.
- Increasing international partners' knowledge and commitment to the NCD Action Plan and to working in partnership as an NCD community at global, regional and national levels.

*Communications strategy in support of NCD Action Plan Objective 1: To raise the priority accorded to noncommunicable diseases in development work at global and national levels and to integrate prevention and control of such diseases into policies across all government departments.*

The following donor and recipient decision-makers (and target audiences) have been identified:
- Heads of State.
- G8, G20 and G77.
- UN Agencies (in particular UNDG, UNDP, UNICEF, UNFPA and UNDESA).
- International development agencies and Ministries of Foreign Affairs.
- International and Regional Financial Institutions.
- Regional Intergovernmental Organizations (e.g. African Union, CARICOM, Commonwealth, Pacific Islands Forum, European Union Inter-ministerial conferences, Organization of Islamic Conference).
- Global Health Initiatives and Partnerships.
- Private sector leaders.
- Global philanthropic foundations.
- Emerging donor nations.
The suggested positioning and tone of message is as follows:

At the global level, many decision makers have already heard the single-disease and single-risk-factor arguments related to the major NCDs when the MDGs were first created in 2000. Despite an increasing understanding among policy-makers of the socio-economic and health burden of the four major NCDs and risk factors in low-and middle-income countries, there is still substantial resistance among international development agencies to establish a new global health initiative on NCDs before the end of the current MDGs in 2015. At the country level, there is a lack of a sustained government-wide commitment (with effective involvement of civil society and sectors outside health) to prevent and control NCDs. Thus, the advocacy message needs to break down this resistance by speaking in terms of integrating NCDs into current national policies, plans and programmes. Given the increasing understanding of the specific weaknesses of some disease-specific vertical programmes, particularly at country-level, the NCD community needs to reframe the arguments by calling for inclusion of NCDs in horizontal approaches and health systems strengthening efforts. Further, resistance to the NCD messaging comes in the form of doubts about the availability and affordability of cost-effective interventions. This misconception must be broken. Cost-effective and affordable interventions exist for countries at all stages of development. Finally, clearer arguments need to be made regarding "why now" and the cost of inaction. A "what if we do nothing" scenario will support the "why now" argument. Low- and middle-income country leaders can best express their own urgent need for support of NCDs as a critical health and development issue.

It is suggested to incorporate three key points and a call to action into messaging:

- Explain why NCDs are essential to health, socio-economic development and poverty reduction now.
- Clearly describe that cost-effective affordable interventions to reduce the main shared modifiable risk factors and to improve primary care exist for countries at all stages of development.
- Call for the integration of NCDs into health systems strengthening efforts building on the Paris and Accra Declarations (and the progress made in infectious disease programmes and in delivering the women’s health agenda).

Call to action:

- Include a provisional agenda item on NCDs at the UN MDG Review Summit (New York, September 2010).
- Hold a UN General Assembly Special Session (UNGASS) on NCDs (New York, September 2011).
- Include indicators on premature deaths from NCDs under MDG6 and in successor goals to the MDGs.
- Provide support to countries in enhancing access to essential medicines, affordable medical technology and health care.
- Call on governments to integrate NCDs strategies into current national policies, plans and programmes now.

These key points and a common call to action, when delivered consistently, could help tip the balance of political support and convince decision makers to invest in combating NCDs now and not beginning in 2015. A full set of key messages will be provided based on this approach.

Tactics

- Increase the share of voice of the NCD community within key events.
- Hold high-level side events to raise awareness and build political support.
- Target selected media outlets at the time of these meetings with editorials, letters to the editor and media events.
- Find a vocal, prominent individual to help promote the NCD message.
Timeline

Incorporate the three key points and the call to action approach, applying the tactics listed above in as many meetings and public events as possible, while clearly prioritizing the meetings from the attached list identified in bold:

1. **First NCDnet Global Forum, 24 February 2010, World Health Organization, Geneva**
2. World Economic Forum on Latin America, 6-8 April 2010, Cartagena, Colombia
4. Danish International Development Assistance (Danida) Conference on NCDs, 15-16 April 2010, Copenhagen, Denmark
5. Informal Meeting of EU Ministers, 22-23 April 2010, Madrid
6. OECD Health Committee Meeting, 29-30 April 2010, Paris, France
8. Commonwealth Health Ministers Meeting, 16 May 2010, Geneva, Switzerland
9. **63rd World Health Assembly, 17-31 May 2010, Geneva, Switzerland**
10. World Economic Forum on East Asia, 6-7 June 2010, Ho Chi Minh City, Vietnam
12. ECOSOC Annual Ministerial Review, 28 June-2 July 2010, UN Headquarters, New York,
13. Informal Meeting of EU Ministers, 5-6 July 2010, Belgium
14. **UN Annual DPI/NGO Conference, August-September 2010, Melbourne, Australia**
15. Annual Meeting of the Clinton Global Initiative, 21-23 September 2010, New York, USA
16. **MDG Review Summit, 20-22 September 2010, New York, 65th Session of the UN General Assembly**
17. World Economic Forum, Annual Meeting of the New Champions, September 2010, Tianjin China
18. OECD Ministerial Meeting on Health, 7-8 October 2010, Paris, France
19. **2nd World Health Summit, 10-13 October 2010, Berlin, Germany**
20. 22nd Asia-Pacific Economic Cooperation Ministerial Meeting, 10-11 November 2010, Yokohama, Japan
21. WHO FCTC, Conference of the Parties, Nov 15-20, Punta del Este, Uruguay

The working group is developing specific plans as follows:
- An NGO side-event will be held in conjunction with the World Health Assembly.
- The Framework Convention Alliance will pursue options for inclusion of tobacco control and NCDs in the Pacific Health Summit.
- ECOSOC side-events and NGO statements to be organized with a specific focus on NCDs and gender.
- An event on diabetes and women is also planned for ECOSOC.
- NGO member organizations will be mobilized in support of the NCD Action Plan at the UN Annual DPI/NGO Conference in Melbourne.
- A side-event and multiple interventions and publications are planned for the MDG 2010 Review Summit.
- A plan will be developed with the World Economic Forum to feature tobacco control and NCDs at their China meeting.

**Roles and responsibilities**

- WHO Secretariat to provide evidence-based key messages, data, slide sets and advocacy supporting materials.
- Civil Society to adapt WHO materials for use in advocacy campaigns at key meetings and in targeted media outlets.
- Low- and middle-income countries to lend support by sharing country good practices, own experiences and defining needs and constraints.
- Donor countries to help build political support.
Other international partners to adapt and help disseminate key messages and advocacy materials.

Measurement of success

- Integration of NCDs into the Millennium Development Goals Review Summit in September 2010.
- An increase in overseas development aid and new sources of funding for the prevention and control of NCDs, particularly at country-level building on the baseline ODA and other data from 2007 (baseline data to be provided by the Innovative Resourcing Mechanisms working group.
- An increase in decision maker resolutions, official statements, and events in which NCDs are recognized.

Communications Strategy in Support of Objective 5: To promote partnerships for the prevention and control of noncommunicable diseases.

The following donor and recipient decision-makers (and target audiences) have been identified:
- Civil society member networks, boards, meetings and congresses.
- Other international partners global, regional, and national bodies.
- WHO Secretariat at global, regional and country levels.

The suggested positioning and tone of message is as follows:

The vast majority of Ministers of Health, and an increasing number of global NGO leaders, and international partner leaders are convinced of the urgent need to scale up action on NCDs and to work in partnership with NCDnet. However, their regional, and national counterparts, as well as other Ministries remain uninformed and, as a result, unconvinced. The global leadership of "convinced" civil society and other international partner organizations can share their knowledge and convictions internally through their own communications channels. The key messages being developed for external policy maker audiences need to be adapted and shared through internal structures in order to bring global, regional and national partners up to the same level of understanding, and to pave the way for partnership efforts at all levels. Information on progress made by working in partnership via NCDnet needs to be shared at global regional and national levels.

It is suggested to incorporate three key points into messaging:
- Explain why an NCD approach is essential and beneficial to all disease and risk factor specific communities and related health communities.
- Enable Ministries of Health to better communicate with other Ministries.
- Develop international partner specific approaches to internal information dissemination.

Tactics

- The sharing of key messages and communications materials through all appropriate internal channels could help build the NCD community at all levels and facilitate the creation of regional and national partnerships.
- The selection of appropriate technologies, communications tools, and networks will be an essential element to facilitate a coordinated response.

Roles and responsibilities

- WHO Secretariat to provide evidence-based messages, data, slide sets, NCDnet progress reports and other relevant communications materials.
- Civil Society to adapt materials for their own internal dissemination.
○ Member States to access existing materials as support to government wide discussions.
○ Other international partners to help disseminate key messages and communications materials with their internal constituencies.
○ All partners will exchange information and links to better inform the broadest NCD community.

Timeline

○ International partners and Member States will disseminate key messages, advocacy materials and reports on the progress of NCDnet achieved at the First NCDnet Global Forum, held February 24, through their own internal channels.
○ International partners and Member States will share their own progress reports with WHO to facilitate sharing through WHO communications channels and via the WHO NCDnet website.
○ The timeline is dependent on each partner but effort should be focused on keeping internal networks informed as progress is made.

Measurement of success

○ Awareness of the NCD Action Plan and NCDnet at global, regional and national levels is measurably increased and can be documented by tracking the NCDnet website, and global and national media activity over time.

Proposed deliverables and outputs 2010

The work plan of the Advocacy and Communications Working Group to date has included the development of a consensus based draft advocacy and communications strategy, as well as basic tools and products for review and feedback from a broader stakeholder group on 24 February 2010. The outcome of the Working Group review meeting on 24 February 2010 should be consensus on the draft 2010 Communications Strategy, agreement to use consistent key messages and the call to action, agreement on priority target meetings and events, an understanding of the advocacy and communications tools available and needed, and a plan for ongoing collaboration at global, regional and national levels. Specific plans for each event will be developed within one week of the completion of the 24 February 2010 meeting.

○ Draft 2010 Communications Strategy: This strategy contains the decision-makers and target audiences, position and tone of message, communications tactics, timeline, roles and responsibilities and the measurement of success for the achievement of a communications strategy in support of Objectives 1 and 5 of the NCD Action Plan.

○ Advocacy and Communications Toolkit: This advocacy and communications toolkit will include key messages, FAQs, talking points and a PowerPoint presentation. The expansion of the toolkit in the second phase to be undertaken after the 24 February 2010 meeting will include additional products such as fact sheets and slideshows/videos of best practices from the field.

○ Speakers Bureau: Since NCDnet will include many of the best experts in the NCD arena, creating a speakers bureau of the experts who are already on the talk circuit to carry NCDnet messages to prominent leaders and change agents would create a multiplier effect for our efforts to raise the priority of NCDs on a global and national level. The Advocacy and Communications Working Group will create PowerPoint presentations and key messages that tie in to op-eds, speeches, presentations and other external products for members of the speakers bureau to use while ensuring a consistent message across the team.

○ Media Partnerships: The second phase of the Advocacy and Communications Working Group work, after 24 February 2010, will lean on the expertise and relationships of the NCDnet members to build regional partners and champions, including a focus on media
partnerships to position the NCDnet for the greatest success with increasing support for NCDs in targeted regions.

IV. Suggested issues to discuss

During the Working Group break out session, it is suggested to discuss the following issues:

- Seek consensus on Advocacy and Communications Strategy, particularly the 2010 focus.
- Prioritize the 2010 activities and commitments to specific actions.
- Review and seek inputs on toolkit and communications mechanisms.
Acknowledgements

This background paper for discussion was compiled with the input, support and assistance from (in alphabetical order) the Framework Convention Alliance, Global Alliance against Respiratory Diseases, International Association of Patients Organizations, International Diabetes Federation, International Union against Cancer, Kidney Disease Prevention Network, World Heart Federation, World Stroke Organization, the Union, World Economic Forum, as well as selected Member States and staff across WHO. This paper does not represent an official position of the World Health Organization. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this paper.

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