
1. Relevance of the intervention

**Titel:** EANCDA capacity building for strategy development, national, regional and global advocacy

**Objective of the intervention.**
To strengthen East Africa NCD Alliance’s organisational capacity and capacity for advocacy in East Africa and globally for the health goal in Sustainable Development Goals and to promote engagement of the East African Governments in the 2018 UN High-level Meeting in order to include views from people in East Africa in the UN outcome document and to commit the Governments and donors to scale up initiatives for prevention and control of NCDs and to allocate sufficient budgets for this nationally.

**The global context**
Non-Communicable Diseases (NCDs) including cancer, diabetes, heart and lung diseases are the major reason for mortality globally and caused 70% of all deaths in 2015. The global burden of NCDs is expected to increase by 17% by 2025. More than 40 % of NCD deaths are premature (before 70 years of age). Nearly 3/4 of NCD deaths and most premature deaths (82%) occur in low and middle income countries (LMICs).

Historically NCDs have been considered diseases of the rich and the elderly, however NCDs are now severely impacting on people in low- and middle-income countries (LMICs). Four out of five people with an NCD live in a LMIC. The costs to individuals and society of healthcare and loss of income-earners hampers poverty reduction and sustainable development. NCDs are largely driven by four main modifiable risk factors – tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol.

Due to NCDs alarming impact on global health, and poverty reduction, the UN called for the first UN High-level Meeting on Prevention and Control of NCDs in 2011 and agreed on a Declaration for combatting NCDs until 2025. The overall aim is to reduce premature mortality by 25% by 2025. According to the Declaration, the progress must be reviewed every 3 - 4 years at a High-level Review Meeting (HLM). First HLM in 2014, committed member countries to develop a multi sector plan by 2015 and start implementing it by 2016 and 17. UN will conduct the next HLM in July or September 2018. National governments must report progress and the UN will negotiate a new outcome document to speed up the development at national level. This will be an important opportunity for NCD Alliances to advocate for speeding up initiatives to combat NCDs nationally, regionally and globally and to call for donor attention.

**NCDs in the Sustainable Development Goals**
It was a major achievement when NCDs were adopted in the Sustainable Development Goals in 2015, in goal 3.4 and a number of other goals addressing the risk factors. Goal 3.4 states “By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being.” This goal is supported by a number of other goals, including 3.5 about harmful use of alcohol, 3.6 about halving the number of global death and
injuries from road traffic accidents, 3.7, about achieving universal health coverage and access to affordable essential medicines, 3.9 about reducing deaths due to air pollution, 3.a about strengthening implementation of WHO Framework Convention on Tobacco Control, 3. b about research and development of vaccines and medicine and 3. c about training and retention of qualified health workforce. These goals will together with other relevant SDGs serve to prevent NCDs by addressing important risk factors like tobacco, alcohol, indoor air pollution and traffic hindering people from active transport. Others will prevent through offering vaccines for example against hepatitis and Human Papilloma Virus (HPV), which are risk factors for cancer. Finally they will support early detection and treatment through universal access and qualified staff.

Being adopted in the Sustainable Development Goals has raised the profile of the NCD issue considerably at the global and national level and contributed to committing national governments, donors and the international community to the NCD effort. However, financing and donors are still absent and preliminary analysis have stated that the planned reduction of NCDs are not attainable with the current pace of implementation.

The East African Context
NCDs represent a significant challenge for East Africa where, NCDs are projected to be the leading cause of death by 2030. These diseases are undermining sustainable human development in the region.

The major burden of NCDs in East Africa includes cardiovascular diseases (in particular hypertension and rheumatic heart disease), diabetes, cancers, chronic respiratory diseases, sickle cell disease, mental disorders, violence and injuries, road traffic accidents, disability, oral and eye diseases.

NCDs and NCD related mortality occur at younger ages in sub-Saharan Africa than in other regions, impacting economic productivity and disrupting social and cultural set ups. Two-thirds of life-years lost and disability-adjusted life years due to NCDs and injuries are in individuals younger than 40 years of age in Sub Saharan Africa (SSA).

According to WHO’s World Health Statistics from 2017 the probability of dying prematurely from an NCD in Denmark is 11,6%. In comparison it is 21,6 % in Burundi, 21,6 % in Uganda, in Rwanda it is 20,4 %, in Kenya it is 17,8 % and Tanzania it is 17,9 %. In Denmark we have experienced a decrease in premature mortality of about 2% since the 2014 report, whereas the east African countries except Kenya have experienced an increase of one to two per cent.

We can predict the development by looking at the risk factors.

Harmful alcohol consumption is a serious risk factor. In Denmark the average intake of pure alcohol pr. year pr. capita (aged 15 and over) is 10,1 litres, in Uganda this figure is 11,8, in Burundi it is 6,9, in Kenya it is 4,4, in Rwanda it is 11,5 and in Tanzania it is 12,5.

Insufficient physical activity in adults aged 18 and above was recorded in 2014 to be 24,3 % in Denmark, in Kenya it is 19,2 % and in Rwanda it is 15,3 %.

Tobacco use account for 7% of all female and 12 % of all male deaths, and 8 million death pr. year globally. According to WHO Global Health Observatory Data 2015 17,6 % of the population in Denmark over 15 years smoke, in Tanzania 27,5% of the male population smoke, in Kenya it was 24,6 % and Uganda 16,4 %. The high prevalence in Tanzania mirrors a very weak implementation of the Framework Convention on Tobacco Control (FCTC). Smoking prevalence is increasing in most low-income countries whereas it is declining in high-income countries. The same is happening on nutrition carried forward by urbanisation and influx of unhealthy western food products like fast food, cooking oils, cereals full of sugar and salt.
Raised blood pressure is one of the leading risk factors of NCDs causing 9.4 million deaths and 7% of the global disease burden. WHO estimates that African Region have the highest rate of elevated blood pressure worldwide. In Kenya it is 21.1%, in Tanzania it is 22.3%, in Uganda it is 20.5% and in Rwanda 21.6% according to WHO NCD Country Profiles 2014. Obesity increases likelihood of diabetes, hypertension, coronary heart disease, stroke, certain cancers, obstructive sleep apnoea etc. According to WHO 2014 NCD Country Profiles the prevalence of obesity in adults over 18 in Denmark was 19.3%. In Tanzania it was 7.1%, Kenya was 7%, Uganda 4.9% and in Rwanda 4.0%. The double burden of communicable and non-communicable diseases in the East African Community and the associated disabilities and premature deaths increase pressure on existing vulnerable health systems and national economies. The World Economic Forum (WEF) analysed the financial implications of NCDs in 2011. They found that cumulative economic losses due to NCDs under a “business as usual” scenario in low- and middle-income countries from 2011 to 2025 could be estimated at US$ 7 trillion. This sum far outweighs the annual US$ 11.2 billion cost of implementing a set of high-impact interventions to reduce the NCD burden.

Policy development in East African countries
Despite the fact that NCDs in a couple of decades have contributed seriously to the disease burden in SSA, and forecasts year after year has pointed out that NCDs will constitute the largest cause of death by 2030, political initiatives to counter this development have been very slow in East Africa. However, improvements have been seen in East African Countries such as development of NCD policies. The annual NCD policy and advocacy dialogues, initiated by the NCD Alliances, have yielded results such as development of multi-stakeholder and multi-sectorial strategic planning processes, which include members of EANCSA national alliances. One of the drivers of this is a coordinated and well-organized civil society. This has been the case for some years in East Africa. This is mainly due to the Denmark/East African capacity building projects in Uganda, Tanzania, Zanzibar and The East African Community.

Disease surveillance systems
One of the improvements is that all EAC countries except Burundi has conducted a STEP survey and in Burundi, it is made in one district. This provides an important baseline for the status of NCDs in East Africa. Most of the countries have also conducted a SARA survey in order to see the readiness of the health system to tackle the burden of NCDs in the countries. This is another important baseline for the EA NCD Alliances. However, the disease surveillance systems are still far too weak in the East African countries.

Development of national NCD strategies and action plans
UN agreed at the 2014 UN High-level Review meeting on NCDs, that all countries should develop a multi-sector action plan for prevention and control of NCDs by 2015. The NCD Alliances have supported the governments in achieving this through their advocacy activities.

In Kenya a National Strategy for the Prevention and Control of Non-communicable Diseases 2015 to 2020 was endorsed in 2015 with a budget of about 414,000 USD. The goal of the National NCD Strategy is to reduce the preventable burden of mortality, morbidity and disability due to NCDs through multi-sectorial collaboration and to ensure the highest attainable standards of health and productivity throughout the life cycle. The Strategy emphasizes on an integrated approach for addressing NCDs and their risk factors using evidence-based cost effective interventions and realizes the need for integration of NCD control into communicable
disease prevention and control using existing primary healthcare platforms. Priority action is risk factor reduction; strengthening and re-orientation of healthcare systems to address NCDs; advocacy and community mobilization; health promotion; research; surveillance and creation of networks and partnerships for disease control across various sectors.

**In Tanzania** the NCD Alliance was instrumental in developing the national NCD Strategy through an initiative together with Ministry of Health, WHO Tanzania and the NCD Alliance. November 2016 the Government launched a costed National NCD Strategic and Action Plan 2016/17-2020/21. The plan was adopted from the WHO Global NCD Action Plan 2013-2020 and resulted from a wide consultation of all relevant stakeholders, including Civil Society. WHO, the World Diabetes Foundation and the Danish NCD Alliance (through TANCDA) contributed some of the required human and financial resources to this process. In 2016, the government also launched a multi sectoral Nutrition Action Plan which includes diet-related non-communicable diseases.

The important detail about this plan being costed is that The Ministry of Finance has calculated the cost of each item in the plan. This will make it possible for the government to prioritize concrete activities into the national budgets and for the NCD Alliance to follow the financial plan in order to see if relevant NCD activities are included in the national budget.

**In Uganda** development of a Multi sectoral Strategic Plan for NCD Prevention and Control is not yet in place. It has been drafted and is under development. The Ministry of Health (MoH) has emphasized primary health care, focusing on disease prevention as the main strategy for addressing NCDs. It is anticipated that when the national NCD policy is in place, more resources will be made available to support NCD initiatives. Already in 2015 the parliament endorsed a restrictive policy on tobacco control “The Tobacco Control Act”.

In Rwanda and Zanzibar the multi sectoral Strategic plans have also been developed.

**Special units to tackle NCDs in Ministries of Health**

In all EA countries we have seen a strengthened unit for NCDs in MoH. In Uganda for example the MoH has approved the transformation of the NCD program consisting of a one and a half person NCD Desk into a full-fledged department with two divisions; a division of Mental Health and Substance Abuse and a division of Lifestyle Diseases.

These developments are very positive, leaving the NCD Alliances to focus on the next weakness which is implementation. Lack of financial resources, technology and qualified staff will be at the heart of advocacy in the years to come.

**NCDs in the East African Community (EAC) and the African Region**

The East African Community is working to address health issues, including NCDs. The outgoing development plan 2011/12 – 2015/16, the new one is not yet published, has 12 priority social sector interventions on health and the fourth priority aspires to “Strengthen promotive, preventive, curative and rehabilitative health services for non-communicable Diseases.” However, how this is to be achieved has not been spelled out. The development of a NCDs strategic plan has been ongoing since 2015 but this is not yet complete. The EANCDA has offered EAC to contribute with technical support on the NCD strategy, but the strategy development process seems not to be very participatory. EANCDA has been pushing for more action on NCDs and multi-sector participation in development of the NCD strategy through advocacy letters to key people like the Speaker of the EAC Legislature and head of social services committee and communication people. Advocacy towards EAC is extremely important in order to coordinate and work together on issues like research, production and purchase of essential medicine, accountability (monitoring and evaluation) and aspects in relation to trade, taxes, farming, traffic etc. EANCDA is planning an advocacy approach implying to go to Arusha in Tanzania where EAC is situated and organize.
meetings with people responsible for health and representatives from EAC will be invited to participate in the EANCDA multi stakeholder meeting in January 2018.

**NCDs in WHO Afro Region**

WHO-AFRO considers NCDs to be a major health and development challenge. However, WHO-AFRO has been slow in taking concrete actions to address NCDs. For example, WHO-AFRO framework on NCDs is yet to be completed. In addition, NCDs were not on the agenda of the Regional Committee Meeting in 2016 apart from oral health. It is the view of EANCDA that WHO-AFRO has done too little to urge national governments to do more. Therefore EANCDA has been engaging WHO-AFRO as an important entry point to influence NCD action from regional level downwards to national level. The engagement of the EANCDA with WHO-Afro on NCD advocacy have included a joint letter in April 2016 to The WHO director Dr. Moeti, signed by 34 NCD civil society organisations and academia from Africa and overseas. The letter called for an urgent NCD action and speeding up the adoption of the WHO-AFRO framework. In follow up to this, the EANCDA participated in the 2016 WHO Africa Regional Coordination Meeting (RCM) in August 2016 in Addis Ababa and presented the joint statement signed by 24 civil society organisations and academia from Africa and overseas. The statement decried the lack of a specific agenda and made four specific demands to the health ministers gathered there: 1. To speed up NCD policies, 2. Increase NCD budget, 3. Adapt health systems and, 4. Develop or adapt information systems for NCD M&E.

As part of this advocacy the EANCDA had made another underground strategy which included approaching the ministers of health in Uganda and Tanzania to speak out on NCDs in Addis Ababa. This led to the amendment of the agenda for the next RCM in 2017 to specifically include the adoption of the WHO Afro Regional Framework for NCDs. All these action also resulted in an invitation to take part in the 2016 WHO Global Coordination Mechanism and the WHO-NGO dialogue meeting in Mauritius where NCD Alliances from Africa participated in a joint process with WHO for developing an official collaboration framework between WHO and Civil Society on NCDs.

The low prioritization of NCDs in WHO Afro has influenced priorities of NCDs in the member states. It is therefore a major achievement that Civil Society has been engaged in policy development and that EANCDA together with academia and other civil society organisations in Africa, have secured NCDs in the next RCM in 2017 and speeding up the completion of the African NCD framework.

**NCDs in the African Union (AU)**

NCDs are high on African Union’s Health Agenda 2063 which undertakes to “Aggressively address and reduce the high levels of communicable and non-communicable diseases on the continent”. As one of 5 strategic priorities, Strategic Objective 2 addresses NCDs “Prioritizing programs to address premature mortality from diabetes, cancer, cardio-vascular diseases, respiratory infections, mental health, injuries and other non-communicable diseases”. NCDs are also one of the focus areas for the African Centre for Disease Control that was launched in January 2017. However, the continental body is yet to develop specific programmatic interventions on NCDs. This framework offer a good ground to engage in pushing for concrete actions on NCDs at the continental level and the African Union is prioritized by EANCDAs as important strategic driver for change and will be included in the strategic process.

**NCD Civil Society response to NCDs**
The International Union for Cancer Control (UICC), International Diabetes Federation (IDF) and World Heart Federation (WHF) initiated the NCD Alliance (NCDA) in 2009, a loose coalition advocating for a global NCD response. The first success was the 2010 UN decision to conduct a UN HLM on NCDs in 2011. Since then, the NCDA has been very successful in organising and coordinating the global civil society response on NCDs. More than 2000 NCD organisations globally are affiliated to the NCDA and in 2017, it registered as a formal NGO. Its strategic focus has widened from global advocacy and coordination to include support to capacity building for national and regional NCD Alliances.

Danish NCD Alliance (DNCDA) was also established in 2009. Its strategic aim is to strengthen civil society response to NCDs in East Africa by partnering with East African NCD Alliances and offering technical support to capacity development. DNCDA is committed to the global NCD advocacy and works closely together with NCDA.

One way of working has been to gather information at community and national level (Benchmark surveys [https://ncdalliance.org/sites/default/files/resource_files/East%20Africa%20NCD%20Alliance%20Civil%20Society%20Survey%20Report.pdf](https://ncdalliance.org/sites/default/files/resource_files/East%20Africa%20NCD%20Alliance%20Civil%20Society%20Survey%20Report.pdf)) about governments implementation of their UN commitments and conducting multi stakeholder meetings and development of a common East African NCD charter. Both the survey and the charter has fed into national advocacy and media campaigns and into regional advocacy as well as, to the UN HLMs. Dealing with a relative new global problem the overall commitments to combatting NCDs is still fragile. The Danish/East African partnership has hence functioned as a role model for civil society engagement in NCDs.

**East Africa NCD Alliance Initiatives**

The first East Africa NCD Alliance Initiative was launched in 2014 with support from the Civil Society Fund. The outcome of this was establishment of a more structured network of NCD Alliances from East Africa. Already in 2014 the EANCD network was very successful in building the case about NCDs in East Africa and used this for global and national advocacy. The benchmark survey and the charter were important milestones for engagement with the UN and the national governments. As a follow up, the alliances therefore decided to form a stronger network and to develop capacity in the network to strengthen national, regional and global advocacy on NCDs in East Africa. With support from the Civil Society Fund and in partnership with DNCDA, the “East Africa NCD Alliance Sustainability Initiative. Capacity building for advocacy!” project was started August 2015.

Activities in the project have included workshops for capacity development. Areas of focus have been;

- Governance and organizational development for a strengthened NCD response in East Africa and all over Africa
- Advocacy and lobbyism
- Research and accountability (monitoring and documentation)
- Resource mobilization/fundraising
- Consolidation and development of national NCD Alliances

**Outcomes and outputs of the “East Africa NCD Alliance Sustainability Initiative. Capacity building for advocacy!”**

The project had two objectives:

By the end of 2017 there is a well-functioning NCD Alliance in all countries in the East African Community and a sustainable network of these NCD Alliances. They have built a capacity so they
are attractive for their member associations as the leading advocate for political action on NCDs and respected as the legitimate representative for patients and people concerned about NCDs by government, Members of Parliament, East African Community, donors and other relevant stakeholders.

By the end of 2017 all NCD Alliances have been advocating successfully towards their governments/parliaments for development of costed national NCD plans (plans and budget), implementation of the 2015 Sustainable Development Agenda here under integration of NCDs in their development plans/aid plans and strategies, influencing the East African Community’s NCD Plan and the outcome document of the next UN NCD review.

The objectives have been reached through a number of outputs and outcomes:

**NCD Alliances in all countries**

When we started this project in 2015 there were no NCD Alliances in Burundi and Rwanda and in Kenya patient member associations of NCDAK were very scattered. Based on capacity building and very little seeding money, NCD Alliances have been established and formalized in Burundi and Rwanda. Based on this success, we have applied to CISU for funds for projects on citizen driven advocacy and capacity building of NCD Alliances in Burundi and Rwanda. They have been granted and will start by October this year. In Kenya the project has established a process among the many patient associations for working together for a common issue. In collaboration with Program for Appropriate Technology in Health (PATH) and support from the project, NCDAK organized a workshop in February 2017 starting a process of organizing patients for access to essential medicine and quality care. This process is still taking place. The patient support organizations including diabetes, cancer and stroke patients are engaged in civil education forums for participation in budget hearings and preparation of medium term budgetary policy statements to increase allocations to NCD prevention and care especially supply of essential medicines and technologies. The result is that EANCDA now is consisting of fully established and national recognized NCD alliances in all EAC countries. All the member alliances have been working successfully for improved response to NCDs from their governments.

**Governance and organizational development for the EANCDA network**

Already at the first workshop in 2015, a Memorandum of Understanding (MoU) for collaboration and governance was agreed upon and a leadership was elected. This as an effect, has meant that East African NCD Alliances could perform as an entity with its advocacy towards EAC, WHO Afro, WHO Global Coordination Mechanism, and the UN. Finally at the workshop in 2017 the participants found that the network had matured to be formalized as an NGO. For the purpose the MoU was reviewed and Professor Yonga, chair of NCD Alliance Kenya was formally elected as the substantive chair of the East Africa NCD Alliance. The MoU has been submitted for recognition to a lawyer who has used it to develop a Constitution, a memorandum of Associations and Articles of Associations which are required documents needed for NGO registration. This will enable EANCDA to attend the 2018 UN HLM as a formally registered NGO adding to its recognition as formal representative for NCD Alliances which in turn represents people living with NCDs and people at risk for NCDs in East Africa.

A structure for governance has been developed and implemented. It consists of a board with two representatives from each member NCD Alliance and a general assembly consisting of the board plus 1 representative from each member alliance. The chair and vice chair will be elected at the general meeting, both serving a 2 year term, renewable once. A secretariat consisting, of a CEO
and a part time accountant is established. A structure of committees has been established, consisting of working committees on research, finance and fundraising. The secretariat is based in Kampala and shares the premises with UNCA. The project manager of the ongoing “East Africa NCD Alliance Sustainability Initiative. Capacity building for advocacy!” is appointed as CEO for EANCDA. The key challenge for EANCDA is time constraints among members and coordinating organizations over vast geographical distances. In order to mitigate high travel costs, EANCDA has used internet based communication. The annual meetings convened as part of this project have been vital for building the capacity in this new organization and for sharing experiences. The capacity and the clout it has developed would not have been possible without these meetings and we have to realize that physical meetings also in the future will be vital for the sustainability of the EANCDA.

Creating a Pan African NCD Network
EANCDA/DNCDA has worked jointly with NCDA and strived to gather broad organization of NCD Alliances in Africa. With financial support from NCDA representatives from NCD Alliances in Ethiopia, South Africa, Zambia, Cameroun, Malawi and Nigeria has participated in the workshops and worked for establishing an African NCD Alliance network. This culminated in 2016 during the WHO Global Coordination Mechanism Meeting in establishing an African NCD civil society network focusing on sharing best practices. Because it was the most prominent and well established regional NCD Alliance EANCDA was nominated to be the secretariat of the African NCD Civil Society Network.

Engagement of young people in the network
Engaging young people has been a priority and members of the Young Professional Chronic Disease Network (YPCDN) from East African Chapters have participated in our annual capacity building and planning workshops. At the 2016 workshop the YPCDN CEO and the Chair also participated and a collaboration agreement was made.

Advocacy and lobbyism
As described above EANCDA has been an important driver in speeding up the NCD response from WHO Afro and they have been invited as important stakeholders to the WHOs Global Coordination Mechanism. Outputs from the ongoing project in form of position documents has been integrated into petitions to EAC to speed up their response.

Research and accountability are important components in the ongoing sustainability project. A workshop attended by the NCD Alliances, Yale University, Makerere University, Aga Khan University, University of Southern California, University of Aarhus, DNCDA and the NCDA put capacity and prioritization on research in focus. This way they have developed capacity for initiating operational research activities and one result has so far been a grant, which made it possible to call for a broad research conference in Kenya. Outputs of this conference are concrete applications for research activities.

The most important output of the sustainability project concerning research and accountability is a benchmark survey assessing progress in EA on implementation of the UN outcome document from 2014 UN HLM on NCDs. The first benchmark survey was done in 2014 and the results were used to develop a Charter on NCDs which formed a key advocacy and accountability tool targeting governments and presented at the 2014 NCD HLM. The current project is undertaking the second benchmark to assess national progress. Planning for the second benchmark survey was done jointly at the 2017 EANCDA workshop with important inputs from NCDA to ensure that the East African survey is aligned to similar surveys conducted globally. The survey uses a tool developed
This will make it a strong tool for advocacy. The EANCDA research committee has selected a consultant from African Population and Health Research Centre (https://www.facebook.com/APHRC) to conduct the survey. Young people from East African and Danish chapters of Young Professional Chronic Disease Network (YPCDN) will take part in implementing the survey. The survey will be ready by November 2017.

Another development in research was the January 2017 NCD research conference. With financial support from the NCDA and AstraZeneca, and in collaboration with African Population and Health Research Center (APHRC) and the International Development Research Center (IDRC) Canada, the EANCDA held a regional conference on NCDs in Kenya. The conference brought together 79 participants representing over 40 organizations including The EANCDA and its member Alliances, the (global) NCD Alliance, South Africa NCD Alliance, APHRC, AstraZeneca, Norvo Nordisk, WHO-AFRO and others including universities, ministries of health and research institutions. The conference discussed NCD policies and programs in African region including the role of Multisectorial Approaches. The outcomes were: (1) an NCD research agenda and (2) an Africa-wide collaborative NCD research framework and research group, with the EANCDA leadership as the coordinating center.

**Capacity for Resource mobilization/fundraising** have been integrated in the workshops and follow up on these. Results has been financing of the above EANCD Research Conference in Kenya, a grant from Novo Nordisk to conduct a project for increased engagement of people living with NCDs “Our Views, Our Voices” in advocacy and submission of a fund application to the World Diabetes Foundation for a structured and concerted initiative for media collaboration organized by the national NCD Alliances and coordinated by the EANCDA.

In Tanzania TNCDA submitted an application for organizing a network of school children as ambassadors for NCD prevention and initiatives to the Foundation for Civil Society in Tanzania. A structured program for engaging volunteers and interns from Denmark has also been implemented, resulting in 10 interns/volunteers who for periods between 6 weeks and 3 months have worked with national alliances and EANCDA. This program has also contributed to information work in Denmark.

**Outstanding activities in the project**

As mentioned above a benchmark survey on implementation of the 2014 UN HLM Outcome Document will be finalized by November 2017. The results from this will feed in to drafting a charter for strengthened NCD response in East Africa. This will be presented and discussed at a multi stakeholder meeting in East Africa in January 2018. This stakeholder meeting will include representatives from MoH, MPs, EAC, Universities, DNCDA, NCDA, YPCDN, People Living with NCDs and a broad number of people from other NGOs relevant for combatting NCDs participate. Outputs and outcome from this will be the benchmark survey report and an agreed charter and multi stakeholder support to a structured advocacy effort nationally, regionally and globally at the 2018 UN HLM.

**In conclusion**

The EANCDA has gone through a successful establishment stage and have become a recognized NGO engaged in NCD advocacy in East Africa. The Alliance is now aiming to develop a more focused people-centered strategy putting poor and marginalized people at the center.

With this application we will:

1. Strengthen the EANCDA capacity to represent poor and marginalized people living with NCDs and people at the risk of developing NCDs at the national, regional and global advocacy. This will be done through;
a. Organizational development of the newly formalized EANCDA
b. Capacity building for strategy development and implementation

2. Plan and implement concerted advocacy for the outcome document of the 2018 UN HLM, based on outputs from the ongoing project like the genuine voices of people living with NCDs in East Africa, the benchmark survey and the charter. This will include advocacy efforts towards national governments for prioritizing NCDs and participating at government level in the UN HLM, advocacy towards EAC to speed up their policy development on NCDs and participate in a side event at the UN HLM. The aim is to increase national attention to NCDs in EAC and to promote strengthened funding commitment.

2. Partnership
Experiences, capacities and resources of participant partners

Danish NCD Alliance
Danish Cancer Society and Danish Diabetes Association are major patient organisations with hundred years of experience in representing patients, research, advocacy and patient support. They have profound experience in securing good governance based on engagement of their members and other relevant parties. DNCDA consisting of the Danish Cancer Society and the Danish Diabetes Association have since 2009 developed its capacity for engagement in national, regional and global advocacy for NCDs and for partnering with NCD alliances in East Africa. DNCDA has successfully partnered with NCD Alliances in Uganda (since 2010) Tanzania (since 2011), Zanzibar (since 2013) and supported collaboration between NCD Alliances in The East African Community (EAC) since 2014. Focus of the partnerships have been to establish sustainable NCD Alliances, advocacy for political initiatives for improvement and awareness. Advocacy has included all levels from community, to national, regional and global level. (See https://www.cancer.dk/ncd/)

People in charge of this project from DNCDA will be a team including Director of Development Susanne Volqvartz (SV) and Director public affairs, good governance and legal officer Charlotte Rulffs Klausen (CRK) from the Danish Diabetes Association. They have both been engaged in capacity building in East Africa and in development and implementation of advocacy at national and global level since DNCDAs inauguration in 2009. (See CVs) SV will be responsible for monitoring and represent DNCDA in the advocacy towards the UN. SV has a profound experience for carrying out advocacy for NCDs in Denmark by working with Ministry of Development and by participating in UN and WHO meetings on NCDs since 2011. SV has been engaged in global advocacy as CEO of the Danish Heart Foundation, chair of European Heart Network and vice president of World Heart Foundation. CRK has been involved all the way through from 2010 in assisting the NCD Alliances on organizational development and governance, she has been instrumental in supporting development of the MoU for EANCDA and participated in the UN HLM NGO hearings, with her experience from DNCDA and the Diabetes Association, she will bring important knowledge, experience and skills into the work for organisational capacity building in EANCDA. This will be performed during workshops and web-based consultations.

They will be assisted by Financial Consultant from Danish Cancer Society Frederik West-Jensen (FWJ) in relation to the financial and administrative management. FWJ will review and monitor financial management and support capacity building on developing solid financial management systems. DNCDA is working closely together with NCDA (https://ncdalliance.org/) in planning and coordination of the global advocacy and capacity building in EANCDA. Se above, about civil society response to NCDs.
East Africa NCD Alliance
EANCDA is a new NGO, which started as a loose network in 2014 in partnership with DNCDA supported by the Civil Society Fund. Since its start as a loose network in 2014, it has played a leading role in coordination and leading regional and global advocacy for NCDs in East Africa. It is registering as a formal NGO in 2017 and is accepted as the representative of NCD Alliances in East Africa by WHO, EAC, DNCDA, NCDA and the member associations. Being a formal registered NGO is a major achievement for the ongoing project. Especially in Africa the governments, politicians and media is very aware about organisation’s legitimacy, and being a formally recognised NGO is part of that legitimacy. Also internally it is a strength being a NGO, as it commits members in a more formal set up.

The Chair is Professor Gerald Yonga, who is also chair of NCDAK and elected board member of the NCDA. Professor Yonga has a track record from engaging in NCD advocacy since 2010 where he took the initiative to start NCDAK. He has vast experience from engaging in national and global advocacy from his work with Kenya Medical Association, Kenya Association of Physicians, European Society of Cardiology and American Society of Cardiology. (See CV)

The Vice chair is Professor Joseph Mucumbitsi who is also vice chair of Rwanda NCD Alliance and has a vast experience from global and national advocacy as member of Rwanda Medical Association, founder of Rwanda Heart Foundation and member of the Executive Committee of the African Heart Network. (See CV). The work of EANCDA is coordinated by the project manager David Mulabi, (See CV) who has gained his practical experience from working with EANCDA since 2016. He has his professional background in health communication from studies in Uganda and Reading University, UK. David is supported by a professional accountant, shared with UNCDA who manage the administration and accounts.

EANCDA draws on professional inputs from relevant members of the member alliances in relation to specific advocacy activities. For example the research group is led by Prof. Swai, Andrew (Tanzania NCD Alliance) consisting of experienced researchers from member alliances and Dr. Per Kallestrup from Århus University. They all have a long track record conducting research also at an operational level. In relation to resource mobilization EANCDA draw on project managers from the member associations, they are also actively engaged in twinning and mutual support between national NCD Alliances. EANCDA is still fragile being a very new organisation and it has not yet developed a strategy to give the direction for its work in the coming years. The challenge for this project is to develop the organisation and its strategy at the same time as it is taking up the biggest advocacy opportunity in a 4 years period. With the outputs, skills and experiences developed during the on going project DNCDA and EANCDA has a unique position to take up these challenges together and they have a shared interest of building capacity to work for the Sustainable Development Goals.

Developing relations between the partners/Strategy process
This project will through an intense strategy and organisational development process for the newly established EANCDA develop a coherent organisation and strategy for the alliance. This alliance will coordinate and lead East African NCD Alliances regional and global advocacy and support capacity building in member alliances through exchange of experience and development workshops. The process of developing the strategy will be inclusive and engage representatives from the member alliances in the process through workshops and development activities. These strategy and organisation development workshops will additionally contribute to development of the member’s capacity for strategic planning and organisational development.

Advocacy for 2018 UN HLM
The coherence between the member alliances will be strengthened by developing and offering a common platform and common inputs for national advocacy. This will be gathered in a common activity towards the EAC and not least the 2018 UN HLM. Experience exchange will strengthen activities in the respective countries and participating in common global activities will unite them as a group working for a common cause. One of these common activities is the “Our Views, Our Voices” project which is gathering the views of people living with NCDs across East Africa; this together with the results of the benchmark survey will feed into the new NCD Charter at the beginning of 2018 and this will form the new common advocacy tool. Preparations for the 2018 UN HLM and EAC lobby activities will contribute to collaboration and capacity building for global and national advocacy. DNCDA and NCDA will take part in the activities and offer technical advice. Experiences from this will further develop EANCDAs capacity for advocacy and strengthen their ties to the NCD response in East Africa. DNCDA will improve its ties to the Danish Government by working on a common side event and in this way strengthen its advocacy in Denmark. The activities will be important for informing Danish public.

The contributions, roles and areas of responsibility
DNCDA has contributed to the development of this project during the 3-day workshop organized by EANCDA in 2017 with the participation of 3 representatives from each NCD Alliance. This was followed by a 3-day application-writing workshop with 1 representative from each member alliance. DNCDA will further contribute by offering technical assistance for organizational development, governance and strategic planning during the strategic workshops. DNCDA will co-host and partner in planning and implementation of a side event at the 2018 UN HLM. DNCDA will conduct the evaluation of the advocacy activities together with the East African project manager and the global advocacy committee. DNCDA will monitor the project in relation to the progress based on outcome indicators, the quarterly narrative and financial reports and when participating in strategic workshops combined with one specific monitoring trip. In relation to the administration of the ongoing project, DNCDA will analyse the quarterly financial and narrative reports and offer guidance and feedback via e-mails and Skype meetings.

EANCDA
Leadership
EANCDA will have the overall responsibility to implement the project. They will contribute to the implementation through leadership provided by the board and through volunteering by people from its member alliances.

Coordination and project management
The project will be coordinated by the project manager CEO David Mulabi, assisted by a combined project assistant/accountant in order to secure the administration of the many international meetings and procedures related to delegated activities in member alliances. Project managers from the member alliances will be responsible for implementation of national advocacy under the supervision of the national boards and the EANCDA project manager.

Two committees will be appointed to implement the components of the project:
1. The Strategy Committee consisting of 1 representative from each member alliance (6 people)
2. The Global Advocacy committee also with one representative from each alliance and a representative from DNCDA.

The Strategy Committee will plan and implement the strategy process and write the draft strategy, furthermore they will conduct evaluation of the outcomes and the process assisted by the project manager. DNCDA will provide technical assistance in the process.
The Global Advocacy Committee will coordinate national advocacy and plan and implement the side event in New York. The project manager David Mulabi and the Director of Development, Susanne Volqvartz will be responsible for the implementation with reference to the Global Advocacy Committee. They will, with technical support from NCDA, develop the roadmaps and model letters to be used by the member alliances for their national advocacy. The committee will also be responsible for evaluation of advocacy efforts assisted by EANCDA and DNCDA project managers.

**NCDA**

NCDA will provide technical assistance in relation to the strategic planning, the timing and content for the national advocacy activities in relation to the UN outcome document and for planning and implementation of the side event at the UN HLM.

### 3. Target groups

Since this project is aimed at organisational capacity building in EANCDA and advocacy for NCD health, it has internal and external target groups. For the capacity components the target groups will be members of the EANCDA network and for the advocacy it is, the population, especially the poor who will benefit from improved policies on prevention and control of NCDs. Therefore, the target groups are described separately for the capacity building and for the advocacy.

**Primary target group; capacity building:**

EANCDA (strategy development) 3 representatives from each national NCD alliance are elected by their board including the national and EA project managers in total 18 people.

Boards/general assemblies of national member associations about 30 people from each national alliance in total about 180 people.

**Secondary target group; capacity building:**

NCDA who will contribute through concerted action and technical assistance.

**Primary target group; East Africa advocacy before 2018 UN HLM/ Advocacy for the 2018 UN HLM:**

The ultimate target group for the project is the people of countries in the East African Community. As this is an advocacy project they will be targeted through strategic advocacy aimed at duty bearers and media campaigns reaching a realistic number of right holders of about 6 to 12 million people overall.

- Governments of the 6 East African countries.
- MoHs in the 6 East African countries including ministers and civil servants
- Members of Parliaments in the East African countries
- The Coordinating Committee of the East African Community Secretariat
- The Committee on general purposes of the East African Legislative Assembly
- WHO Afro and WHO country representatives (NCD Units)

**Side event at 2018 UN HLM**

Delegations from East African countries and other African delegations. Donor delegations at the 2018 UN HLM, the aim is that 6 representatives from different donor countries including Denmark will participate.

Philanthropies like Bloomberg, Dangote, World Diabetes Foundation and Mo Ibrahim, and representatives from private business delegations.
The public in general from each of the East African countries. The aim is to reach between 500,000 and 2 million people through mass media in each country. (The size of the countries are very diverse)

2 People Living with NCDs (PLWNCDs) selected to represent issues from this group at the HLM.

**Target groups contributing through other projects:**
People living with NCDs and community members will give input through structured dialog implemented as part of national NCD projects and “Our Views, Our Voices” on mobilization of People Living with NCDs financed by Novo Nordisk. In total about 360 people including 60 people from each country. These are financed from other projects and therefore not mirrored in the budget. These people will represent poor people, women, children with NCDs and caregivers in broader sense including people in the communities.

**Secondary target groups:**
Media between 3 and 5 media houses from each country.
The Danish UN Embassy (ambassador and health officer) representing the Danish Government and the governments of Tanzania and/or Kenya (we are currently in a dialog with the governments about this)

**Relevance of the target groups and target group involvement**

**Target groups for capacity building** consist of members of national NCD Alliances with a leading role in EANCDA and the project managers. They have developed this application together with DNCDA and will implement the project. Capacity building will be part of securing the sustainability of the EANCDA.

**Target groups for advocacy** is duty bearers responsible for health in national governments, the EAC and the UN system. Since 2014 EANCDA advocacy has secured that EANCDA has a high profile in these bodies and is seen as the legal representative for the right holders, people living with NCDs in East Africa. These target groups will be involved through processes of dialog and collaboration. Starting with the multi stakeholder meeting before this project, continuing through collaborative dialog in the running up to the 2018 UN HLM and culminating in the side event in the UN jointly organised by DNCDA, EANCDA, Kenya and/or Tanzania and the Danish government. People living with NCDs will contribute and influence the project by giving inputs to the wishes to governments and global community.

Two people among people living with NCDs (members of national alliances), will be selected to participate directly in global advocacy in order to present their perspectives. They will represent different perspectives as women, caregivers, poor and marginalised, children perspectives. Access to essential medicine and quality treatment will be at the centre of their interventions.

### 4. Strategy and expected results of the intervention

<table>
<thead>
<tr>
<th>Objective I</th>
<th>By February 2019 EANCDA has as an alliance developed a 3 years strategy and capacity for common strategic planning and budgeting through an action learning process which equally involve the member alliances.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities</strong></td>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td>Development of the strategy imply three meetings: 1. Process planning meeting conducted in January 2018 in relation to the multi stakeholder meeting. Therefor no costs to this project. 2. Survey of member</td>
<td>1. The strategy process result in a strategy which is seen as relevant among member associations and global stakeholders like NCDA and WHO</td>
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</table>
alliances/stakeholders, situation analysis using the benchmark survey, literature review and interviews with stakeholders during multi stakeholder meeting
3. Three-day strategy/organisation development workshop for two people from each alliance including the project managers.
4. General Meeting including 3 members from each NCD Alliance for endorsement followed by a one day implementation workshop

<table>
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<tr>
<th>Objective II</th>
<th>By February 2019 EANCDA has developed a solid organisational structure to support its strategy consisting of labour division between national alliances and EANCDA, committees, roles, responsibilities, leadership, management and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities</td>
<td>Indicators</td>
</tr>
<tr>
<td>1. One day workshop on organisational development conducted during the above strategy workshop</td>
<td>The organisational structure is sustainable, it secures equal participation in activities from all member alliances and sufficient support to member alliances and requirements for their contributions</td>
</tr>
<tr>
<td>2. General Meeting see objective I including 3 members from each NCD Alliance for endorsement of the organisational structure and elections for agreed functions</td>
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<tr>
<th>Objective III</th>
<th>By December 2018 EANCDA has advocated successfully for inclusion of problems of people living with NCDs in East Africa and made a footprint on the outcome document of the UN HLM on NCDs and successfully engaged and influenced East African governments and EAC on the UN Outcome document</th>
</tr>
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<tbody>
<tr>
<td>Activities</td>
<td>Indicators</td>
</tr>
<tr>
<td>1. Write a narrative report of voices of the communities and people living with NCDs and produce photos and videos showcasing the impact of NCDs on real people in East Africa</td>
<td>At least one media house in each country cover the charter and the Peoples Charter reaching between 500,000 and 2 million people in each country</td>
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<tr>
<td>2. Write a “Peoples charter on NCDs”</td>
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<tr>
<td>3. Convene an advocacy meeting with officials from EAC in Arusha and a press conference where the benchmark survey and the two charters will be handed over to EAC.</td>
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<tr>
<td>4. Utilize the EANCDA charter, benchmark survey and the Peoples charter to lobby East African governments to participate in the 2018 UN HLM.</td>
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</tbody>
</table>
5. At national level lobby about UN HLM
   - EANCDA develop a road map and model letters for national lobby activities
   - Ask government to allow one member of the national NCD alliance to be officially part of the government delegation
   - Meeting government officials in order to encourage them to participate in the HLM represented by a high level government representative like prime minister or Health Minister
   - Meeting Minister of Health and Minister of Foreign Affairs for influencing national inputs to the outcome document
   - Press campaign for national initiatives based on benchmark survey, charter and "Peoples Charter". Hereunder production of national press material contextualizing the benchmark survey and charters.
   - Petition letters to UN missions from each country to encourage their governments to send high level representation
   - Meeting UN missions in New York (for those who succeed to go there)

6. At the global level sideevent at UN HLM:
   - Presentation at the NGO hearing
   - Collaboration with DNCDA to plan a side event at the UN building during the HLM hosted by the Danish Government and Tanzania and/or Kenya governments
   - Convene a side event with broad participation of alliance members, people living with NCDs, Government representatives, philanthropic etc. see strategy chapter.

7. At national level
   Follow up on the UN HLM organise a press meeting in collaboration with governments in order to disseminate the outcome document and to invite relevant stakeholders for a presentation and discussion about follow up

8. At regional level meet with EAC officials and discuss their follow up on the outcome document

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<tbody>
<tr>
<td>5. At national level lobby about UN HLM</td>
<td>represented at the UN HLM at the ministerial level</td>
<td>III.3.1</td>
<td>Meeting with EAC officials in Arusha</td>
</tr>
<tr>
<td>- EANCDA develop a road map and model letters for national lobby activities</td>
<td>At least 3 NCD representatives is included in the government delegation to the UN HLM</td>
<td>III.3.2</td>
<td>Press meeting with EAC in Arusha</td>
</tr>
<tr>
<td>- Ask government to allow one member of the national NCD alliance to be officially part of the government delegation</td>
<td>At least 3 countries give feed back to the UN about the outcome document</td>
<td>III.5.1</td>
<td>Press campaign stakeholder meeting on the charters in the 6 countries</td>
</tr>
<tr>
<td>- Meeting government officials in order to encourage them to participate in the HLM represented by a high level government representative like prime minister or Health Minister</td>
<td>EANCDA presents during formal round tables at the NGO hearing to the UN HLM</td>
<td>III 5.1</td>
<td>Petition letters to the UN Missions</td>
</tr>
<tr>
<td>- Meeting Minister of Health and Minister of Foreign Affairs for influencing national inputs to the outcome document</td>
<td>Side event is attended by a broad group of relevant stakeholders like Philanthropies, donor countries, private business, NGOs and other government officials from developing countries</td>
<td>III.6.1</td>
<td>Presentation on NGO hearing</td>
</tr>
<tr>
<td>- Press campaign for national initiatives based on benchmark survey, charter and “Peoples Charter”. Hereunder production of national press material contextualizing the benchmark survey and charters.</td>
<td>Follow up on the outcome document is covered by at least one media house in each country reaching between 500.000 and 2 million people</td>
<td>III.6.2.</td>
<td>Side event at the UN HLM</td>
</tr>
<tr>
<td>- Petition letters to UN missions from each country to encourage their governments to send high level representation</td>
<td></td>
<td>III.6.3</td>
<td>Side event report</td>
</tr>
<tr>
<td>- Meeting UN missions in New York (for those who succeed to go there)</td>
<td></td>
<td>III.7.1</td>
<td>Press material about the side event at the UN HLM</td>
</tr>
<tr>
<td>6. At the global level sideevent at UN HLM:</td>
<td></td>
<td>III.7.2</td>
<td>Press meeting about the outcome document</td>
</tr>
<tr>
<td>- Presentation at the NGO hearing</td>
<td></td>
<td>III.7.3</td>
<td>Contextualized press material</td>
</tr>
<tr>
<td>- Collaboration with DNCDA to plan a side event at the UN building during the HLM hosted by the Danish Government and Tanzania and/or Kenya governments</td>
<td></td>
<td>III.7.4</td>
<td>Dissemination meeting on the outcome document for national stakeholders</td>
</tr>
<tr>
<td>- Convene a side event with broad participation of alliance members, people living with NCDs, Government representatives, philanthropic etc. see strategy chapter.</td>
<td></td>
<td>III.8.1</td>
<td>Position paper to EAC about follow up on outcome document</td>
</tr>
</tbody>
</table>

CIVIL SOCIETY FUND, Development Intervention, revised February 2017
9. Evaluation and dissemination of results
Draft an evaluation report based on outputs and indicators. Discuss and agree on the evaluation report on the following AGM officials
III.9.1 Evaluation report

The project step by step
Objective I and II. Capacity building for strategic planning and organisational development
This project is a follow up on a two and a half year project aimed at building capacity in NCD Alliances across East Africa and coordination of their activities for national, regional and global advocacy. As a result, they have decided to form a formal NGO. Objective one is to develop and sustain capacity to strategic planning in a collaborative process, through a number of transnational meetings, combined with national meetings, surveys and analysis.

Planning meeting January 2018
In relation to the multi stakeholder meeting convened in January 2018, a strategy development committee will meet and make a plan for the strategic process assisted by their project managers and the EANCDA project manager and DNCDAs project manager. They will draw a master plan for the whole strategy process including roles and responsibilities. They will initiate a situation and stakeholder survey to form the basis for the strategic planning and they will call for a strategy workshop in May 2018.

Situation and stakeholder analysis January to April 2018
Based on the benchmark survey, the charter and the Peoples charter combined with interviews with core stakeholders done during the multi stakeholder meeting and a literature review, the project manager of EANCDA will write a situation and stakeholder analyses report assisted by one or two board members. The report will serve as a baseline for civil society response to NCDs, in the region, so the new established EANCDA can measure progress with reference to the baseline.
(The Benchmark survey will map how each East African countries government has implemented the 2014 UN HLM outcome document and the WHO Action Plan from 2013 to 2020. It will also map civil society response and other stakeholder’s engagement. The charters are position documents on Civil Society, government, regional and global response to NCDs in EA.)

Strategy workshop in May 2018
Two members of each member alliance including the project managers will participate in the workshop.

The situation and stakeholder analysis will be presented and form a back ground for the discussions. The agenda for the workshop will be:

1. SWOT analysis on EANCDA.
2. Problem analysis and prioritizing based on CISUs guide to logical framework approach.
3. Stakeholder analyses defining stakeholders, their role, strengths, weaknesses, interests and fears.
4. Analyses and mapping for resource mobilisation opportunities including donor opportunities and opportunities for attracting volunteers.
5. Agreeing on values
6. Development of SMART goals.
7. Organisational structure for implementation

The strategy will contain vision, mission, values, goals and targets, Three-year strategic plan, one-year action plan, organisational structure and budget.
The workshop will be led by the chair of EANCDA Professor Yonga, who as the head of the Cardiac Clinic at the Aga Khan University Hospital in Nairobi, has a genuine competence and background as a strategic leader. A representative from NCDA and the project manager of the DNCDA will also facilitate the workshop.

Based on the inputs to the strategy, a writing group consisting of the secretary, chair and vice chair of the EANCDA, assisted by the project manager will prepare the draft strategy to be endorsed by the AGM. The draft strategy will be send to member alliances for feedback.

**Annual general meeting and implementation workshop October/November 2018**

The final strategy meeting will be conducted in relation to the AGM in October/November 2018 after the UN HLM. The strategy committee will integrate strategic issues stemming from the final UN NCD HLM Outcome Document. The strategy will be discussed and endorsed by the general meeting. This will be followed by a one-day implementation workshop for agreement on roles and responsibilities, concrete planning and evaluation of process and results. The strategic plan will be disseminated to core stakeholders with a call to give feedback and it will be published at EANCDAs and DNCDA sites. Evaluation and review of the strategy will be a mandatory items on the agenda of the AGM during the 3 implementation years. This will found the basis for the planning of the following year action plan.

**Objective III advocacy for East Africa footprint on the UN HLMs outcome document**

The UN HLM is an outstanding opportunity for influencing NCD policies at national, regional and global level. All UN member countries are supposed to report on their progress and UN will invite them to give input to the outcome document. With the exception of Kenya, who was represented by Cabinet Secretary for Health and the UN ambassador, the East African countries were not represented or only represented in small parts of the meeting by staff form the UN embassies. We want more attention to the UN HLM meeting in 2018 as a way to strengthen the response nationally and globally. We are going to use a number of activities, with the aim to catalyse broad participation in planning and attendance in the meeting.

Outputs from the ongoing sustainability project will be in the centre of activities for catalysing broad participation in the HLM. Firstly the benchmark survey about the status for implementation of the 2014 Outcome Document, which is a major output from the project, will serve as a shadow report from civil society and give the countries an opportunity to compare their efforts with neighbouring countries and with other countries where NGOs have conducted the same benchmark survey. This is a good way of attracting government’s attention as it creates important benchmarks for further development but also a bit of competition. Consequently, the media are also very interested in this sort of information. The benchmark survey will be ready to use for this project.

Secondly the East African NCD Charter, which is another major output of the ongoing project, developed by stakeholders including NCD Alliances, MoHs, other ministries and city officials, PLWNCDs and other relevant NGOs. This charter has been carefully negotiated and will form a political platform for advocacy and it will be an important input for further development of the NCD response in East Africa and feed into the outcome document of the UN HLM.

This will be reinforced by a Peoples Charter, which will be written based on dialogue activities and outputs from the ongoing national East African NCD projects supported by the Civil Society Fund and the “Our Views, Our Visions” project representing PLWNCDs, financially supported by the NCD Alliance/Novo Nordisk. In this charter PLWNCDs and other affected community members will give their interpretation of the problems, on how NCDs affect their daily life and future perspectives and what changes could improve their situation. NCD Alliances in Burundi, Rwanda, Uganda,
Tanzania and Zanzibar have in their projects, activities that will feed into this charter together with “Our Views, Our Vision”. This project will gather PLWNCDs in order to engage them directly in the fight against NCDs. The charter will be a combination of a written document and small videos where people tell their story and express their hope for concrete improvements, which could help them. A communication consultant will be hired to develop the charter.

Among PLWNCDs and other affected community members, a group of 4 people will be selected to participate in the multi stakeholder meeting, which is a major output of the on going project, to participate and influence the EANCD charter. Two of them will be appointed to participate in the side event at the UN HLM.

The selection of the representatives for PLWNCDs will be done by the Global Advocacy Committee. The criteria: different national representatives, one male and one female, they must be chosen among poor people they must be able to spell out their experiences in a clear and assertive way and finally they must be able to get a passport and a visa so they can go to New York.

**Lessons learned by the HIV/AIDS movement**

Experiences from the HIV/AIDS and other powerful health movements like the cancer movement have shown that compelling stories from real people is a very strong mean for getting politicians and the public’s attention and understanding of the scope of the problem. The right holder’s outspoken experiences and demands are often more effective than cold data. We have also learned from these strong movements that the impact of bringing civil society to the UN meeting rooms to spell out the problems seen from the perspective of the right holders is huge. At the meeting, the civil society representatives will have the opportunity to talk directly with the official representatives. We expect that giving PLWNCDs the “microphone” to spell out the NCD problems in national press and during the UN HLM will contribute to a deeper understanding of the problems and add to the legitimacy for requiring political action.

The main inputs during UN meetings consists of cold facts. With attendance from outspoken patients, we will give flesh and blood to the problems faced by PLWNCDs. Having inputs from civil society and PLWNCDs during the HLM will impact the official representatives from East Africa and the donor community during the meeting and at national level, these voices which have been listened to in a UN meeting will have a greater impact in the national media.

**Advocacy activities at national level**

**February to July/September 2018 (The UN HLM will either be convened in July or September)**

The national NCD alliances will request for a meeting with Minister of Health and minister of Foreign Affairs where they will present the Benchmark survey and the charters. The delegation will consist of high-level representation from the alliance and a PLWNCD. At this meeting they will suggest to call for a common press meeting for presentation of the documents (this will be natural as representatives from MoHs has participated in the multi stakeholder meeting). They will encourage participation in the UN HLM at government/minister level and they will discuss how the NCD Alliance can contribute to national response to the outcome document. Finally they will present a request for appointing an official NGO representative from the NCD Alliance to participate.

At the national press meeting the benchmark survey and the charters will be presented together with a contextualized press material stating the specific national circumstances and presenting national PLWNCDs and the national NCD Alliance. A group of core stakeholders will be invited in order to create a broad national debate on NCDs.
The UN missions are guiding the national governments on UN initiatives and representing them towards the UN. It is therefore important that the country UN mission is aware about the importance of NCDs. The National NCD Alliances will therefore send the benchmark survey and the charters to the UN missions and encourage national participation in the UN HLM at government/minister level. The appointed official NGO representatives will follow this up, by meetings with the UN mission during the UN HLM.

If the results of this advocacy are more than 3 formal EANCDA representatives in the delegations, we will strive to finance their travel to New York through other funding mechanisms. In case this is not successful the board will prioritise participation.

The EANCDA will in collaboration with the NCDA develop roadmaps and model letters to the national NCD alliances for this.

**Advocacy activities at regional and global level**

**Organisation:**
A Global Advocacy Committee consisting of a representative from each East African member alliance and DNCDA will develop and implement the global advocacy activities.

**Advocacy in the East African Community before the UN HLM**
The East African Community is playing an increasingly important role as coordinator and is setting standard on health issues. It is therefore also important to influence the EAC. The UN HLM is a great opportunity for convening a direct meeting with officials and politicians in order to pass over the benchmark survey and charters Hereafter they will convene a common press meeting.

**Advocacy on the East African Community after the UN HLM**
After the UN HLM a position paper on roles and responsibilities seen from EANCDA perspective for the EAC will be developed. EANCDA will organise a meeting with EAC Coordination Committee of the East African Community Secretariat in order to discuss how the EAC can support follow up on the outcome document and how EANCDA and EAC can work together on this.

**Catalysing actions**
The national and regional advocacy activities are planned to reach a number of duty bearers and at the same time messages will be communicated via media to the right holders. The intention of doing this is to build a critical mass of people supporting high-level prioritisation of NCDs and active participation in the UN HLM. Advocacy will be conducted as a collaborative process focusing on building a broad national and regional consensus bringing up NCDs at the UN HLM. By actively bringing up national problems at the UN HLM the national governments also commit to prioritize NCDs in their own policy and the NCD Alliances will be able to keep their governments accountable to their inputs to the outcome document. This strategy was successfully used around the WHO Regional meeting.

**Side Event during the UN HLM/Lobbying activities at global level**
The target group for the side event is delegates from: donor countries including Denmark, recipient countries including East African countries, WHO, African and global philanthropists, private sector and NGOs.

The side event will be hosted jointly by the EANCDA, DNCDA, Danish Government and Tanzania and/or Kenya Government. It will focus on the NCD response for “Combatting NCDs from the village to the UN”.

The focus is what is asked for by the poor people living with NCDs in East Africa. The discussions serve to gather duty bearers to discuss how they can accommodate these people’s needs.

**Overall agenda for the meeting**
- The meeting will be opened by an address from one or two PLWNCD selected among
target groups from the Our View, Our Voices project and project community dialogues in order to set the stage
• Presentation of the Peoples charter by one of the PLWNCDs
• Thereafter presentation of the East African charter by chair of the EANCDA Professor Gerald Yonga
• This will be followed by interventions and views from East African governments, the Danish Government, Private business, philanthropies and EANCDA in a round table and dialogue with the audience

The side event will be captured in a report with key statements, a small video and photos. This will be published at East African, EANCDA, DNCDA and NCDAs websites and Facebook. Press materials about the event will be distributed in East Africa in order to get broader press coverage.

Advocacy for implementation of the outcome document
August or October 2018

The NCD Alliances will at national level invite the governments represented by Ministers of Health to present the outcome document from the UN HLM at a joint press conference where the Minister, the NCD Alliance will present the outcome document and make their commitments to the national implementation. Stakeholders from other relevant ministries, NGOs and private business will also be invited to participate and express their commitment to the implementation. There will be developed a contextualized press material focussing on national implementation.

Investments in global advocacy is an investment in national advocacy

This project is using a very special window of opportunity to address the national governments through global advocacy. It implies a number of expensive travels for PLWNCDs and representatives from the EANCDA to go to New York to attend the 2018 UN HLM. This will offer a unique opportunity to influence national policy and global policy at the same time by using global policy to influence national policy and vice versa. It is costly but we think that this is an investment, which will pay back multiply.

Evaluation
November 2018 to February 2019

See chapter about systematizing and using of experiences.

The inter-linkage and balance between capacity building and possible strategic deliveries

This is a combined capacity building and advocacy project.

It is building the capacity in the EANCDA as a formal NGO focussing at coordinating national advocacy for regional and global advocacy.

The activities for capacity building will be:
• An inclusive strategic planning process resulting in increased capacity for strategic planning of transnational advocacy in East Africa
• An inclusive process for development of the organisational capacity of EANCDA as a new NGO
• A planning and implementation process of national and global advocacy for NCD policies will improve the EANCDAs and their member’s capacity to lead, plan and implement NCD activities.

The activities for advocacy will consist of:
• Production of relevant background material for powerful advocacy consisting of a benchmark survey and charter (outputs of the on going project) and a Peoples Charter
which all serve to describe the burning platform for development of policies for combatting NCDs

- Implementation of concerted national advocacy including a duty bearer and a right holder approach with the aim to create national consensus for engaging in the global policy process.
- Implementation of global advocacy by common response to the outcome document in order to put an East African foot print on the outcome document and efforts to strengthen implementation of the outcome document by convening duty bearers and representatives from the right holders to participate in a side event at the UN-HLM to discuss how they can contribute to implementing the outcome document with respect to poor people in East Africa
- Concerted follow up on the outcome document nationally and regionally

The advocacy and the strategic development will be part of an action learning process, learnings from the processes will contribute to developing the capacity of EANCDA as a strong interest organisation for NCDs in the East African region. The capacity built will benefit the EANCDA at the same time as it benefits the member alliances, which will be implementing the major parts of the project nationally or as partners in the global activities. Evaluation will secure systematisation of the learning from the project.

The project is a response to the global process of fighting NCDs coordinated and led by the UN and it is referring to the 2018 UN HLM which will gather and commit all the countries in a common process on developing an outcome document which they will commit to implement in the following 3 years.

The project is building on outputs from on going projects in East African NCD Alliance and the project will capture PLWNCDs and other community members experienced problems with NCDs and their wishes to the government.

**Risks**

The major risks in this project are connected to Objective III, which is about national and global advocacy.

The major risks are:

1. **Ministries of Health choose not to work together with the NCD Alliance about:**
   - the dissemination/press meetings about the charters prior to the UN HLM,
   - the collaboration about commenting the outcome document,
   - the dissemination of the outcome document after the UN HLM

All national NCD Alliances have been working closely together with their MoH since their inauguration and they have built a trustworthy cooperation with them. MoHs are in general asking for civil society response and express their gratitude to the NCD Alliances. It is therefore realistic to believe that they will collaborate.

2. **The governments will not appoint a person from the NCD Alliance to participate in the government delegation as official NGO representative**

In spite of the good relation with the MoH this may not be guaranteed because in this respect we are dealing with Ministry of Foreign Affairs. It is our conviction that via MoH, we will be able to convince at least 3 countries to appoint an official NGO representative for the meeting. Our aim is that at least 3 out of 5 countries will appoint a delegate from the NCD Alliance and this is what we have budgeted for. One reason for not appointing a delegate can be the costs, this is mitigated by financing the delegate through this project.
Another reason can be that the country itself is not going. In order to counter this, our strategy for advocacy is focussing on making the country participate on government/minister level and we are approaching the UN Mission for support. Finally a plan B can be that the country engage through its UN ambassador.

3. The East African Community officials and politicians will not meet with EANCDA
EANCDA will, through direct connections to the speaker of EAC and through correspondence and telephone meetings start planning these meetings already in 2017 in order to get it in place. The press meeting will be a strong motivating factor for them to participate, as publicity is important for the community politicians.

4. No national governments will participate at the UN HLM
This could occur due to financial constraints on the part of government. The advocacy strategy in this project therefore focuses on convincing the governments to attend the UN HLM. If we don't succeed in this we will work with the UN missions as government representatives. Based on the increasing attention on NCDs from East African governments since 2014 we find it realistic that at least 3 out of 5 countries will be represented.

5. No East African government will co-host the side event or the Danish Government will not co-host the side event.
One reason for declining the event could be lack of resources. We will mitigate this by offering to do the planning and implementation work in collaboration with the representatives from the countries. Another reason is the financial costs of making a side event. Since this project will finance the side event this should not be the case. The government of Kenya has already expressed its interest to co-host.

6. It is not possible to obtain a passport/visa for the representative from PLWNCD.
We will do all in our power to secure this by working with the embassies. It may not succeed anyway in this case we will find a representative among PLWNCDs fulfilling the selection criteria, who already hold a passport and we will combine it with electronic transmissions of statements from PLWNCDs, and present more brief video statements as inputs to the dialogue.

The plans with regard to systematising and using experiences
The board of EANCDA will be responsible for the evaluation of and for systematising of experiences supported by the EANCDA secretariat. The two objectives of the project will be evaluated separately.

Objective I and II, capacity building for strategic planning and organisational development.
Evaluation will contain an output and a process evaluation. The output evaluation will contain feedback from core stakeholders like NCDA, EAC and WHO national and regional office and WHO Global Coordination Mechanism. During the three year implementation of the strategy the national alliances will give feedback on the strategy at the AGM and it will be reviewed based on this and on changes in the context. The process evaluation will be done as a group work at the 2019 AGM and followed up at the consecutive 3 AGMs where the group questions will be:
What was the learning in the strategy process?
Which issues in relation to strategic planning should be revisited?
Was your NCD Alliance properly involved throughout the process?
How did you contribute to the planning process?
Was your contributions to the process sufficient?
If no, how can this be improved?
The group work will be gathered and fed into the annual review and to the next strategic planning process in 2020.

Objective III, advocacy for East Africa footprint on the UN HLMs outcome document. The project managers from EANCDA and DNCDA will draft an evaluation report based on success of outputs measured against the indicators. It will suggest what worked and what did not work and draw out lessons learned from the implementation process. It will gather results of the follow up activities in the East African countries and EAC and assess the impact of the East African effort at global level by interviewing participants in the side event, WHO and NCDA. It will also look at outcome by analysing the outcome document and other outputs of the UN HLM. At national level it will interview MoH and national WHO units in order to review the outcome of the efforts. The evaluation report will be shared with national alliances, which will be invited to give feedback. Finally the evaluation report will be presented and discussed at the 2019 AGM of the EANCDA. Learning from the activities will feed into new advocacy activities.

The project will be reviewed through quarterly narrative progress reports and financial reports to DNCDA. This will feed into the final report together with the two-implementation evaluations described above.

The evaluation and monitoring will be done in relation to strategy workshops and one monitoring visit in October 2018.

In terms of systematising, we plan to use the experience gained for future global health meetings to influence action on NCDs in East Africa and Africa. Already, in this project we are using some of the experiences and networks gain from influencing the WHO-AFRO RCM. In the same way, at the UN HLM we will gain even more experience, exposure and to develop networks with other global NCD civil society and other multinational organisations and governments. We will document these as best practices in global advocacy and use these networks to access and influence future global meetings to lobby for NCDs in Africa.

The experiences will be shared globally through publishing via NCDAs website and news and during workshops at NCDAs bi-annual global capacity building workshops and WHO Global Coordination Mechanism.

5. Phase-out and sustainability of the intervention

The project’s aim is to make the EANCDA an independent NGO by development of organisational capacity, capacity to strategic planning and advocacy, which is a core function of EANCDA. In development of the strategy the issue of sustainability is embedded in development of an organisational structure and capacity, resource mobilisation and developments deriving from the SWOT. We have already shown the importance of having a well-organised NGO for attracting donor support. First example was the support to “Our Views, Our Voices” project from Novo Nordisk/NCDA. EANCDA was chosen to implement this project because it had developed the capacity to do it.

How the intervention is envisaged to lead to lasting improvements for the target groups.

The aim of the project is to improve policies and implementation of prevention and control of NCDs by engaging national governments in formulation of the UN HLM outcome document and to commit the governments to implementation of the outcome document. As such people living in the East African countries will benefit from strengthened prevention and improved healthcare. Since these improvements are supposed to derive from implementation of government policies we see them as sustainable.
How the strengthening of partners’ and other actors’ capacity can be continued when the implementation period expires.

Capacity building is designed so it will lead to an organisational structure and organisational capacity, which will be embedded in the organisation so it can be replicated in future strategy development and global advocacy. Output and process evaluations are designed so they will feed into new development activities by being fixed items on the AGM agenda. This will partly be embedded organisationally with people actively involved in the EANCDA and partly as learning and experiences reported in the two evaluation reports and in minutes from AGMs.

How the intervention is expected to become politically, organisationally, socially, technically, financially and/or environmentally sustainable.

EANCDA will work for political sustainability by collaborating with national governments on development and implementation of solutions, which are ambitious and realistic at the same time. EANCDA will develop its own organisation so it can rely on most possible volunteer contributions and contributions from the national NCD Alliances in order to have realistic costs to its secretariat. It will have a strong focus on resource mobilisation in order to secure funding for new activities. DNCDA will in the coming three years commit to support capacity building in EANCDA by offering technical assistance and the NCDA has in their strategy a focus on assisting national and regional alliances in capacity building. They are doing this through offering exchange of experiences and inputs on strategic issues at their bi-annual global workshops and by participating in core activities in EANCDA with technical expertise. Financially EANCDA has already benefitted from the support from NCDA by receiving a Novo Nordisk Grant distributed through NCDA.

EANCDA is a frontrunner and its experiences will be important inputs to other regions in the world, therefor they will share their experiences in NCDA and WHO Global Coordination Mechanism.

6. Planned intervention-related information work in Denmark

The purpose of information work in Denmark is to create awareness about NCDs as a major development issue and to attract attention especially, from young people and students and motivate them for taking up further studies about the issue and or engage as volunteers in Denmark or in East Africa. Facebook and website will be used to spread the message. Communication consultant Line Novéél from Danish Cancer Society and Director Susanne Volqvartz will carry out the information work. Susanne Volqvartz will gather stories from the field during her project visit in East Africa. Expected outcome of this is increased interest among young people to engage in the global movement against NCDs. The information will also be shared globally through NCDA and WHO Global Coordination Mechanism. Since the project is highly political and aims at getting more donor attention to NCDs, the activities will also be communicated to development rapporteurs in the parliament. In relation to the side event at the UN HLM we will send a position paper to the rapporteurs with suggestions about how Denmark can assist developing countries to implement the UN outcome document. This will also be published at the website and Facebook. This will be carried out by the Danish project manager in collaboration with the DNCDA steering committee.