

HANDBOOK OF CIVIL SOCIETY CASE STUDIES:

Noncommunicable disease
prevention and control in
the Eastern Mediterranean Region





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Executive Summary

Gathering 16 case studies originating from nine countries in the Eastern Mediterranean Region, namely Iran, Pakistan, Jordan, the United Arab Emirates, Lebanon, Morocco, Kuwait, Saudi Arabia, and Egypt, this handbook distils lessons learnt from Civil Society Organisation (CSO) activities relating to awareness, advocacy, access, and accountability in NCD prevention and control. It also outlines critical elements of success and describes some of the common impediments faced by CSOs in the pursuit of their objectives. In combination with discussions from the pre-regional caucus that took place in August 2016 as part of the WHO EMRO/NCD Alliance EMR capacity-building workshop, these cases offer key insights relating to civil society engagement with NCD prevention and control in the region.

Two central themes emerge in relation to civil society contributions. First is civil society's crucial role as a generator of knowledge and disseminator of information relevant to a wide variety of audiences. This not only empowers the public and generates pressure on governments, but also helps in maintaining links with communities, conveying needs, and designing targeted initiatives. This grassroots mobilisation ties in with its function of bridging communities and governments. Secondly, civil society engagements with governments as both an important collaborator and critic, are recognised. These not only monitor progress towards key targets, but also expose areas of slow progress, challenge policy makers, and call for transparency.

The common challenges faced by CSOs fall under four broad categories. Lack of technical and financial resources can be a serious impediment, while CSOs often lack the knowledge and skills to function efficiently. In addition, the complex nature of relationships with government can prove problematic, especially in cases of political resistance, unsteady support, limited involvement, and mistrust. Constant change in governments, along with complex bureaucratic or legal systems and weak legislation, are equally challenging. Limited collaboration and insufficient collaboration between NGOs is also clearly signalled as an impediment, creating competition, duplication, and gaps in activities. Finally, industry interference and the complex issue of conflict of interest are recognised as potential challenges.

Common success factors emerge from both internal and external features of CSO operations. Internally, good governance, leadership, effective strategies, and rigorous monitoring and evaluation efforts are vital. Additionally, the value of maintaining credibility and forming multi-sectoral partnerships is evident, and includes collaboration with academics in the generation of evidence and involving target populations in planning.

While categorised into the four civil society priorities and functions of advocacy, accountability, awareness, and access, these cases collectively highlight the crosscutting nature of civil society interventions. During implementation, boundaries are challenged, as the same intervention often has divergent meaning and value for different audiences — for example, creating awareness amongst the general public while serving as an advocacy tool for policy makers. This highlights the need to approach interventions holistically.

Background

Civil Society Organisations (CSOs) have long contributed towards public health in ways that are highly relevant to the local context. In recent years, both in development and humanitarian settings, their role has become more salient, and now encompasses service delivery, awareness raising, advocacy, monitoring and accountability. With the importance of public accountability and increasing recognition of the need for a whole-of-society approach to tackling health issues, civil society is uniquely positioned as a valued stakeholder. The active and meaningful engagement of a mobilised and vibrant civil society can help improve public health at national, regional and global levels.

Noncommunicable Diseases (NCDs)¹ are the leading causes of death worldwide, accounting for 38 million deaths annually. NCDs are expected to cause economic losses of US\$ 7 trillion over the next 15 years, if no action is taken to address them. Fortunately, it is possible to stem this tide by addressing their common modifiable risk factors (unhealthy diets, physical inactivity, exposure to tobacco smoke, and the harmful use of alcohol), by creating healthy public policies, and by enabling early detection and timely treatment through the reorientation and strengthening of healthcare systems.

The past six years have witnessed unprecedented global political commitments towards NCD prevention and control, including the landmark 2011 UN Political Declaration on NCD Prevention and Control, the NCD 2025 global targets and the roadmap set forth in the WHO Global NCD Action Plan 2013-2020, and the recent momentous inclusion of an NCD mortality reduction target in the *Agenda 2030 for Sustainable Development*.

Meeting the global targets for NCDs, and translating global political commitments into public health, development and societal gains will require sustained and coordinated whole-of-society action at regional and national levels. Civil society organisations specifically, will need to be equipped and mobilised to deliver on their main roles (the four A's): awareness, access, advocacy and accountability.

The NCD Alliance has taken upon itself to play a catalytic role in this area. It has added capacity development to its Strategic Plan for 2016-2020 to support national and regional NCD alliances to drive local action on NCDs. In September 2015, the NCD Alliance, in collaboration with the WHO Regional Office for the Eastern Mediterranean Region (EMRO), organised a Regional Meeting on Strengthening NCD Civil Society Organisations. One of the important aims of the meeting was to foster effective collaboration between CSOs within and across countries, with governments and the World Health Organization (WHO), and to better support implementation of regional NCD priorities.

To support the regional meeting, NCD Alliance conducted a mapping of CSOs in the EMRO region in an attempt to understand the current civil society landscape and their role in the NCD prevention and control area.² This mapping showed growth of CSOs working in the area of NCDs, with a focus on prevention, but with limited political support and recognition. The most important finding was that most CSOs are not currently active in accountability and monitoring governments' compliance. This has been deemed critical in relation to tracking overall progress against the commitments made in the 2011 Political Declaration, and the 2014 UN Review Outcome Document. The need for greater regional coordination and overall coalition building was a key insight from this mapping exercise, as was the need for good practice to be shared amongst CSOs.

Both the mapping exercise and the Cairo regional meeting confirmed that there is much potential within the EMR for greater NCD civil society involvement in NCD advocacy and accountability.

¹ The collective name of four diseases, cardiovascular diseases, diabetes, some cancers and chronic respiratory diseases

² WHO, NCD Alliance. 2015. 'Background Paper: Mapping of NCD Civil Society Organizations in the WHO Eastern Mediterranean Region'. Available online: https://ncdalliance.org/sites/default/files/files/BackgroundPaper_NCD_CS_Mapping_EMR_FINAL.pdf

This handbook builds upon this mapping and study to outline specific civil society case studies within four areas:



AWARENESS CREATION

Through educational campaigns targeting the general public or specific populations, aimed at increasing knowledge, and changing attitudes and behaviour.



ACCESS TO SERVICES

Such as the delivery of health services, medications, patient support, legal support, practical support, access to healthcare services in humanitarian situations, etc.



ADVOCACY

The act of pleading or arguing in favour of something such as a cause, idea, or policy. Examples of this include driving systemic change and influencing legislation, funding, or policy for NCD prevention and/or control.



ACCOUNTABILITY

The cyclical process of monitoring, review and remedial action. A crucial force for political and programmatic change, and key to tracking progress on NCDs. Examples include tracking national action, and the progress of private and public sector against commitments.

This handbook shares case studies and lessons learnt from the region, outlines critical elements of success, and describes the impediments faced by CSOs in the pursuit of their objectives. It also endeavours to ascertain the role of partnerships and networks within the context of their work.

This document is intended for CSOs, especially those interested in NCDs and potentially interested in establishing an NCD alliance. Examples are drawn only from the Eastern Mediterranean Region, and are tailored to countries of the region.

For reference, the definition of NCDs adopted here encompasses the four major NCDs as defined by the WHO: cancer, cardiovascular disease, chronic respiratory diseases, and diabetes. These conditions share common modifiable risk factors including tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity.

Methodology

Heartfile in Pakistan was commissioned to develop an Eastern Mediterranean Region (EMR) Handbook of Civil Society Case Studies on NCD Prevention and Control. A 'Call for Case Studies' email was sent by the NCD Alliance to key civil society contacts in the region, including participants at the WHO EMRO/NCD Alliance EMR capacity building workshop. The Call for Case Studies requested for programmes/initiatives to be nominated within four different areas — awareness, access, advocacy, and accountability.

Seven organisations from five countries including Egypt, Iran, Jordan, Lebanon, and U.A.E. nominated nine different programmes/initiatives. All these programmes were selected for inclusion and a needs-based approach was applied to categorise them within the four areas. Furthermore, desk research and personal contacts were used to identify case studies with a view to further strike a balance across the different civil society roles, diseases, risk factors, and geographies. This resulted in further emails being sent and one further case being added from Pakistan. Heartfile also provided two cases.

Selected case studies were followed up with in-depth phone interviews with key informants. In cases where interviews were not possible due to time constraints or technical difficulties, the questionnaire was emailed to contact persons for completion by hand. Thematic analysis was conducted with a view to discussing lessons learnt from the programmes/initiatives, in order to distil critical elements for success and recommendations for civil society.

The case studies collected informed in-depth discussions regarding the role of civil society in the prevention and control of NCDs at the pre-regional caucus organised by NCD Alliance in Amman, Jordan on 15th August 2016, as part of the WHO EMRO/NCD Alliance EMR capacity building workshop. The main discussion points at the pre-dialogue caucus were captured to enrich the handbook, while further case studies were collected from workshop participants. Seven further cases from Egypt, Jordan, Kuwait, Morocco, the United Arab Emirates, and Saudi Arabia were identified and included after the workshop.

The case studies provided in this handbook are illustrative and are not an exhaustive sample of the totality of work being done by civil society in the region.

Case Studies



Awareness

Spanning a wide variety of efforts aimed at increasing knowledge, and changing attitudes and behaviour, awareness raising forms a crucial component of civil society contribution to NCD prevention and control. Awareness programmes tailor messaging to different audiences and leverage CSOs' links with their communities. Civil society plays a vital role in raising awareness among a variety of audiences, including the general public, underserved populations, and even government stakeholders. The six case studies that follow, exemplify this diversity: ranging from a community-based programme in Iran, to Egyptian NGOs' advocacy for tobacco cessation, as well as breast cancer screening and awareness initiatives from Jordan. Several success factors clearly emerge, including multi-sectoral partnerships, innovative, holistic means of communication on NCDs, inclusion of target populations in planning, and monitoring and evaluation efforts that allow for continuous improvement. However, efforts are also hampered by lack of funding, weak collaboration with academia in the generation of evidence, insufficient rigour in evaluation and assimilation of lessons learnt, as well as competition or duplication of different NGO efforts.

Tobacco Awareness Campaigns, Egypt

Two organisations, namely the self-funded Hayah Bela Tadkheen (Life Without Smoking) and Erhema (an Egypt Health Foundation initiative), work to raise awareness about the hazards of tobacco and promote tobacco cessation. These organisations seek policy change and implementation of anti-tobacco laws in Egypt, which has the highest rate of smoking in the Arab world.

Ermeha was launched on the occasion of World No-Tobacco Day 2016, encouraging people to quit during the holy month of Ramadan, which began shortly after. Although at a nascent stage, it is creating an impact by employing traditional and contemporary tools, including a digital media campaign, to raise public awareness about the hazards of tobacco use and second-hand smoke among youths in particular. The digital media campaign encouraged people to quit smoking and reached out to two million Internet users through social media. Its Facebook page boasts 40,000 likes, 300,000 reactions, and 40,000 subscribers. The digital campaign was twice a trend on Facebook and Instagram.

Ermeha has implemented a range of activities involving the use of mainstream media tools including printed and audio-visual materials, direct public contact, and mass media campaigns. Its efforts have been the subject of talk shows, and have been highlighted by an online news agency. Moreover, it has also brought various role models on board to spread its messages among young people. For example, celebrities are engaged in calling for action, and ex-smokers are invited to share their experiences.

A key element of Ermeha's success is the application of new concepts and creative ideas developed by youth to target youth. Other organisations can build on similar concepts and tailor them according to their own specific requirements. The use of innovative media channels enables the initiative to approach its target audience with appropriate messages.

Partnerships are a key element of Ermeha's success, and it is actively working to broaden the base of collaborative interventions. The use and management of new tools, the development of concepts that are catchy enough to arouse public interest, and resource constraints are seen as key challenges. Ermeha actively collaborates in all WHF campaigns and is a partner organisation of the European Network of Smoke-Free Hospitals, as well as of the International Council of Cardiac Rehabilitation and Prevention. It also collaborates with the NCD Alliance and has developed a core group for developing the Egyptian NCD alliance.

According to its medical advisor Dr. Wael Safwat Abd Elmeguid, "The establishment of an NCD alliance is a crucial step towards increasing the outcome of our work on tobacco control, given that ours is a low socio-economic country where resources for treatment are scarce and prevention is important to decrease the economic burden of NCDs. We are collaborating with several organisations working on diabetes mellitus, cardiovascular disease, obesity, and chest diseases for the development of the NCD alliance."

Also in Egypt, Hayah Bela Tadkheen (HBT) has developed a unique mobile application, which offers a comprehensive step-by-step guide to smoking cessation. The application, which is part of an extensive anti-tobacco campaign launched by HBT in 2004, provides hints and tips on how to avoid common smoking triggers; offers hands-on medical assistance by experienced consultants through a question-and-answer service; and refers smokers for free medical tests and treatment, depending on the severity of their case. As each smoker is unique in terms of age, health, financial status, daily consumption of tobacco, and reasons for smoking, the mobile application is able to determine the best quitting strategy for individual users.

The increasing use of mobile phones makes the application an ideal tool to provide users with information that can help them abstain from smoking. The application also sends tobacco cessation incentive notifications and invitations to HBT's anti-tobacco events. Frequent messaging is found to have increased the likelihood of smokers remaining firm in their resolve to quit.

The app also features various polls, thus building a database on smokers in Egypt and other Arab countries to aid in the development of solutions. Among the polls available on the application are self-test addiction and cost of smoking polls. The latter enables users to not only keep track of their smoking consumption rate over a long period, but also to understand its financial implications. Finally, the app keeps track of the long-term challenge of preventing relapse, which can manifest in various forms.

The bulk of HBT's recent work has largely focused on gathering scientific resources for development of the mobile application, and using the application to obtain information about the attitudes and behaviour of smokers in the region. HBT engages with eminent actor Mohamed Sobhy, who has recently been appointed HBT Goodwill Ambassador for Fighting Addiction, to lend greater visibility and popularity to its awareness initiatives.

Active networking with young people working on mobile application technologies has been a key ingredient for HBT's success. Limited resources and support, on the other hand, have been major obstacles.

Association marocaine pour la promotion du monde de vie et de lutte contre l'obésité (AVieSaine), Morocco

AVieSaine was established in 2012, to contribute to the reduction of morbidity and mortality caused by overweight, obesity, and NCDs including mental and addictive disorders. The association aspires to achieve this objective by promoting healthy lifestyles. Its mission is to supplement on-going efforts by the government and other stakeholders working to reduce the severity of these health issues; and to facilitate actions to consolidate the fight against NCDs through fundraising and advocacy.

Preventing the occurrence of overweight, obesity and NCDs; reducing major modifiable risk factors such as smoking, poor diet, physical inactivity, and alcohol consumption; proposing actions to influence public policies to fight against NCDs; capacity building of relevant stakeholders; strengthening partnerships; carrying out operational and analytical research; strengthening of monitoring and evaluation, as well as documentation of best practices undertaken within the framework of the promotion of healthy lifestyles and the fight against obesity, are the primary goals that have been guiding the activities of AVieSaine over the past five years.

Collectively, the above-mentioned interventions have resulted in far-reaching impact in terms of building an image of AVieSaine as an association that has progressively evolved through targeted actions. These actions have also enabled alignment of its strategic objectives with the achievement of universal development goals, and implementation of national strategies targeting healthy living and the fight against obesity.

The association has sealed strategic partnerships with key decision makers working in its areas of intervention such as the Ministry of Health, the Ministry of National Education and ONSSA. It actively participates in collaborative meetings, congresses and seminars organised by these partners, as well as by the Ministry of Foreign Affairs and International Cooperation, the WHO and several other UN agencies, and the World Bank.

The association mobilises funds from a variety of sources. These include annual contributions and donations made by members; grants (public or private) mobilised by the General Assembly and its volunteers; and funds mobilised either in response to tenders for projects, or through the provision of services delivered by members, nationally and internationally. The association also taps into community funding when organising various socio-cultural and scientific events. It is also making efforts to identify and work with donors to ensure an uninterrupted flow of resources for the implementation of its activities.

AVieSaine outlines financial constraints, coupled with lack of coordination and communication, as its key weaknesses. Documentation of best practices and effective communication of actions and achievements is another area that requires strengthening. However, the association has made great strides thanks to the commitment of its team members, which include experts from diverse fields including health, education, and legal sectors. It also attributes its success to the support of key partners and international organisations that offer both technical and financial assistance.

Integrated School Health (ISH), Jordan

The Integrated School Health (ISH) project, which is funded by UNICEF with the Eastern Mediterranean Public Health Network (EMPHNET) for the period January-November 2016, aims to promote healthy lifestyles among children in government schools and Makani centres (MCs) in the refugee camps of Jordan, thereby contributing to better health outcomes for all Syrian refugee youth.

Young children in schools and Makani centres are at a greater risk of catching infections and diseases. Schools are responsible for educating students about various health risks, and for fostering healthy behaviour that will protect them and others against ill health.

The project is significant in terms of its capacity to enable refugees to improve their lives. Most of the refugees living in camps come from very poor areas. The war crisis, coupled with the situation in the camps, has impacted their physical, mental, and spiritual wellbeing. Some have lost faith in their ability to contribute to society, or even to support their families.

Engaging with students and their families, empowering them with information and education, and making them part of the solution by encouraging them to adopt lifestyle modifications such as regular physical activity, consumption of a balanced diet, and abstinence from tobacco use has ignited hope, and restored their self-esteem and confidence. Preventive health education about various communicable and noncommunicable diseases including hepatitis, head lice and scabies, is an integral part of school health.

The ISH project is beset with a number of challenges. These include difficulties in identifying the percentage of students being vaccinated; absence of physical examination; no follow-up of referred students with medical problems; and limited knowledge of teachers, facilitators and volunteers about health promotion and health education.

The key activities of the ISH project include physical examination and data collection regarding the health status of students; promotion of a healthy lifestyle among children starting from an early age to prevent NCDs; training of teachers, nurses and principals, and facilitators of Makani centres on healthy lifestyle; and implementation of behaviour change interventions among teachers, parents, and the community to promote healthy lifestyles.

The ISH project can be classified as an awareness and educational campaign with a component for referral of cases to service providers in refugee camps. Children and youth constitute the project's primary audience, while its secondary audience comprises of teachers, parents, community leaders, and decision makers.

The project is still in its first year. However, it has achieved considerable success in implementing various activities and reaching out to its target audience through student vaccination, physical examination, and health promotion. The programme needs to be extended beyond refugee camps in order to benefit the large number of Syrians living with host communities.

While lack of funds is seen as a major obstacle, partnership building has enabled the ISH project to achieve its objectives through various phases of design, implementation, monitoring, and coordination.

Cancer Aware Nation (CAN), Kuwait

'Lifestyle interventions in the treatment of adolescence obesity among girls in Kuwaiti high schools' is a pilot randomised control trial being jointly implemented with technical assistance from the Cancer Aware Nation (CAN) campaign, Kuwait, and the Ministry of Education, Kuwait. This weight-reduction programme is based on a statistically approved study, conducted by the Ministry of Education, which also provides facilities for programme implementation. The CAN campaign, on the other hand, offers support through provision of expertise.

Launched in January 2015, this public-private partnership initiative is working to improve awareness among young female Kuwaiti students on the problem of obesity, which can lead to various NCDs, and to encourage adolescents to maintain a healthy body weight. The intervention involves high school girls being assisted by dieticians in correcting eating habits and being encouraged to exercise three times a week in the treatment group. Further elements of the intervention include providing information kits to schoolgirls, and encouraging their families to support them.

The programme was successfully implemented in two schools over a period of six months in 2015, and will be implemented in three schools during 2016 for further evaluation and verification of results. The ultimate objective is to implement the programme in all schools across Kuwait and to recommend it to other GCC

countries for adoption. Programme implementation at national level is subject to government approval, as the government needs to adopt the initiative through the Ministry of Education and to allocate a budget for its implementation.

The initiative is too recent to report any critical elements of success. However, it has the potential of being replicated at national and regional levels; the target and approach of the study can be generalised once it has been implemented on a larger scale.

According to Dr. Khaled Al Saleh, "An NCD alliance can broaden perspectives on the role and contribution of governmental, non-governmental, and private organisations towards society, particularly with reference to NCDs. It can also highlight the challenges faced by this sector and prioritise action."

The Jordan Breast Cancer Program, Jordan

The Jordan Breast Cancer Program (JBCP) was established in 2007 to orchestrate efforts for early detection of breast cancer at national level in Jordan. JBCP has been extensively working to address the availability and quality of lifesaving early detection services; to improve the level of health education and public awareness; to provide an enabling environment for early detection through targeted advocacy and fundraising; and finally, to generate reliable scientific information for informed decision-making.

JBCP's awareness activities are designed to popularise the notion that early detection of breast cancer is possible and can truly save lives. Efforts are also directed towards introducing positive change into the social behaviour of specific women and the community at large, to increase the number of women seeking early detection tests for breast cancer.

Each October, JBCP launches a nationwide breast cancer awareness campaign, an on-going activity that was initiated eight years ago. The campaign is specifically designed to raise public awareness about breast cancer symptoms, risk factors, and early detection methods; to eliminate socio-cultural barriers hindering screening; and to dispel existing myths and misconceptions associated with breast cancer. The campaign is fully funded through the King Hussein Cancer Foundation (KHCF) and JBCP's fundraising efforts implemented across various sectors and at all levels.

The October campaign is based on innovative social marketing concepts, utilising key social behaviour change communication tactics to raise public awareness, and to reposition breast cancer from a women's health issue to a community health priority. Campaign activities are mapped around wide-reaching mass media and extensive grassroots outreach, and are based on three approaches: the one-to-one approach, the one-to-group approach, and the one-to-mass approach.

The one-to-one approach allows for targeted communication with women, providing personalised education about breast cancer, and tailor-made communication and counselling based on their direct needs. The approach is applied to JBCP's educational home visits, which are implemented as part of its annual campaign outreach, specifically in remote underserved areas of the country.

The one-to-group approach allows for enhanced reach in the local community, targeting groups of individuals in different social and professional set-ups through an interactive dialogue to raise public awareness of breast cancer and early detection methods. This approach is reflected in JBCP's intensive outreach activities implemented in the form of lectures, open days, public education performances, social media contests, etc. Campaign outreach activities are implemented across sectors within schools, universities, public governmental institutions, private corporations, and social and professional associations and groups.

The one-to-mass approach allows for extensive use of wide-ranging media channels to disseminate the campaign's message to the public at large. This approach utilises written, audio-visual, and social

media channels, and caters to rising trends in public communication and media for maximum reach and dissemination of the campaign's message.

Nevertheless, tackling a sensitive topic like breast cancer was not easy for JBCP due to a host of social, political, and economic barriers. Jordan is a resource-constrained, developing country, facing various internal and external challenges. The rapidly growing demand resulting from Jordan's population growth and influx of refugees leads to inevitable competition between socio-economic development priorities, relegating breast cancer awareness to a poorly resourced priority area. Furthermore, according to Ms. Rana Ghafary, head of fundraising and advocacy at JBCP, "Addressing breast cancer was a challenging task at socio-cultural level due to social stigma, misconceptions, the direct association of breast cancer diagnosis with death, and the misdirected belief in fatalism."

Despite these challenges, JBCP's October campaign has been successful due to its customised approach to planning and implementation. The participatory approach it employs to mobilise multiple stakeholders to collectively work against breast cancer has also contributed to its success. Furthermore, gains have been achieved due to the evidence-based scientific foundation that fuels JBCP's campaign and educational activities with necessary information, and due to the political commitment of JBCP's leadership, partners, and stakeholders.

Formulating partnerships is a core value for JBCP. Taking partnerships to another level, JBCP works to institutionalise its interventions within its partner organisations' framework for maximised sustainable impact. According to Ms. Ghafary, "Alliances can be extremely useful in functioning as a platform for experience exchange, formulating partnerships, pooling of resources, and facilitating bilateral and multilateral beneficial projects."

JBCP shares its experiences with relevant stakeholders at local level, and has recently implemented several regional collaborative projects to share its experiences with concerned partners in neighbouring countries. To create a more regular and sustainable platform for experience exchange, the programme is initiating the first breast cancer regional alliance, bringing together breast cancer organisations from different sectors across member countries, for early detection focused dialogue and exchange of expertise.

The Isfahan Healthy Heart Program, Iran

The Isfahan Healthy Heart Program (IHHP) was a comprehensive, integrated community-based intervention programme for NCD prevention and control, launched in 1999 and conducted between 2000 and 2007 in central Iran. IHHP was performed by the Isfahan Cardiovascular Research Institute (ICRI) and the Isfahan Province Health Center, and was funded by the National Organization of Planning and Management and Iran's Ministry of Health (MoH); WHO and the Iranian Heart Foundation (IHF) also lent support, in addition to multiple other funding sources available to the programme.

IHHP's interventions centred on healthy nutrition, promotion of physical activity, tobacco control, and dealing with stress and other psychological factors, through a range of community, environmental and policy interventions.

IHHP consisted of 10 intervention projects that addressed different target groups, including the general population, specific groups like women, adolescents, children and the elderly, as well as worksites, health centres, related NGOs, private sector, and non-health related organisations, among others. Main strategies included public and health professional education, strong inter-sectoral partnership and coalition formation, enforcing existing policies and legislation or issuing new ones, and research and evaluation.

IHHP was evaluated in multiple ways. As it encompassed two interventions across one control province, a case-control, pre-test and post-test quasi-experimental analysis was conducted. Process evaluation was embedded in the programme. Evaluation was also carried out by the implementing partners. Similarly, during up-scaling, training institutes, relevant government departments, and WHO helped to involve foreign experts who benefitted from IHHP's experiences. Furthermore, a European group conducted a weeklong external evaluation of the programme upon its completion. IHHP results, which were published in over 150 articles in peer-reviewed journals and four books, indicated significant improvements in healthy behaviour in the general community, as well as changes in risk factors and disease prevalence. The programme was recognised as a worthy model for implementation research and knowledge transfer. Many of its interventions were scaled up to national level and some to other countries in the EMR.

Advocacy was a very important part of IHHP. Successful advocacy projects within IHHP enabled policy makers to issue or reinforce existing policies and legislation, especially in the areas of tobacco control, dietary modifications, and physical activity.

The programme benefitted from extensive planning, and design and was well resourced. It was conducted by an institution possessing the capacity to plan, implement, and evaluate multi-disciplinary interventions. The ICRC is a WHO Collaborating Centre with access to broad-based technical resources. It receives stable funding from the government, which has contributed to its capacity building over time. All these factors were critical elements of IHHP's success. According to its founder Prof. Nizal Sarrafzadegan, "The culture of using knowledge for implementation and learning to make improvements were critical to the success of the programme, and continuous process evaluation paved the way for modifications."

Its founder Prof. Nizal Sarrafzadegan, also maintains that lack of capacity and community readiness were core impediments. "For example, even though the hydrogenated fat-to-oil intervention was fully planned and partnerships were able to execute it, the community palate was not ready at the beginning. Similarly, although Isfahan city was ideally laid out for cycling and the exercise project had planned to increase the use of bicycles, the community was apprehensive on safety and air pollution grounds. It is, therefore, not enough to have the resources to plan and implement an intervention — the community must be a part of it. In IHHP, feedback of the intervention groups helped garner their ownership and participation. We carefully studied the target groups and the mechanisms to reach out to them."

Broad-based partnerships with over 100 governmental and non-governmental organisations (including the provincial government, the MoH, academic institutes, food industries, retailers, unions and other implementing agencies) proved significant for programme implementation and evaluation. "The implementation of 10 IHHP projects, each consisting of multiple intervention activities, necessitated the engagement of several stakeholders, policy makers and the community. Moreover, empowering communities was also a central part of each intervention project."



Access

Ensuring access to high quality NCD care can be a challenge even in well-resourced settings. Civil society plays a pivotal role in this arena through its multi-faceted engagement in expanding the reach of services. Efforts range from the provision of financing, delivery of high quality and patient-friendly health services (including free care for vulnerable populations), legal support, mediation between community members and government, to prevention programmes. The five cases highlighted below, originating from Jordan, Lebanon, the U.A.E. and Saudi Arabia, each make important contributions by, for example, providing underprivileged women with cardiovascular health services, minimising the impact of cancer through financial and moral support, increasing access to CPR through education, and leveraging mHealth solutions to reach low-income patients. Chances of success are maximised by means of good governance, effective leadership from external ambassadors including religious leaders, availability of committed volunteers, supportive media, and the creation of patient-friendly environments. The obstacles that must be overcome encompass lack of funding and expertise, problematic relations with government, weak collaboration between NGOs, and potential conflict of interest in partnerships with industry.

Friends of Cancer Patients, United Arab Emirates (U.A.E.)

Friends of Cancer Patients (FOCP) aspires to reduce the cancer burden in the U.A.E. by enhancing access to medical care, providing comprehensive patient navigation, and extending moral support to cancer patients and their families.

FOCP has played a pivotal role in increasing patients' access to treatment services since its inception in 1999. For instance, FOCP covers expenses for investigative and surgical procedures from bone marrow transplants to transportation and food costs for underprivileged cancer patients. FOCP also facilitates access for residents of remote areas by delivering hospital-based administrative support such as securing medical examinations, appointments and referrals.

"FOCP serves as a key resource for cancer patients, their families, and caregivers in the U.A.E. In a multicultural community, we are committed to supporting cancer patients and their families, irrespective of their nationality, gender, age, religion or ethnicity, communicating differently with a united message to reach all cultures. Hence, we always seek to establish sustainable funding sources for patients afflicted with cancer, which is rather expensive to treat in the U.A.E.," explained Dr. Sawsan Al Madhi, director general of FOCP.

The Pink Caravan Breast Cancer Awareness and Screening Initiative is a Pan-U.A.E breast cancer initiative that falls under FOCP's "Kashf" umbrella for early detection of cancer. The comprehensive initiative addresses awareness creation, access to services, and advocacy. It is impossible to extricate the three dimensions from each other. It aims to improve the lives of people affected by cancer in the U.A.E by spreading awareness about the importance of breast self-examination and enabling access to clinical breast examination, mammography, and further screening to promote early detection, by dispelling myths about breast cancer, lobbying for the creation of a National Cancer Registry in the U.A.E., and stepping up advocacy to improve the standards of breast cancer screening and treatment in the country.

A major awareness tool employed by Pink Caravan is the Pink Caravan Ride, which annually runs across the seven Emirates. Over 150 experienced equine riders join forces, garnering support across different

sectors, bringing together schools, universities, corporations, Pink Caravan ambassadors, and royalty. Since its inception in 2011, the campaign has offered screening facilities to 41,391 people, which includes 8,526 men, through 450 medical clinics. Furthermore, the Pink Caravan Ride has detected 33 positive breast cancer cases.

One of Pink Caravan's goals is to operate a state-of-the-art mobile mammography and cervical cancer clinic to screen and service both men and women for breast cancer, and the latter for cervical cancer as well. The unit has been purchased and will be functional by the end of 2016; it will remain in service 365 days a year across all seven Emirates and adjoining rural areas. To this effect, it plans to identify Emiratis for training so that they can specialise as technicians and radiologists to operate the unit.

In March 2016, the University Hospital Sharjah inaugurated the Sharjah Breast Care Centre, a comprehensive facility dedicated to the prevention, screening, diagnosis, and treatment of breast cancer. This centre was the result of collaboration with Pink Caravan and Gustave Roussy, one of the world's leading cancer research institutes and the biggest health centre dedicated to oncology in Europe.

Pink Caravan's path has not been challenge-free. "U.A.E. is a multi-diverse culture. As such, communicating differently with a united message to reach all the different cultures as we try to spread awareness is an uphill task. Another challenge is to break the general habit of associating breast cancer awareness with the month of October only. It is for this reason that the Pink Caravan Ride happens during February or March," asserted Dr. Sawsan Al Madhi, director general of FoCP and head of Pink Caravan's Medical and Awareness Committee.

FOCP raises financial resources through crowd fundraising events, charity balls and partnerships with corporate entities that donate to the cause, as well as through individual donations and the charity's different awareness programmes. Increasing accessibility to treatment, using a patient beneficiary department, could be generalised through long-term partnerships with entities such as health authorities, donors, and governments to ensure sustainability and a constant revenue stream to help patients. Pink Caravan's specific experiences are generalisable, but the campaign would need to be adjusted to suit varying cultural contexts.

FOCP is also a member of different international and regional organisations including the Union for International Cancer Control (UICC), the American Cancer Society, and the Gulf Federation for Cancer Control. In 2015, FOCP and the NCD Alliance held the first global NCD Alliance forum in Sharjah. FOCP is also a member of the Union for International Cancer Control (UICC), which is part of the NCD Alliance.

Essential pillars of the charity's success include the support and trust of its partners, specifically the U.A.E. health authorities across the seven Emirates, plus media, and the public. "FOCP would not have been sustainable without the support of its partners. Our partnership with the U.A.E. health authorities helped us in establishing our credibility and spreading awareness. Furthermore, our partnership with hospitals offering oncology services helps us to get discounted treatment for our patients," Dr. Sawsan stated.

Saudi Cancer Foundation, Saudi Arabia

Cancer Control for Primary Care (CCPC) is an access initiative of the Saudi Cancer Foundation, which established the breast cancer early detection committee in 2008, with a view to launching a grand campaign for early detection of breast cancer. In addition to the general public, CCPC targets healthcare providers, primarily general practitioners as well as obstetrics and gynaecology doctors, to bring attention to the importance of early detection of breast cancer and the need to provide mammograms for all women aged 40 years and above.

CCPC has been working to motivate primary care physicians in early detection and diagnosis of cancer. An important outcome of the campaign is that the Ministry of Health of Saudi Arabia has made breast examination a mandatory part of the vital signs test.

CCPC enjoys the distinction of having established the first breast cancer early detection centre in its region. This is seen as a major gain in view of the cultural and socio-economic challenges that restrict the process of screening in Saudi society. False beliefs and the fear of radiation also prevent women from seeking cancer screening, and are among the key impediments confronting the initiative.

The Saudi Cancer Foundation has arranged three mobile mammogram trucks for CCPC that have thus far enabled the examination of 14,000 women and diagnosis of 137 patients with early stage breast cancer. These cases were subsequently referred to oncology centres for further examination and treatment.

Commitment has been a critical element of CCPC's success; partnerships, however, could be further explored and maximised. CCPC believes that an NCD alliance could effectively foster synergistic relationships among multi-sectoral stakeholders to facilitate promotional and advocacy activities for prevention and control of cancer through the provision of quality services.

'Healthy Community Clinic,' the Royal Health Awareness Society, Jordan

The Royal Health Awareness Society (RHAS), a Queen Rania initiative, was established in 2005 as a non-for-profit, non-governmental organisation to promote and encourage healthy behaviour and lifestyles in Jordan, where NCDs cause 76% of deaths, according to a 2014 WHO report. Since its establishment, RHAS has made concerted investment in local communities, in collaboration with the Ministry of Health (MoH), the Ministry of Education (MoE), and national and international organisations. Through its partnerships with multiple key stakeholders, RHAS is contributing to the successful implementation of various programmes that aim to prevent chronic diseases, reverse behaviours related to risk factors, reduce complications, and attain health equity. Its projects are implemented in accordance with community needs and revolve around national health priorities.

In view of the national NCD strategies developed in 2011, RHAS launched the Healthy Community Clinic (HCC) in 2011. HCC is a community-based health project that aims to enhance access to integrated preventative services for NCDs (particularly diabetes, hypertension, and hyperlipidaemia) at primary care level. The project model empowers patients to manage their diseases and reduce future complications. Its activities revolve around three areas of activity: building capacity of medical practitioners; raising patients' awareness through educational sessions; and improving infrastructure.

HCC provides MoH medical practitioners with the training and resources necessary to implement prevention-based care, as well as to NCD patients in host communities of refugees, empowering them to manage and control their diseases. RHAS offers training to multi-disciplinary medical teams at each centre, focusing on preventive health awareness material it develops. RHAS also institutionally strengthens the referral system of patients within the centres by introducing an electronic database to track their medical records, as well as a referral tool called the 'preventive prescription,' whereby the physician prescribes the awareness session that the patient should attend, alongside his or her medical prescription and treatment.

Through interactive educational sessions, the trained practitioners provide patients with the knowledge and skillset they need to address NCDs while encouraging healthy diet plans, exercise, and smoking cessation. HCC also encourages community members and patients to share knowledge with peers within their community, thereby amplifying the health benefits.

While NCDs are becoming the leading cause of death in Jordan, and as the number of refugees is growing continuously, limited resources and infrastructure pose a major challenge in terms of access to health services. The MoH in Jordan offers access to health facilities and healthcare services to Jordanian NCD patients as well as Syrian refugees, yet preventative services are not provided at primary healthcare level, and patients are also left without guidance regarding the management of NCDs in order to avoid complications. Despite existing challenges, RHAS, in cooperation with MoH, has established HCC within 20 MoH Primary Healthcare Centres in underprivileged communities across Jordan, which has enabled RHAS to impact more than 4,000 patients directly and more than 20,000 indirectly, to date.

The HCC programme leverages RHAS' relationships with the public sector and other international and local NGOs to provide more comprehensive and reliable health care services. Maintaining these effective partnerships is a key factor of HCC's sustainable impact. Therefore, RHAS has joined several NCD working groups, alongside other members such as the MoH, UNHCR, and the WHO. These collaborations have enabled it to remain up to date. RHAS also partners with local NGOs and community-based organisations to mobilise the community and increase patient referrals to the HCC.

Several HCC clinics across the Kingdom have been funded through national and international organisations. The private sector also contributes through provision of health equipment to HCC patients at subsidised prices and often free of charge. RHAS continuously applies for multiple grants to secure funding for programme expansion to reach a larger number of beneficiaries in underprivileged Jordanian and Syrian refugee communities.

RHAS can contribute to a regional NCD alliance through its close partnership with Jordanian governmental authorities and non-governmental organisations. It, along with other Jordanian civil society organisations, is at the forefront of establishing a national NCD alliance in Jordan that would help to place NCDs at the top of national agendas and frameworks.

The HCC model is adaptable to different cultural contexts and is replicable in countries within the region experiencing a similar NCD burden. RHAS can share its knowledge and expertise for implementation of such interventions, dissemination of success stories and ideas to scale up the HCC, and integration within the national health primary care services of other countries to ensure sustainability and successful rollout in other settings.

Women Heart Health Center, Yaduna Foundation, Lebanon

The health needs of women in Lebanon remain largely unfulfilled due to a host of socio-political obstacles. In this context, the Women Heart Health Center (WHHC) is a coronary heart disease project dedicated to the promotion of cardiovascular health among Lebanese women above 45 years of age, regardless of their socio-economic background. Underprivileged women not enrolled with a health coverage scheme receive free services at the centre.

With an emphasis on prevention and primary treatment, WHHC offers screening and diagnostic facilities for early detection of cardiovascular disease (CVD). The centre also has an awareness-raising component with a focus on disseminating information about risk factors and preventive strategies. Scientific research, training and capacity building of research staff, collaborative partnerships, and lobbying campaigns aimed at improving the existing standards of care and prevention also feature prominently in its mandate.

“CVD is the number one killer among post-menopausal women in Lebanon. However, a recent survey found that 75% of women identify cancer as the leading cause of death. They considered heart disease as an old men’s issue. Our key motivation is to empower women by promoting a culture of prevention and early diagnosis through timely screening so that they have access to services that can help tackle the rising burden of CVD,” Ghada Akiki, chief operating officer at WHHC maintained.

During the period between July 2013 and July 2016, WHHC delivered health services to 2,400 women. These included cardiology consultations, social worker services, dietary services, smoking cessation, laboratory services, and non-invasive cardiology screening, all under one roof. It has also facilitated 4,000 follow-up visits by Lebanese women above 45 years of age. WHHC’s work is also complemented by an awareness-raising objective. “We believe that by adopting a healthy lifestyle, these 2,400 women will become ambassadors of the culture of CVD prevention...Since the centre opened, our mission, vision and activities have been featured on various media channels through television interviews, radio spots, magazine articles and SMS, as well as online and via social media networks,” Ghada Akiki commented. The WHHC has already surpassed its initial goal of providing access to 2000 women, and takes pride in having created awareness about the CVD burden. The centre offers space for third-party evaluations to uphold transparency and fairness.

Given the size and scope of the challenge at hand, the WHHC has forged collaborative partnerships with the American University of Beirut, the Faculty of Medicine and Medical Center (AUBMC-FM) and the Faculty of Medicine at the Saint Joseph University (USJ-FM). Both these universities are working with resident doctors and offer support in the areas of staff training, monitoring and quality assurance of medical care standards, and scientific research based on data collected by WHHC. The WHHC is now vying for affiliations with the World Heart Federation and the American Heart Association.

The WHHC gets a significant percentage of its funds from the Lebanese Ministry of Public Health. It also receives some financial support from the corporate sector (mostly banks), private foundations, and commercial entities such as pharmaceutical companies that provide essential medicines. “Our partnerships with the Ministry of Health, which provides primary care services through WHHC, and with the Ministry of Social Affairs, which provides social services through WHHC, have proved extremely valuable. They send patients to us. We have a national affiliation and are a member of the Primary Health Centre as well. We are also working in collaboration with the best hospitals in Beirut. All these partnerships are critical to the fulfilment of our mission,” said Ghada Akiki.

The journey on which WHHC has embarked, has not been without obstacles. “To begin with, women patients do not visit the centre on their own, largely due to cultural constraints; the culture of visiting a doctor simply does not exist. We try to access them through institutions like churches, mosques and schools, or by visiting them at their doorsteps. Of late, some women have started to voluntarily show up at our centre; they quoted our success stories as being a key motivational factor,” Ghada Akiki noted.

Critical elements of WHHC’s success include government ownership; provision of multiple services under one roof; access to reputed doctors; and observation of February as a CVD awareness month, each year. Participation in talk shows has also lent greater visibility to its health interventions.

American Heart Association Heartsaver Month, Regional

The American Heart Association (AHA) is one of the oldest and largest voluntary organizations dedicated to fighting heart disease and stroke. From funding innovative research and fighting for stronger public health policies to providing critical tools and information to save and improve lives, the AHA, together with its international counterparts, believes that imparting lifesaving knowledge and public health tools is an important part of the AHA mission to help “build a world free of cardiovascular disease and stroke.” One of these areas has been in cardiopulmonary resuscitation (CPR).

For more than 50 years, the AHA had been focused on high level emergency cardiovascular care training for doctors, nurses, emergency responders and others around the world, with more than 10 years in the Middle East and North Africa region.

Seconds count in a cardiac arrest, and survival depends on immediately receiving CPR from someone nearby. A cardiac arrest is a life-or-death cardiovascular event where the heart suddenly stops pumping blood in a way that can sustain life. Every minute CPR is delayed a victim’s chance of survival decreases by 10%, and irreversible brain death occurs within 10 minutes. Quick CPR performed by someone near the victim can double or triple his or her chance of survival.

Consequently, in 2008, based on an American Heart Association science statement,³ which was later augmented with science around the success of ultra-brief massaging, the American Heart Association began a campaign to educate the public and thereby increase access to this lifesaving intervention. The goal of the campaign was to strengthen the first steps in the Chain of Survival⁴ by empowering community members to better recognize a cardiac arrest and perform the simple steps to help save a life.

In 2014 the AHA expanded the Hands-Only CPR messaging to the Middle East, creating an icon day, Heartsaver Month, around which it could rally AHA Instructors, passionate supporters, and the general public annually to deliver the message of Hands-Only CPR each year in May.

Each year the campaign seeks to activate the AHA training network of about 140 CPR Training Centers, and 3100 AHA Instructors and Training Center Coordinators, across the 13 countries of the MENA region.⁵ The campaign is designed to spread this simple message to loved ones, students in their courses and other community members.

To amplify this message the AHA:

- Motivates and builds upon the strength of the regional training network to support this campaign and spread the word about this lifesaving message
- Challenges each Training Center to create three public Hands-Only CPR events
- Delivers an activation toolkit including a bilingual poster, one-pager, event email template and Frequently Asked Questions document to help drive community events and stakeholder participation
- Creates a 1 minute engaging video, designed to be shared, that teaches the two simple steps to save a life, free to all on the AHA website or YouTube designed to be shared with family, friends, workplaces and beyond
- Conducts social and media outreach

3 Hands-Only (Compression-Only) Cardiopulmonary Resuscitation: A Call to Action for Bystander Response to Adults Who Experience Out-of-Hospital Sudden Cardiac Arrest

4 See more about the ‘Out-of-hospital Chain of Survival’ on the AHA website.

5 Bahrain, Egypt, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Tunisia, United Arab Emirates

While originally in May, the significant heat in the Middle East & North Africa region impeded the ability to plan outdoor events and the end of the school year made participation difficult for teens. Beginning in 2017 the AHA has moved this icon month to March. Engaging the media to expand the impact is vital to sustain this issue in the market. This year the AHA has hired a public relations firm to help educate journalists on the issue, train journalists in Hands-Only CPR and extend the message more broadly.

In 2016 over 13,000 bystanders were taught Hands-Only CPR, nearly doubling the number from 2015. In 2017, with the addition of agency support and a Search Engine Marketing campaign to drive to video views, it hopes to reach 25,000 people, and hopefully more. The experience has illustrated that when the general public, not just healthcare providers, are empowered to act in the event of a cardiac arrest, more lives can be saved. Important to consider is that most cardiac arrests happen outside of a hospital – for example at home, at work, at school or at play. The preparedness of the community to step in, call their local emergency response number or take the victim immediately to an urgent care facility is an important element to strengthening health systems and increasing the likelihood of surviving an acute heart or stroke event.



Advocacy

Advocacy aims to drive systemic change. It empowers the public with knowledge, generates grassroots capacity, conveys the needs of local communities, and pushes for the improvement of policies, legislation and funding for NCD prevention and control. The King Hussein Cancer Foundation and King Hussein Cancer Center advocate for the reduction of tobacco prevalence in Jordan, while in Pakistan, a public-private partnership works to garner multi-sectoral collaboration for NCD advocacy at national level. Finally, in Iran, the Tobacco Prevention and Control Research Centre works to secure policy change. Ensuring freedom from conflicts of interest, conducting rigorous evaluation, focusing on beneficiaries, forming technical partnerships that heighten credibility (such as with WHO Collaborating Centres), and harnessing civil society's diversity and capacity for innovation in mobilising communities and ensuring leaders' on-going commitment to NCDs all improve the effectiveness of programmes. However, challenges such as industry interference, weak inter-NGO collaboration, as well as unsteady support, limited inclusion, or resistance from government, must also be addressed.

Tobacco Prevention and Control Research Centre, Iran

The Tobacco Prevention and Control Research Centre (TPCRC) has been working since 2003 as a WHO Collaborating Centre for Tobacco Control in the Eastern Mediterranean Region. Based in Iran, it is a premiere institute for provision of smoking cessation services at national level. Its vision is to help create a smoke-free society by running related research projects, presenting results to authorities, and promoting general awareness.

Tobacco taxation policies in Iran, as mentioned in a study⁶ by Heydari et al., were not at an adequate level from 2011 to 2013. Tobacco taxation in the country accounted for about 17.3% of the total retail price, far short of the recommended 75%. This could have been due to insufficient awareness and attention of policy makers to the impact of tobacco taxation on tobacco control.

In 2014, TPCRC ran a programme to increase tobacco taxation in Iran through a sensitisation initiative aimed at key policy makers involved in tobacco control. The programme was funded by TPCRC and the Framework Convention Alliance. The programme involved training 110 tobacco control policy makers; the intervention strategies included an awareness and educational campaign aimed at increasing knowledge among specific populations.

Increasing knowledge and promoting favourable attitudes of key policy makers towards the importance of tobacco taxation was expected to lead to greater attention being generated and to the prioritising of tobacco control issues, which could in turn change tobacco taxation policies.

The programme was evaluated quasi-experimentally during May-December 2014. The study was designed both to assess the advocacy impact by illustrating the knowledge of key tobacco control policy makers about the effectiveness of tobacco taxation and its effect on tobacco use and general health improvement, and to gauge the impact of the intervention. The findings of the study showed an increase in the rate

⁶ Heydari et al. The Second Study on WHO MPOWER Tobacco Control Scores in Eastern Mediterranean Countries Based on the 2013 Report: Improvements over Two Years
<http://search.proquest.com/openview/e87d0b1c8d6091b92abe937f76b879d5/1.pdf?pq-origsite=gscholar>

of tobacco taxation from 17.3% in 2013 to 20%, 30% and 40% on national, joint and imported products respectively, after the short intervention in 2014.

Since TPCRC was a WHO Collaborating Centre with links to the government, it commanded credibility, which is an essential pre-requisite for an agency's call for legislative change to be taken seriously. In addition, it had a stable funding source and expertise. The organisation also had international partners such as the Framework Convention Alliance.

"Uninformed attitudes of decision makers were a significant barrier to increasing tobacco taxation, especially against the backdrop of misinformation spread by the tobacco industry. Governments need to be informed and to be challenged to implement a comprehensive advocacy programme in order to overcome barriers," TPCRC's director, Dr. Gholamreza Heydari stated.

The King Hussein Cancer Foundation, Jordan

The King Hussein Cancer Foundation (KHCF)/King Hussein Cancer Center (KHCC) is working to reduce the prevalence of tobacco use in Jordan, a country whose experience in fulfilling commitments of the Framework Convention for Tobacco Control (FCTC) has been somewhat lacking. Prevalence of smoking among adults, exposure to second-hand smoke, and access to cigarettes and water pipes among minors continue to be a problem in the country.

The current undertaking of KHCF/KHCC builds on previous work carried out under the Strengthening National Tobacco Strategy (SNTC) project, which assessed the status quo in Jordan, mobilised various stakeholders to augment the tobacco control efforts of the MoH, and established recommendations for enhanced compliance with tobacco control measures. Key strategic interventions include a partnership between its Cancer Control Office (CCO) and the Ministry of Health, to frame and implement the National Tobacco Control Roadmap 2016-2018 by strengthening stakeholder engagement and encouraging high-level political commitments towards tobacco control. Garnering support from government sectors, the general public, and the media about the urgency of tobacco control, and engaging these groups in the fight against tobacco use, has been one of its major advocacy-related successes. Dr. Feras Hawari, director of KHCC Cancer Control Office explained that, "The fact that the tobacco industry is fighting even more fiercely is a testament to our success; however, there still exists a need to explicitly list tobacco control among national priorities. The current momentum is crucial for exerting pressure on the government to take this threat more seriously."

Other interventions aimed at supporting specific tobacco control policies at national level include improving the reach of Tobacco Dependence Treatment (TDT) through advocacy efforts, capacity-building of over 2,000 TDT providers from the region, and formulating National TDT guidelines in collaboration with the Ministry of Health. These efforts have culminated in the creation of training hubs in four countries within the region. KHCF/KHCC also launched a national Smoke-Free Zone Certification Programme to encourage self-compliance of institutions with smoking bans as laid out by Public Health Law. Analysing the media's role in tobacco control to formulate a national media strategy; conducting pre-launch and post-launch assessments of the effectiveness of pictorial warning labels on cigarette packages; and generating recommendations for enhancing compliance with FCTC requirements further complement KHCF/KHCC's vision of a tobacco-free society.

Dr. Feras also mentioned that, "While our long-term goal of reducing prevalence of tobacco use in the country may not be tracked as a short-term indicator of success, other indicators that are testament to success include public engagement and interest, increased media coverage of tobacco control activities, and increased hostility of the tobacco industry." Lack of political commitment, short-lived governments, and shortage of funding have been key obstacles in KHCF/KHCC's journey, which is otherwise characterised by persistence and continuing efforts aimed at rallying advocates to join the fight against tobacco use.

Much of KHCF/KHCC's work on tobacco control is funded through grants from global institutions, along with some internal contribution. Partnerships have been central to KHCF/KHCC's triumphs; these include collaborations with international institutions (World Health Organization, Global Bridges Healthcare Alliance for Tobacco Dependence Treatment, Global Smoke-free Worksite Challenge, NCD Child, the Framework Convention Alliance), regional partners (such as health authorities and academia in countries of the region), and local partners (such as the Ministry of Health).

KHCF/KHCC is a firm believer in the efficacy of alliances, as explained by KHCF's deputy director general, Ms. Nisreen Qatamish: "Establishing alliances, specifically regional alliances, is always extremely useful. In fact, KHCF/KHCC always seek to not only participate in such alliances but also to assume a leadership role and initiate them, when possible. We can contribute to an alliance by providing training, facilitating development of material, sharing experiences, reaching out to regional and global partners, and much more, but would require funding, as well as technical support to establish an alliance."

KHCF/KHCC's experiences are generalisable to countries with similar circumstances. KHCF/KHCC's advocacy efforts are not limited to its own geographic areas. The Jordan Breast Cancer Program, a national programme led by KHCF/KHCC, is initiating a Regional Breast Cancer Arab Alliance network, thereby expanding the sphere of advocacy regionally. The Cancer Control Office is mobilising and gathering tobacco control advocates from the region, an undertaking that has been recently awarded the Judy Wilkenfeld Award by the Campaign for Tobacco-Free kids. A sustainable funding base and institutional capacity would seem to be the main factors enabling advocacy in this case.

Heartfile, Pakistan

Heartfile is a non-profit NGO think tank with a focus on policy analysis and innovative solutions for improving health systems in Pakistan. It played an instrumental role in leading the countrywide process of developing an integrated national plan for NCDs. The National Action Plan for Prevention and Control of Noncommunicable Diseases and Health Promotion in Pakistan' (NAP-NCD) was launched in 2004 as a public-private partnership between Heartfile, the Ministry of Health, and the World Health Organization (WHO). A number of professional associations of cardiology, cancer, respiratory medicine, and diabetes were also convened, alongside tobacco control activists. Despite being launched in 2004, it incorporated many elements that were propounded in the 2011 UN High Level Meeting Political Declaration on the Prevention and Control of NCDs. It integrated four diseases as a group (cardiovascular disease, chronic lung conditions, cancers, and diabetes), and was aimed at addressing common lifestyle and biological risk factors. The plan was conceptualised and led by an advocate, the founder of Heartfile, who has established credibility as a trailblazer in the country's health sector. Initiating the programme, and making the case for multi-sectoral collaboration in support of NCDs, necessitated active advocacy to bring the government on board.

The plan packaged two sets of interventions. The first comprised measures such as surveillance and behaviour change that were combined across the set of four diseases linked by common risk factors. An Integrated Framework for Action was developed to show how actions could be linked with indicators at process, output, and outcome levels. The second set of measures was stand-alone, and included specific legislative and regulatory interventions.

The NAP-NCD had a high-profile launch in Pakistan, followed by the development of an implementation plan. The government committed its own resources while catalytic funding was provided by the WHO Joint Program Review Mission (JPRM), which committed resources for start-up. Technically, the implementation of the programme was led by the NGO. The project design was widely hailed as successful, and referred to as a model public-private partnership in NCDs. A special supplement of the Journal of Pakistan Medical Association was devoted to the design of the programme, and a number of other publications were also

produced.⁷ Surveillance activities were implemented; work commenced for integration of NCDs into the work plans of the Lady Health Workers, Pakistan's grassroots field for several hundred thousand health workers.

The programme got off to a good start but then slowed down over several years until 2011, which is when its direction started guiding action in the area of NCDs. In terms of impediments, there was one overarching factor. "The MDGs had a massive impact on shaping government policies, and since NCDs weren't part of the framework, the donor and development communities never emphasised this. I kept showing statistics to the government, quoting statistics from the Federal Bureau of Statistics, and from the mortality and morbidity surveillance activities, to demonstrate that NCDs had the highest burden of mortality and morbidity, but the government was just focused on MDGs," a representative from Heartfile explained.

"Things changed to favour NCDs, as the development paradigm veered from MDGs to SDGs, particularly after the 2011 Summit on NCDs. For the developing countries, signalling of global priorities matters, since their policy landscape is shaped by these considerations. The NAP-NCD was ahead of its time; there were also rumours about the tobacco lobby playing a key role in slowing down its implementation."

International civil society widely acclaimed the plan and the strategic thinking that underpinned it; however, international civil society was not as organised in 2003 as it is now and hence, Heartfile could not benefit from its support. Today, civil society in the area of NCDs is more consolidated and better mobilised in support of national plans. NAP-NCD is a demonstration of the strength of well laid-out, technically grounded plans as a tool for advocacy. More than a decade after its initial formulation, it remains a powerful tool to influence policy change towards NCD prevention and control in Pakistan.

In addition to conducting analysis and advocacy at the health policy and systems level, Heartfile also focuses on developing and deploying innovative solutions for strengthening health systems. For millions around the world, healthcare costs come with a tough choice — worsening poverty, indebtedness, or simply forgoing treatment. Spending catastrophically on healthcare is the most common economic risk facing households in Pakistan. Heartfile Health Financing (HFF) is an access to treatment for NCDs initiative for the poor. Using an mHealth-enabled request processing and eligibility ascertainment system, this access to treatment and health financing system purchases services for eligible patients from pre-registered hospitals and clinics.

mHealth solutions have empowered users, as they do not require an investment in hardware and do not imply spending much time learning new skills. Leveraging of telecommunications infrastructure, volunteers, and mobile phones means lean operational costs and quick scale-up. "We knew mobile phones were the best to cascade change, as they are in the hands of millions of Pakistanis and the trend is fast growing," a representative from Heartfile explained.

Beyond HFF's important humanitarian mission, is a health system strengthening reform aspiration. Its functioning has innovative features, which enable efficient, timely, and well-targeted cash transfers in a transparent manner to protect the poor against catastrophic spending on health. Its risk-based monitoring, automated workflows, pre-configured eligibility system, and process safeguards against abuse and 'ghost patients.' Financial transparency and donor-patient visibility have encouraged donors' trust.

HFF is built to provide Universal Health Coverage (UHC) for those in the informal sector, supplementing the National Health Insurance Scheme. "In comparison with other social protection systems established in Pakistan, this system provides much better visibility to donors. It has been configured to ensure that donors have the ability to view the use of their funds on a transaction basis, and can instruct demand-specific use of their funds. The system also gives donors a full view of the administrative costs incurred, and above a certain category, and enables them to request for audit of any transaction or demand processing." A series of ethnographies of beneficiaries have been conducted from across Pakistan. The programme was featured

⁷ Nishtar S. Special supplement – National Action Plan for Prevention and Control of Non-Communicable Diseases and Health Promotion in Pakistan. *J Pak Med Assoc* 2004.

during the World Conference on the Social Determinants of Health, held in Rio in October 2011. Its Proof-of-Concept was published as a background paper to the World Health Report, on Health Financing in 2010.

HFF initially became possible with Heartfile's founder committing royalties from her book 'Choked Pipes' to the initiative. Donors including private philanthropic foundations and charities, development partners, the government's Poverty Alleviation Fund, INGOs, and various national and international partners now contribute funds to HFF. Today, HFF has a range of impressive national and international partners and has been profiled in many conferences as best practice.^{8,9}

Partnerships at different levels, such as with public hospitals, private philanthropists and NGO talent have helped exploit synergy, optimise cost, promote the on-going culture of learning, and enable evidence-informed changes and knowledge-driven solutions. This platform is unique, even by international standards, and offers unprecedented cost-optimisation advantages for organisations such as the WHO.

The access initiative teaches important lessons to countries interested in replicating the HFF model, which is globally valued by stakeholders for its transparency features. Firstly, it demonstrates that innovations have to be developed at multiple levels and in a holistic way. Innovations in partnerships, technology, systems, and processes must be integral to this process. Secondly, the model shows that building a system is an iterative process that must include initial development, deployment, operationalisation, learning from implementation experiences, and evidence-based modifications. Thirdly, the use of mobile phones has made this model widely acceptable to all stakeholders, especially users, as they do not have to make investment in hardware or to spend much time on new learning.

The HFF model is scalable and replicable in settings beyond Pakistan, where it has been developed and is being tested. The key ingredients for scale and replication are a mobile phone network, and Internet connectivity for the clearing house. The controls built into the system help safeguard against abuse, and its other features help achieve value-for-money objectives, and improve efficiency and targeting.

8 **Nishtar S, et al.** Protecting the poor against health impoverishment in Pakistan: proof of concept of the potential within innovative web and mobile phone technologies http://www.who.int/healthsystems/topics/research/55Heartfile_HEF_POC.pdf

9 **Nishtar S et al.** Heartfile Health Financing: Striving to achieve health equity in Pakistan http://www.who.int/sdhconference/resources/draft_background_paper26_pakistan.pdf



Accountability

Ensuring accountability through a cyclical process of monitoring, review, and remedial action can be a crucial tool for tracking progress on NCDs and a powerful engine of political and programmatic change. Programmes are made more likely to succeed by creating good relationships with key contacts in government, and articulating precise and clear requests, and by ensuring downward accountability to communities throughout implementation to maintain responsiveness. Common hindrances include lack of expertise or knowledge of rights, complex bureaucratic or legal systems, and a detrimentally unclear distinction between civil society and government, which underlines the need for independence. As detailed below, the Network for Consumer Protection in Pakistan practices accountability as both a tool for and in the process of advocacy for consumer protection. Furthermore, the Iranian Anti-Tobacco Association has focused on holding decision-makers accountable through its water pipe initiative. These efforts, among many others, contribute by monitoring progress towards agreed targets, challenging governments and demanding transparency, as well as empowering communities.

The Network for Consumer Protection, Pakistan

The Network for Consumer Protection (TN) is a non-government, not-for-profit consumer rights organisation based in Islamabad. It plays a catalytic and facilitative role in the promotion of public awareness and protection of consumer rights. Some of its key areas of intervention include, among others, tobacco control as a risk factor for NCDs, access to safe drinking water, protection and promotion of breastfeeding, rational use of medicines, access to justice, and women's empowerment.

TN is funded by several donors such as DFID, USAID, UNICEF, the Bloomberg Initiative, Consumer International, and several smaller organisations. TN is a member of various health agencies including Health International, Consumer International, and the Scaling Up Nutrition (SUN) Alliance.

TN sees advocacy and accountability as two sides of the same coin. The CEO, Nadeem Iqbal explained how "Effective advocacy leads to accountability, which [can be] used as a tool for advocacy." With important endpoints in view, the organisation works for the attainment of both objectives, often by challenging norms, raising public awareness, and exerting pressure for implementation of legislation through public demand.

TN has a long history of association with global movements for tobacco control, in particular the Tobacco-Free Initiative Pakistan. It is seen as a key player in promulgation of the Prohibition of Smoking and Protection of Non-Smokers Health Ordinance 2002, which was Pakistan's first national tobacco control law. Subsequently in 2004, the organisation advocated for Pakistan's ratification of the FCTC; its efforts were recognised with an award from the American Cancer Society.

Having advocated for ratification of FCTC, TN held decision makers accountable to the framework. In 2006, it helped enforce a ban on tobacco advertisements on billboards, persuaded the Islamabad administration to ban 'sheesha' (hookah) smoking in all hotels and restaurants across the city, and compelled a men's clothing firm to revise an advertisement featuring a cigarette-smoking model. The organisation has played a pivotal role in advocating for effective implementation of existing anti-tobacco laws and for incorporation of FCTC provisions in these laws. It has also represented civil society in Statutory Committees; engaged

with the government for implementation purposes; and closely monitored the promotional activities of the tobacco industry.

TN sends powerful reminders to the government about its regulatory and oversight role. It is currently involved in strategic litigation in the Supreme Court of Pakistan and the Islamabad High Court. It conducts vibrant campaigns on World No-Tobacco Day each year, encouraging the general public to demand their legal right to a smoke-free environment.

TN has successfully achieved many of its objectives, particularly in the sphere of legislation — from drafting rules to implementation and enforcement of laws. “However, lack of capacity for implementation of laws remains a key impediment, which explains our focus on this area,” Nadeem explained. TN attributes its achievements to specialisation, coupled with networking with a range of professionals including lawyers, public health specialists, journalists, etc., particularly to quell corporate pressure. For visibility, the organisation supplies the media with evidence-based reports, data and information.

TN believes in harnessing strategic partnerships. “Mutual ownership of initiatives with other civil society organisations; sharing of the negotiation table with like-minded delegates from other countries; networking and knowledge transfer; and membership of international forums are essential tools to get things moving,” Nadeem noted.

Iranian Anti-Tobacco Association, Iran

Founded in 1983 by a group of physicians and benevolent people in Tehran, the Iranian Anti-Tobacco Association (IATA) has been working for the advancement of tobacco control in Iran, for more than 30 years. In its accountability efforts, it cooperates with national and public institutions such as the Iranian Parliament, to press the need to approve and implement the Tobacco Control Laws, and to increase taxes on cigarettes. IATA’s vision is a world free from the devastating health, social, economic, and environmental consequences of tobacco use. One of its key missions as a non-governmental organisation is to help implement the FCTC in Iran as the basis for effective tobacco control programmes.

The organisation’s main focus is to create awareness and advocate for change, but officials maintain that it is difficult to segregate these activities from accountability. An important example of how the organisation has held decision-makers accountable relates to its accountability initiative around the ‘hookah’ (water pipe). Iran had ratified the FCTC, but despite this, hookah use was rampant. IATA approached the administrative justice court against the use of water pipes in coffee houses. Its action led to change in the act. Furthermore, its intensive work with the Cabinet and the Parliament to convince them to approve and implement the tobacco taxation law is evidence of the programme’s accountability focus.

IATA’s work includes the establishment of several tobacco cessation clinics; carrying out research on tobacco-related issues, such as the effects of tobacco control policies on consumption; facilitating strategies to fight tobacco smuggling; and convincing officials on the importance of tobacco control as a public health issue. It has appeared in the media, meeting influential people, supreme leaders, and the clergy. The organisation contributed to the approval and enactment of the comprehensive National Tobacco Control Law by the Parliament, and to an increase of at least 40% in tobacco taxes.

IATA works through partnerships. The organisation has a large membership base; it is an official member of the National Tobacco Control Headquarters in the Iranian Health Ministry, and the WHO’s Framework Convention Alliance (FCA) for Tobacco Control. It is also closely aligned with various national and public institutions, such as the Iranian Parliament, which is crucial for ratification and implementation of tobacco control laws. Partnerships have thus enabled IATA to achieve breakthroughs in its fight against tobacco use.

Arguments that the increase in tobacco taxes fuel smuggling of cigarettes and lead to loss of job opportunities, as claimed by some MPs and Cabinet members apparently operating under the influence of the tobacco industry, are seen as a major challenge by IATA. Yet, the organisation continues to counter such propaganda through heightened public awareness and direct engagement with people, particularly women and children, mobilising them to participate in its anti-tobacco campaigns in front of Parliament.

IATA is part of the Iran NCD alliance. “An NCD alliance, which will be a coalition of different partners, will strengthen individual efforts and activities, particularly during negotiations with the Cabinet, Parliament, and other important policy-making institutions. Raising one voice on an important issue has an impact. Besides national support, digital and global aids and assistance are very important to facilitate and empower local initiatives,” explained Dr. Mohammad Reza Masjedi, secretary general of IATA.

Key Insights and Lessons Learnt

Countries within the Eastern Mediterranean Region represent greatly different contexts and vary in terms of their development levels. On the one hand, the Gulf Cooperation Council countries are resource rich, whereas many others can be classified as low- and middle-income countries. Moreover, each country has its own unique social and political environment. Therefore, the lessons learnt from this qualitative analysis are limited in their generalisability. The study's limitations, in terms of sample size and scope are also relevant in this regard. Nevertheless, certain useful lessons can be drawn from this compilation of case studies. These are summarised below:

Preserving civil society autonomy

In certain EMR countries, government agencies have systematically supported 'civil society'. The differentiation between public agencies and civil society was consequently blurred, and in these settings, civil society has been seen as an arm of the health ministries, performing awareness and advocacy related tasks, that are better seen coming from civil society entities. This lack of distinction between government and civil society will pose a challenge in the context of the monitoring and accountability role envisaged for civil society under the 2011 Political Declaration on NCDs. This underscores the need for an independent role for civil society globally, including within countries where governments have the capacity to support their civil society. While CSOs can work with national health authorities to establish an alliance for the prevention and control of NCDs, their independence should be ensured at all costs.

Gender sensitive messaging in conservative patriarchal societies

Tailored messaging is needed for women in the EMR, in order to promote healthy behaviour. There is increased acceptability of civil society's role. There is a need to make physical activity more acceptable in Muslim cultures. Civil society could play an important role in promoting healthy habits, even in conservative patriarchal societies of the EMR.

Training of trainers

In order to jumpstart the human resource gap for NCD-related health promotion, a train the trainers approach could be adopted to cascade capacity building in a timely manner and overcome human resource gaps.

Role of civil society for migrants' needs

In a context where there are more than 60 million displaced people in the world today, the chronic disease prevention and care needs of displaced population merit urgent attention. Innovative measures such as integrating health promotion through school curricula must be upscaled in order to promote healthy lifestyles.

Ensuring tailored messaging

Communication is an important component of all CSO programmes. Understanding the target audience, tailoring communication and testing messages is key. In multi-cultural settings, communicating effectively with a united message to reach all cultures is a challenge, and needs a dedicated approach.

Harnessing the potential of mHealth

Mobile apps appear to be an important tool for creating public awareness, and for systems building. The rise of mHealth opportunities could be tapped for NCDs by civil society in the EMR. Active networking with young people working on mobile application technologies could be major success factors, especially in meeting awareness-raising objectives.

Supporting innovative fundraising

Some CSOs were raising funds through innovative means, such as crowd fundraising events. Capacity building could be provided in these areas.

Inter-organisational learning

CSOs in the EMR have some experience in employing participatory approaches to mobilise collaboration among multiple stakeholders. In particular, their experience relating to the institutionalisation of interventions within partner organisations' frameworks to ensure maximised sustainable impact is unique to the region. These lessons could be disseminated more broadly.

Focusing on evaluation

Proper project evaluations are an asset, both for advocacy and awareness-raising purposes.

Building credibility through partnerships

Most of the CSOs have been actively involved in partnerships and valued the added advantages that come with them. In particular, technical partnerships with organisations such as those with WHO Collaborating Centre status help in advocating for change due to the credibility that comes with such associations.

Ensuring downward accountability

It is important to listen to community voices during project implementation, and to simultaneously conduct process evaluations in order to modify interventions based on findings.

Seeking external ambassadors

In some settings, royalty has lent major impetus to civil society efforts. Additionally, support from the clergy could be crucial in mobilising public opinion.

Facilitating regional knowledge sharing

There has been little country-to-country learning, which could be fostered through the creation of a coordinated regional CSO NCD network.

Acronyms

AUBMC-FM American University of Beirut, Faculty of Medicine and Medical Center

CAN Cancer Aware Nation

CCO Cancer Control Office

CCPC Cancer Control for Primary Care

CSOs Civil Society Organisations

CVD Cardiovascular Disease

DFID Department for International Development

EMPHNET Eastern Mediterranean Public Health Network

EMR Eastern Mediterranean Region

EMRO Eastern Mediterranean Regional Office

FCA Framework Convention Alliance

FCTC Framework Convention for Tobacco Control

FOCP Friends of Cancer Patients

HCC Healthy Community Clinic

HHF Heartfile Health Financing

ICRI Isfahan Cardiovascular Research Institute

IHF Iranian Heart Foundation

IHHP Isfahan Healthy Heart Program

INGOs International Non-Government Organisations

ISH Integrated School Health

JBCP Jordan Breast Cancer Program

JPR Joint Program Review

KHCC King Hussein Cancer Center

KHCF King Hussein Cancer Foundation

LMIC Low and Middle Income Countries

MC Makani Centres

MoH Ministry of Health

MoE Ministry of Education

MDGs Millennium Development Goals

NAP-NCD National Action Plan for Prevention and Control of Noncommunicable Diseases and Health Promotion in Pakistan

NCDs Noncommunicable Diseases

NGO Non-Government Organisation

RHAS The Royal Health Awareness Society

SDGs Sustainable Development Goals

SNTC Strengthening National Tobacco Strategy

SUN Scaling Up Nutrition

TDT Tobacco Dependence Treatment

TN The Network

TPCRC Tobacco Prevention and Control Research Center

U.A.E. United Arab Emirates

UHC Universal Health Coverage

UICC Union for International Cancer Control

UN United Nations

UNGA United Nations General Assembly

UNICEF The United Nations Children's Emergency Fund

USAID United States Agency for International Development

USJ-FM University of Saint Joseph, Faculty of Medicine

WHF World Heart Federation

WHHC Women Heart Health Center

WHO World Health Organization



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE

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