



# GLOBAL FRAMEWORK FOR CAPACITY BUILDING FOR NON-COMMUNICABLE DISEASE ADVOCACY IN LOW- AND MIDDLE-INCOME COUNTRIES

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## Overview

## 1- Introduction and Background

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Non-communicable diseases (NCDs) represent an increasing proportion of morbidity and mortality throughout the world. Sustained advocacy, carried out by a skilled workforce, is an important strategy to realize the political will and implement the policy changes, environment changes and programs that are required to reduce the global burden of NCDs. Competencies for effective advocacy include a combination of scientific, programmatic, technical as well as communication-based skills. The International Union for Health Promotion and Education (IUHPE), the National Heart Foundation of Australia and the InterAmerican Heart Foundation joined efforts to conduct two pilot NCD advocacy courses, one in Thailand and one in Colombia. A Global Advisory Group engaged a Local Organizing Committee in each country to ensure the courses would meet the needs of the local stakeholders. While both courses contained a set of key competencies and helped participants develop joint strategies for moving forward with consensus advocacy targets, the courses differed in content and participant background depending on the local context.

The planning and execution of each course generated lessons in relation to using a comprehensive theoretical framework to teach advocacy competencies, engaging key stakeholders, meeting local needs and priorities, planning local logistics, and ensuring sustainability of training efforts. Lessons from the pilot courses in Thailand and Colombia have informed the development of a framework for planning future courses. This framework is outlined here.

## Acknowledgements

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## 2 - NCDs and health promotion

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Non-communicable diseases (NCDs) are the dominant cause of disease burden and mortality in the world today. The World Health Organization's Global Status Report on Noncommunicable Diseases 2010 reports on the worldwide epidemic of cardiovascular diseases (CVDs), cancer, diabetes and chronic respiratory diseases, along with their risk factors and determinants (1). The magnitude of NCDs is a global issue for both high-income and especially low- and middle-income countries. In response the United Nations (UN) convened a special high level meeting in New York in September 2011 - only the UN's second ever on a health issue, to discuss solutions to the NCD crisis. In the landmark Political Declaration from the United Nations High Level Meeting on NCDs, heads of State acknowledged the global burden and threat of NCDs, not just to health but to economies and to development. They further recognized the primary role of Governments, and of prevention and health promotion in responding to the challenge (2).

These landmark global developments present an unprecedented opportunity for prevention and health promotion, especially given the degree to which the four main NCDs (CVDs, cancers, diabetes and lung disease) are fuelled by four modifiable and preventable risk factors; tobacco use, an unhealthy diet, lack of physical activity, and harmful alcohol use. Health promotion approaches afford the best opportunity to impact on these diseases and their risk factors at the population level (3-5). Policy interventions such as taxation, advertising restrictions, food reformulation, school education and provision for public education are effective, inexpensive and reach large numbers of people. For these reasons the emphasis within this Framework for NCD Advocacy Training courses has been oriented around health promotion method, emphasizing public policy action and social determinants within the cross-sector systems that impact on NCDs. Health promotion approaches to NCD prevention is a development issue in low- and middle-income countries (LMIC), and critical values such as equity and justice should inform healthy public policies (6).

## 3 - A theoretical framework to teach advocacy competencies

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The World Health Organization defines advocacy as *"A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme"* (7). This definition highlights the fact that advocacy is principally an endeavour to bring about change, and that the principal target of advocacy is change in policies, environments and systems that determine health. Shilton (8) describes five types of advocacy to affect change:

- ◆ Political advocacy,
- ◆ Media advocacy,
- ◆ Professional mobilization,
- ◆ Community mobilization, and
- ◆ Advocacy from within organizations.

Each of the above elements has an important role in mobilizing different sectors of the community to affect change. These factors are also inter-dependent. For example, politicians will often be profoundly influenced by the media, interests from other sectors, or by the expressed sentiment of voters or key stakeholders in their electorates.



## ***4 - Key logistical, organizational issues underpinning effective NCD advocacy training courses***

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In establishing an NCD Advocacy training course the following steps are recommended.

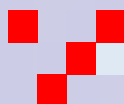
- 4.1 Identify funding requirements and source funding to support the course**
- 4.2 Identify and recruit a Local Organizing Committee**
- 4.3 Local Organizing Committee identifies local key stakeholders and methods to engage them**
- 4.4 Identify criteria for the recruitment of priority participants that will be invited to join the course**
- 4.5 Recruit international faculty as well as local faculty and guest speakers to teach the course that have extensive experience in NCD advocacy and related NCD issues.**
- 4.6 Recruit expert local faculty who can present case studies of successful initiatives.**
- 4.7 Identify skilled local facilitators and thoroughly brief them in relation to course content, method and processes.**
- 4.8 Identify whether language translation is required and source appropriately skilled translators.**
- 4.9 Prepare background materials (agenda, presentations, etc.) to be provided to the participants.**
- 4.10 Select a course venue that meets requirements for the course**
- 4.11 Agree the length of the course and a broad program, including social and other opportunities for delegate interaction and learning.**
- 4.12 Consider an evaluation strategy (for process and outcomes (both immediate and further down the line))**

## ***5 - Content/scientific issues underpinning effective NCD advocacy training courses***

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- 5.1 For a two-day or three-day program the following factors have been identified as important for success:**
  - 5.1.1 A mix of content sessions and skill-development group work**
  - 5.1.2 A combination of global content, local content**
  - 5.1.3 Global and local case studies**
  - 5.1.4 Where more than one risk factor is addressed – equal program coverage is provided for each**
  - 5.1.5 Provide formal and informal opportunity for cross-learning and network development among participants and faculty**
  - 5.1.6 Program a combination of expert presentations with ample time for group feedback, questions and discussion**
  - 5.1.7 Allow time for group presentations – based on strategies prepared and developed in the course. This is a useful culmination activity as it enables presentation of ‘outputs’ from the workshop.**
- 5.2 Courses address key competencies for effective NCD advocacy.** These include a combination of scientific and technical as well as communication-based skills (see Table 1).





## 5 - Content/scientific issues underpinning effective NCD advocacy training courses

**Table 1. Competencies for NCD Advocacy: The Science and the Art**

### **Science**

- ◆ Understanding systems in health care and other sectors
- ◆ Understanding the cross-sector policy environment
- ◆ Understanding effectiveness and cost-effectiveness of interventions
- ◆ Interpreting and using data and evidence – to advantage

### **Art**

- ◆ Recognizing advocacy opportunities from science, and evidence and political processes
- ◆ Ability to develop relationships, build trust and influence those in power (the media, decision makers)
- ◆ Skills to influence and mobilize professionals and community groups
- ◆ Creativity in ‘message framing’ and ‘spin’ in the presentation of information in convincing ways.

- 5.3 Course content takes consideration of a review** of local progress on NCD prevention through political and environmental initiatives, as well as local socio-political context and legal framework for the advocacy actions.
- 5.4 Course content takes consideration of NCD risk factors prevalence and epidemiology to reflect local need. Evidence and context are used as principal criteria in the selection of issues to be the focus of the courses.**
- 5.5 Courses assist participants in developing consensus advocacy targets and strategies** for achieving these targets.
- 5.6 Courses help participants develop practical skills** to use both in their own current work and in the future to train others
- 5.7 Participants are:**
- 5.7.1 from diverse backgrounds in order to comprehensively address the advocacy needs of the selected focus issues**
  - 5.7.2 senior in their organization** – senior enough to affect change, or with leadership potential.
  - 5.7.3 in a professional position to apply what they learned from the course**
  - 5.7.4 selected to enable connections to be made among research, advocacy, policy and practice** as well as decision makers – and enable consensus to be reached in the identification of NCD targets.
- 5.8 Courses provide opportunities for participants to build and strengthen advocacy coalitions** by working closely with other participants. Coalitions have a history of success in bringing about change in issues such as tobacco control. They enable the efficient and effective combination of resources as well as diverse technical competence for maximum effect. Coalitions can be formed around specific issues, or across sectors, across disciplines, across NCDs, and across NCD risk factors and behaviours.

## 6 - Advocacy models employed

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The advocacy model illustrated in **Figure 1** provides a framework for advocacy strategy development. The model provided a highly appropriate mechanism for working through typical steps in advocacy strategy development (8). Other advocacy models exist that could also provide a useful framework for the course. These include the Advocacy Institute and its 9 Questions (9) and others including models from the American Cancer Society (10). The framework outlined here is a guideline that is flexible to adaptation to meet various political, cultural, historical, social contexts.

Course outlines should ensure sufficient time is allocated to content for each step in the process, with provision of examples of good practice provided in each step. For each step in the process, content/theory lectures can be provided, followed by risk-factor specific group work. A risk-factor specific advocacy plan with key advocacy targets is produced by each group, and the workshops culminate with presentation of these plans to the whole group.

### *Feature 1: Evidence*

- Why is your issue important/urgent for NCD prevention in your country?
- What evidence sources help define the problem? Define solutions?
- What new evidence sources would be useful to address your issue?

### *Feature 2: Policy relevance*

- What key policies are your issue relevant to?
- Who are the key (health and non-health stakeholders with whom you would need to work?

### *Feature 3: An agenda for action*

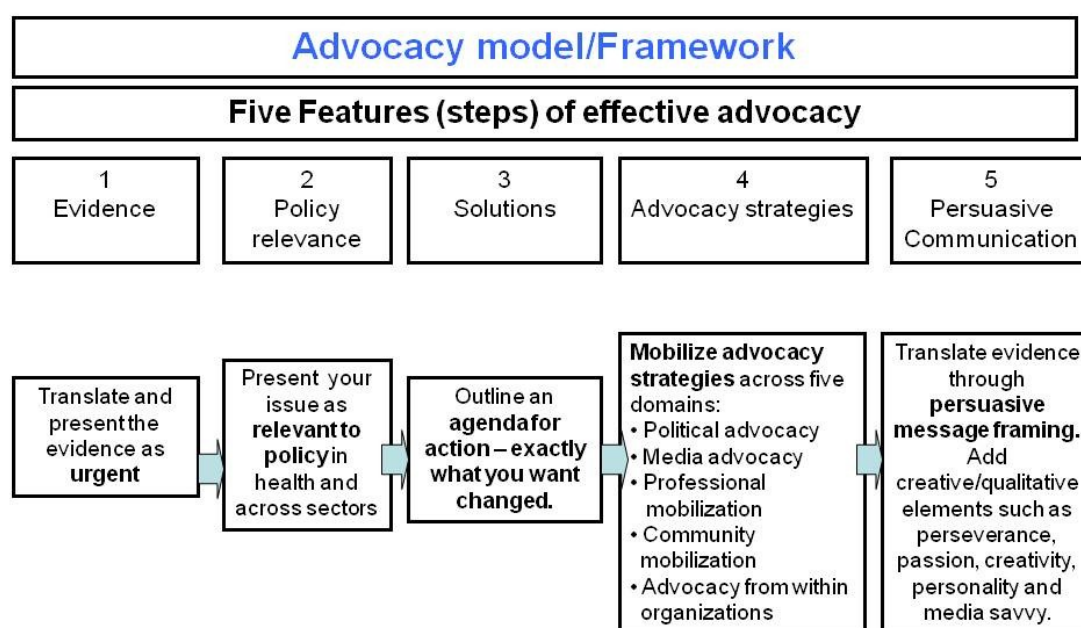
- What are the specific solutions/actions you are seeking?
- What is your 10 point plan?

### *Feature 4: Develop advocacy strategy*

- What advocacy actions will help achieve the change you are seeking?
- List specific advocacy actions/ideas for each of five areas (political advocacy, media advocacy, professional mobilization, community mobilization and advocacy from within your organization)

### *Feature 5: Persuasive communication: Adding the art of advocacy*

- What are your 'key' messages?
- How can these be persuasively stated?
- How can these be creatively communicated?
- How can you add 'art' to your advocacy strategy?



Shilton TR (2008). *Physical Activity and Health*. 5(6);765-777



Thailand NCD Advocacy course, June 14-16, 2012, The Rose Garden

Figure 1. Five Features for Effective Advocacy

## 7 - Sustainability and follow up

Consideration should be given from the outset regarding how the impacts of advocacy training will be maintained. Coaching and continuing training in everyday practice should be considered as important follow-up for advocacy training. Building of coaching skills as part of the training workshops will enable participants to play a leadership role with other practitioners. Follow-up training could be organized once participants have had time to put plans into action at the local level.

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