

A global NCD movement has no borders!

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East Africa NCD Alliance members, 2014.

Susanne Volqvartz was founder and Development Director of the Danish NCD Alliance from 2009 until her retirement in March 2018. A part of her important contribution to the NCD movement was based on fostering north-south collaboration between NCD organisations. Here she shares her post-retirement reflections on the topic.

The birth of the Danish NCD Alliance

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During the first decade of the 2000s, I shared the frustration about the exclusion of heart diseases in the Millennium Development Goals with my global heart colleges. It was obvious that the strategy of fighting separately for inclusion of the NCDs in the MDGs had failed. As a member of the WHF board I took part in the decision to initiate the NCD Alliance in 2009, which I did shortly after I resigned as CEO of the Danish Heart Foundation. The Danish NCD Alliance (DNCDA) consisted of the Danish Cancer Society, Danish Diabetes Association and Danish Heart Foundation.

The aim of DNCDA was to develop capacity in African NCD alliances so they could fight their own course and contribute to the global movement for prevention and control of NCDs.

I had experience from working with a heart foundation in Kenya as part of a twinning programme initiated by WHF. The challenge there was to find people to initiate an association, and develop the capacity and financial support for activities and technical assistance.

After consulting members of the global NCD Alliance, we decided to approach Uganda to support establishment of an NCD alliance in 2010. This was followed by Tanzania in 2011, Zanzibar in 2013, and Burundi, Rwanda and Kenya in 2014, where we also catalysed a regional umbrella alliance. The initial situation was that diabetes associations existed, but the other NCD associations were non-existent or scattered in small groups. The challenge was to build capacity in new member associations while establishing the NCD alliances.

When we started the DNCDA we knew that building alliances was key for securing accountability and clout due to the common risk factors. Developing the alliances was therefore done at the same time as building its member associations. Quite a challenge, but seen in retrospect, it was the right decision. Governments in the countries we work with have committed to develop NCD strategies, and they benefit very much from the push and collaboration with a well organised NCD alliance instead of numerous competing associations.

Danish people can benefit from a global movement

The three members of DNCDA aim at improving cancer, diabetes and heart health among Danish citizens. They rely on donations for this purpose. So how could they spend money and resources on African people? This has been an important issue which has been solved in different ways. Firstly, the major parts of our activities are financed by the Civil Society Fund, a DANIDA funding modality for democracy development through building strong and vibrant civil society organisations in collaboration with Danish CSOs and CSOs in developing countries. Secondly, DNCDA member associations thought that we have an obligation to use our experiences to support some of the poorest people in the world to fight the growing NCD burden.

With endorsement of the Sustainable Development Goals, we have an extra incentive. The universal goals create a more direct common global course. One example is taxation of tobacco, sugar and fat. Strong global pressure can also push the foot-dragging Danish legislation in this area.

North-south collaboration as a kick starter of organisational development

People in East Africa would have found a way to get organised without support from DNCDA; but it would have taken many years more. Meanwhile, people are dying unnecessarily and prematurely of NCDs. Risk factors for NCDs in many developing countries are increasing instead of being controlled. People affected by and working with NCDs are best suited to fight this, but they must be organised. We can help them to build their own organisations, and by using experiences and resources from well consolidated organisations in “north” we can kick start and qualify these organisations. This will be to the benefit of all and we owe our fellow people in poor countries to do it. Our work in Denmark is based on an ethic to help people in need. Solidarity shouldn't stop at the border. The global HIV/AIDS movement has shown the success of north-south approach.

Everyone benefits from creating synergies by working together

We built our own capacity to support capacity development in East Africa as we did it. Many things could have been done differently. After eight years of engagement, we have developed our capacity to better handle basic challenges. New initiatives can benefit from many of our lessons learned, and the NCD Alliance can offer valuable support to build capacity for north- south collaboration.

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One thing to remember here is that north-south collaboration is not only one partner helping the other. It is about creating synergies by working together. DNCDA and the alliances in East Africa have benefitted from common global advocacy initiatives in relation to the UN HLM. We have worked together in order to develop accountability from East Africa and to use this as a message to national governments for action and to the UN system for support. In 2018, we will together organise a special event during the UN HLM to inform global stakeholders about needs and wishes of people suffering from NCDs in East Africa.

Personal and organisational gains from working with East African NCD Alliances

For me and the many employees and volunteers from DNCDA member associations who have been engaged in collaboration with East African NCD Alliances, it has been an amazing learning process. It has been a process of developing deep friendships with people in a completely different situation. We have as individuals and organisations developed a new perspective for our work as we have learned about the struggles of the poorest people in the world.

At national level the work has given us an extra dimension to advocacy. We have from the beginning worked towards Ministry of Development and Danish embassies. We have enjoyed very fine support to our global advocacy from four different Ministers of Development and our embassies, not least the UN Embassy in New York. This has fed into our work with global advocacy in collaboration with the NCD Alliance. At national level, it has added to our accountability and recognition. All this is of course an achievement of the DNCDA, but I can't help but be a little bit proud of it myself.

When I started the DNCDA and our north-south collaboration in East Africa, I envisaged that we could withdraw within 7 to 8 years, leaving sustainable NCD alliances behind. But building sustainable associations is time consuming and we are not yet done. This brings me to one of my largest frustrations. Financing! We have achieved a lot, including the 2011 UN HLM, Global Action Plan on NCDs, and Sustainable Development Goals. But sustainable financing for the NCD response is still not in place. The African group expressed this at the Global NCD Forum in their priorities: "*financing, financing, financing*". I agree with them – it is one of their and our greatest challenges in effectively addressing NCDs.

Our partners in East Africa still basically rely on financial support from DNCDA. Financing is an overarching issue for the global NCD movement and it will be in the core of DNCDA's strategy.

I call for other "northern" NCD associations to engage in north-south collaboration

After 8 years of north-south collaboration I am convinced that it is a strategy which can bring synergy and strengths into the global NCD movement. I encourage other north and south organisations to engage. Such collaboration can have many forms and sizes depending on resources, interests and aim. We need to demonstrate that global engagement is not only something we ask of our governments but something we commit to ourselves.

Do it! You will be challenged, but you won't regret it.

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About the Author

Susanne Volqvartz was the founding director of the [Danish NCD Alliance](#) [1] from 2009, and retired from her most recent position there, Director of Development, on 1 March 2018. She was CEO of the Danish Heart Foundation from 2000 to 2009, and was engaged in global advocacy as president and board member of the European Heart Network and board member of the World Heart Federation (WHF).

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