

NEW LOOK & NEW FOCUS!

Why non-communicable diseases (NCDs)? According to the World Health Organization, in 2008 almost two-thirds of global deaths were due to NCDs; nearly 80% of these deaths occurred in low- and middle-income countries. Although NCDs include any disease that is non-communicable, the burden of disease is consists mainly of cancers, chronic lung diseases, cardiovascular diseases, and diabetes. The combined burden of these diseases is rapidly rising in lower-income countries and is projected to increase by 17% between 2005 and 2015. The NCD epidemic is thwarting poverty reduction efforts, making it a critical development issue.

*Our survey results from 2013 show that our network members are engaged not only in tobacco control, but in NCD prevention and control more broadly. With this issue of our newsletter, we are pleased to launch our new name—the **NCD and Poverty Research Network**—and a new look.*

This issue of the newsletter focuses on the results of HealthBridge's recently completed Tobacco and Poverty project. The main lesson learned from tobacco control is that policy changes, however difficult they are to achieve, are vastly more effective than approaches such as school programs and public education that aim to change individual behaviour without facilitating those changes through enabling environments. The experience of tobacco control advocates in achieving behaviour change through laws, policies, and taxation are directly relevant to overall NCD prevention and control. Just as tobacco control required countering the intensive lobbying of a powerful industry, so too will we have to counter even more powerful industries when working on NCDs, including the auto, oil, road building, alcohol, soft drink, and fast food industries. Exciting opportunities exist within the field of NCD prevention—let's grasp them.

Raising the Stakes on Tobacco and Poverty: Tobacco Control to NCD Prevention

Between 2011 and 2013, HealthBridge and its partners implemented the project Raising the Stakes on Tobacco and Poverty.¹ The project aimed:

- ∂ To increase the policy advocacy impact of research results on tobacco and poverty generated from the first phase of this project;*
- ∂ To increase the capacity of a larger cadre of non-tobacco control (TC) organizations to address tobacco control in a development context; and*
- ∂ To facilitate knowledge exchange that enhances global coordination and collaboration to promote tobacco control as a global priority.*

Recognising that the harmful effects of tobacco use and production go far beyond health, the project team and partners promoted a multi-sectoral approach to tobacco control. The project activities highlighted the wide ranging socio-economic, human, gender and environmental harms caused by tobacco use, production and marketing. In doing so, they provided evidence-based arguments to rebut the ongoing argument that tobacco production creates sustainable employment and tax revenues.

The project thus focused on implementing joint efforts that engaged a variety of actors who approached the issue of tobacco from different angles, such as children's, women's, and workers' rights, food security, and safe working conditions. These various approaches all touched on one key relationship: tobacco and poverty.

During the project's lifetime, a number of international meetings, such as the High Level Meeting on Non-communicable Diseases held in September 2011, catapulted NCD risk factors—including tobacco production and use—onto the UN and international development agendas.

To take advantage of the opportunities presented by the new international focus on NCDs, the project staff and partners built on work being done on tobacco and poverty and contributed to the global discussions on NCDs. In fact, many of the issues identified and approaches taken by HealthBridge and its partners to further tobacco control are directly applicable and relevant to NCD prevention and control: increasing awareness of the key issues and relationships, broadening and strengthening the cadre of organizations engaged in advocacy and policy work, directly engaging high-level officials and stakeholders, and focusing on policy interventions that create enabling environments.

The articles that follow highlight some of the key achievements realized through the Raising the Stakes on Tobacco and Poverty project and how they can be translated into NCD prevention and control success stories.

¹ The project was supported by The Union as part of the Bloomberg Initiative.

NCD and Poverty Research Network

Exploring the multi-dimensional relationships between
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Raising the Stakes on Tobacco and Poverty: Promoting Coordination and South-to-South Exchange

The project Raising the Stakes on Tobacco and Poverty included a strong emphasis on knowledge exchange and skills-building, two activities that are also critical for successful work on NCD prevention and control. Knowledge exchange is important both to strengthen coordination among advocates and to promote collaboration across a broad range of organisations. To this end, the project team organised several workshops in which participants exchanged information about their practical experiences in conducting research for advocacy. During the workshops, areas for further work were also identified on a wide range of tobacco and poverty issues.¹ Ultimately, the workshops strengthened south-to-south exchange.

The first workshop, Research on Fiscal Policies for Tobacco Control, took place during a special session of the 3rd Latin America and Caribbean Conference on Tobacco or Health in Lima, Peru 15-18 October 2011. It brought together representatives of civil society, economists and researchers from twelve Latin American and Caribbean countries to discuss research on fiscal policies for tobacco control. Each country represented at the workshop was at a different stage of law development and implementation; each had also experienced different types of success and faced different challenges. The workshop was thus designed to allow for an exchange of learning and experiences among the participating countries and to identify areas where further research was needed.

A number of common issues emerged that were seen by all participants as critical for developing and implementing successful strategies in the area of fiscal policies for tobacco control. Each of these issues is equally important for research on fiscal policies for NCD prevention and control.

- ⇒ **Fiscal policies for tobacco control should be seen as a long-term strategy**
- ⇒ **Civil society organisations play an important role in gaining support from politicians**
- ⇒ **Political mapping is a necessary first step in fiscal policy research**
- ⇒ **There is a need for both up-to-date and follow-up data for advocacy purposes**
- ⇒ **Engaging multi-disciplinary teams and non-health sector actors will strengthen research teams**
- ⇒ **It is important to develop both arguments and solutions for discussions with fiscal policy authorities**
- ⇒ **Key areas requiring research include: national analyses of economic policies of cigarette tax increases; price-elasticity of demand taking into consideration income groups, gender, education, product variety; effectiveness of fiscal policies for reducing tobacco use; and simulations to estimate the health and fiscal benefits of tobacco tax increases.**



¹ During the first phase of the tobacco and poverty project (2009-2011), HealthBridge's partners had each designed and implemented country-based tobacco and poverty research-for-advocacy projects. Each project was developed to build research and advocacy skills in partner organizations and to reflect local contexts, while at the same time examining tobacco as a root cause of poverty.

Promoting Coordination and South-to-South Exchange, continued

The Making the Tobacco & Poverty Link: How to Conduct Tobacco & Poverty Advocacy Research workshop took place at the World Conference on Tobacco or Health, held in Singapore in March 2012. The workshop brought together forty researchers, advocates and nongovernmental organization (NGO) representatives from 23 countries. The workshop's overall purpose was to strengthen participants' capacity to conduct tobacco and poverty advocacy research. As such, it was designed as a joint skills-building and knowledge sharing session. To kick-start the group discussions, presenters provided information about successful efforts that had already been made to raise awareness about the links between tobacco and poverty. In doing so, they highlighted innovative ways to conduct research on tobacco and poverty and to present the research results in a way that would be appealing to and useful for policy makers. Following the presentations, participants worked in groups to collaboratively identify specific policy goals that could be served by innovative research, to write 'sound bites', to design research that would address the policy goals, and to develop communication plans to disseminate the research messages and results. The following key points were noted by the group participants, all of which would be equally applicable to research on NCD prevention and control:

- ⊖ Research should highlight that money spent on tobacco is money not spent on necessary goods, such as food, education and healthcare*
- ⊖ Researchers must bear in mind the equity impact of tobacco control policies*
- ⊖ Tobacco control policies must be adapted to the specific situation of vulnerable populations and low income groups*
- ⊖ The first step in planning research should be to ask 'What am I trying to achieve?' Are the policy objectives realistic?'*
- ⊖ It is critical to build partnerships with organisations outside the health sector.*

Two additional workshops were organised with key representatives of the Francophone Africa Tobacco Control community. The first was held 11-12 March 2013 in Lomé (Togo) in collaboration with the African Tobacco Control Alliance (ATCA), while the second was held 29 March 2013 in Niamey (Niger) in collaboration with SOS Tabagisme.

The workshop in Togo brought together civil society advocates with tobacco control focal points from seven countries who are responsible for planning and development issues. Together, they discussed the links that exist between tobacco use, poverty, and development in Africa. The workshop not only resulted in the participants being considerably more aware of the harmful non-health impacts of tobacco use; it also served to dispel enduring myths about the economic benefits of tobacco production and led to the collaborative development of recommendations for further regional work on tobacco and poverty.

The information exchange day held in Niger brought together high-level officials eager to discuss the correlation between tobacco control and economic and social development in Niger. The fourteen participants included representatives of the Nigerien Parliamentary Network for Tobacco Control, the Ministry of Public Health, the Ministry of Finance, WHO, the National NCD Control Programme, and NGOs. The workshop ended with a commitment by the participants to continue working with SOS-Tabagisme to ensure that tobacco control is included in Niger's development plans.

Recommendations for future tobacco and poverty work in Francophone Africa:

- ⊕ A strategic plan template should be developed to inform the preparation of development plans.*
- ⊕ Technical assistance should be provided for countries to draw upon as they prepare their development plans.*
- ⊕ Global campaign literature should be made available to NGOs and ministries in French.*
- ⊕ A permanent framework for consultation should be created between ministries and NGOs on tobacco and development issues.*

Raising the Stakes on Tobacco and Poverty: Highlights from the Field

The Raising the Stakes project focused on the design and implementation of national high impact advocacy activities led by local partners. Each activity stemmed from the research results that had been generated during the project's first phase (2009–2010). They took a variety of formats, including workshops, the broad dissemination of materials and resources, the targeted publication of articles, one-on-one meetings with key stakeholders, and press conferences. Project partners used a blend of approaches, each carefully selected to maximize resources and impact and to respond to local needs and contexts.

In each country, the results achieved far exceeded initial expectations. Government partners and national stakeholders were ready to engage in a substantial and meaningful way and, in some cases, actually took a leading role in calling for—and providing—greater resources to address the tobacco and poverty link.

WBB Trust (Bangladesh): Drawing Attention to the Issue of Bidi Workers' Livelihoods

As the phase I project ended, some notable achievements were already visible in Bangladesh: bidi worker livelihood issues were included in the 2011 national budget debate and advocates were using WBB's research results to lobby for higher tobacco taxes. It was clear, though, that the issue of bidi workers' livelihoods was still not sufficiently high on the radar of many civil society groups or government agencies. WBB Trust thus undertook a massive advocacy and information dissemination campaign. It circulated materials, organized and hosted information sharing meetings and seminars for a large number of stakeholders from many segments of society, published articles in local newspapers and magazines, and shared materials directly with key government officials. WBB's target audience included government officials and large civil society organizations, particularly in non-health sectors.

Prior to this project, many policy makers had requested that the National Board of Revenue (NBR) not increase bidi taxes, claiming it would harm the poor. Through the massive and sustained advocacy efforts of WBB Trust & other like-minded organizations (including BATA), the relationship between tobacco and poverty has been increasingly **highlighted in the media** and newly sensitized journalists regularly publish news articles about bidi workers' livelihoods. Many policy makers have also been positively influenced and are becoming more cooperative: they now write letters supporting an increase on tobacco product taxes, including on bidis. Gradually, this positive change is also influencing policy decisions.

Non-government agencies have also taken a huge step forward in making the issue of tobacco and poverty a priority. The National Girl Child Advocacy Forum put unanticipated importance on tobacco and poverty issues and made the topic one of its priorities in 2012. A senior official of the Bangladesh Anser & VDP (Village Defense Party) - Bangladesh's largest semi-governmental social security force—expressed its willingness to help shift bidi workers and tobacco farmers to other, healthier jobs if the government started an initiative in which it could participate.

Although the Bangladeshi government has not taken the necessary steps in the national tobacco control laws to help people who work with tobacco find alternative, healthier livelihoods, the greater dissemination of pragmatic and empirical information has had a **deep impact on government institutions, local governments, and all sectors of the population.** This provides an important lesson for NCD prevention and control: **advocacy based on research outcomes is a key first step in effecting policy change.** For more information about WBB Trust's work, please see the articles in our T&P Research Network newsletter, 2012 Issue 1 and Issue 8 or visit WBB Trust at <http://www.wbbtrust.org>



ACTbr (Brazil): Call for Action on Sustainable Alternative Livelihoods for Tobacco Growers

ACTbr hosted a high-level, multi-sectoral workshop to engage national experts in rural development. The workshop stemmed from ACT's review of public policies that had been developed to support the diversification of family agriculture, particularly in tobacco-growing regions. The review found that although many initiatives were being implemented by different federal policies and programs, there was insufficient coordination between them. This weakened their overall effectiveness, and hindered their ability to counter the high-pressure lobbying efforts of the tobacco growers' associations and the tobacco industry.

The workshop on sustainable livelihoods was held 4-5 July 2012 and brought together a wide range of stakeholders for knowledge exchange and to increase collaboration between policy-makers, local authorities, academia, and civil society. Participants included representatives from the Ministries of Agrarian Development, Health, and Science and Technology; the National Cancer Institute; CONICQ (the national committee for the implementation of the FCTC), and the University of Rio Grande do Sul, among others. The workshop's overall objective was to encourage and facilitate discussion among the participants on (i) the socio-economic, cultural, and environmental impacts of tobacco production, and (ii) alternative livelihoods for those engaged in tobacco growing. Presentations and discussions focused on the need to implement a more sustainable strategy for alternative livelihoods and rural development.

*The **Ministry of Agrarian Development and CONICQ were keen supporters of the workshop**; their direct involvement in it significantly broadened its impact and increased its prominence among government agencies. Their leadership role also ensured that the issues being discussed were taken seriously at the highest government level.*

*One of the key outcomes of the workshop was the **development of a research agenda**. Created in partnership with the Ministry of Science and Technology, this research agenda highlights the fact that the issue of tobacco production is multi-faceted and requires a broad-based solution. The agenda will contribute directly to the development of future calls for research proposals in the field of alternative livelihoods and crop diversification.*

*While the issues raised in Brazil may appear to be specific to the problems faced by tobacco growers—economic dependency, low human development, political and social isolation, decreased health status, etc.—they can be extrapolated to other NCD concerns if we take a step back and look at the bigger picture. Most importantly, the Brazilian workshop emphasize the reality that, **without a broad-based and whole-of-government enabling policy environment in which all concerned stakeholders are working together with a common understanding and purpose, individual projects and programs may have little positive impact.***

For more information about the workshop and its results, see the feature length article in our Tobacco and Poverty Research Network newsletter, 2012 Issue 5, pages 3-4, or contact ACTbr at <http://actbr.org.br/contato/>



Voluntary Health Association of India: Advocating for Alternative Livelihoods for Tobacco Workers

The conditions under which tobacco is cultivated, bidis are rolled, or tendu leaves are plucked are determined by the multi-national, multi-billion dollar tobacco industry; generations of tobacco workers thus remain trapped in an environment that impedes their development and restricts their future. While it is important for tobacco control advocates to work on reducing tobacco use, tobacco-producing nations must also address the harmful effects of the tobacco supply chain. In other words, they must advocate for, spread awareness of, and provide alternative livelihoods for the otherwise voiceless tobacco workers.

In 2010, the Voluntary Health Association of India (VHAI) conducted a study in the four Indian states of Bihar, Jharkhand, Madhya Pradesh and Uttar Pradesh. The study demonstrated that Indian tobacco workers —including tobacco farmers, bidi rollers, and tendu leaf pluckers —are typically exploited, do not receive fair wages, are given no share in earned profits, have no access to health or other benefits, and live in extreme poverty. Special Government schemes for the working poor do not reach them, and sometimes they are not eligible for them even when these schemes do reach their communities. This poses a particularly complex barrier to local development.

*VHAI's results were published as *At the Crossroads of Life and Livelihood: Poverty, Economics and Working Conditions of Tobacco Workers in India* and broadly disseminated in print and through documentary films. During the Raising the Stakes project, VHAI designed a high-impact advocacy initiative in partnership with the state Voluntary Health Associations of Uttar Pradesh, Bihar and Madhya Pradesh in 2012. Local teams organized advocacy events specifically designed for senior officials from the Labour, Health, Forest, and Education Departments. A specially-produced brochure containing the study's findings was disseminated, while the films were screened directly to these officials to sensitize them about the issues facing tobacco workers in their own country. A number of events were also held to sensitize the regional media, including two field exposure visits for senior journalists from the Times of India and the Associated Press.*

VHAI successfully advocated to policymakers and the media, making them more aware of the tobacco supply chain as a development issue. This is very significant, given that most tobacco control campaigns in India had focused solely on demand issues; this despite the fact that the country is the world's third largest tobacco producer. Significant media coverage in all 3 states demonstrated that the project has successfully linked tobacco with poverty, development, human rights, and, notably, child labour. In August 2012, in a long overdue decision, the Union Cabinet approved a proposal to amend the Child Labour (Prohibition and Regulation) Act, 1986, to ban the employment of children under the age of 14 in any form of industry.



*There may not appear to be a direct link between advocating for alternative livelihoods for tobacco workers and advocating for NCD prevention and control. However, if one focuses instead on what needs to happen—the creation of effective policies that can reduce harm— then it becomes clear that VHAI's efforts are directly transferable to work on NCDs. Their work to **engage senior government officials from different departments**, to **focus the attention of the media** on the hidden plight of a largely indentured workforce whose labours benefit only harmful big business, to **network** with local organizations, and to **counter** the tobacco industry's positive portrayal of itself is critical. Corporations have an interest in promoting their products in the most attractive way to consumers. Highlighting the truth of what the production of those products really entails, the human suffering that it causes, could bring us one step closer to reducing their use and their harmful effects. For more information about VHAI's work on alternative lifestyles for tobacco workers, please see the articles in our Tobacco and Poverty Research Network newsletter, 2012 Issue 8 or visit VHAI at <http://www.vhai.org>*

Indonesian Society for Health Promotion and Education: Earmarking Tobacco Excise Taxes

Indonesia has the world's third largest tobacco market, and, as a result, faces huge economic and health burdens from tobacco use. The tobacco excise tax provides an ongoing and increasingly large revenue stream for the Indonesian government. Indonesia has earmarked a proportion of this tobacco excise tax for tobacco-related activities; however, "tobacco-related activities" does not mean actions to address the harmful effects of tobacco use. Instead, it means improving the quality of locally-produced tobacco. Indeed, existing regulations specify that the funds cannot be used to conduct activities that would educate people about the dangers of smoking or how to quit. As a result few district-level Health Offices have been able to effectively access the funds or use them for health promotion activities.

On 26 January 2012, the Indonesian Society for Health Promotion and Education collaborated with the Ministry of Health to host a high-level advocacy workshop in Bandung (West Java). The meeting was initially planned for 5 districts, but was extended to include all districts in West Java following a request from the Health Promotion Center in the Ministry of Health and an offer of co-financing from the West Java Provincial Health Office. The overall objective of the workshop was to advocate to the districts in West Java to effectively use the profit-sharing funds from tobacco excise taxes for tobacco control programs. In addition to learning about the relationship between tobacco use, poverty, and Indonesia's 'lost generation', the participants gained knowledge about how tobacco excise taxes were earmarked and about the planned revisions. The participants also discussed the problems that they had faced in trying to use the earmarked funds, and offered recommendations based on strategies that had successfully been applied.

One of the key workshop outcomes was a request for a National Technical Guidelines manual that would provide instructions on how the earmarked funds could be used for maximum impact and effect. The Ministry of Health agreed to develop these guidelines, based on the suggestions provided by the workshop participants, demonstrating its serious attitude about improving tobacco control in the country. This effort immediately faced resistance from the tobacco industry, though, which asked the government to reconsider its revisions given that the 'spirit' of the original tobacco excise tax policy had changed.

*The Indonesian experience highlights the importance of **inter-ministerial and inter-disciplinary cooperation and collaboration**. While ISHPE's actions focused to some extent on the broader goal of mitigating the negative health effects of tobacco use, they also demonstrate how **fiscal approaches** can be used to support changes at the societal and community levels to influence behaviour. Of particular note here is how **collective action and advocacy** at the local level—in this case by provincial and district health offices—can direct change in national policies or directives that are health-harming rather than health-supportive. ISHPE's attention on **earmarking excise taxes on health-harming products for health promotion** is directly transferable to work on other NCD risk factors, particularly those related to the use and production of specific products that are subject to excise tax.*

For more information about ISHPE's work on tobacco excise taxes, please see the articles in our Tobacco and Poverty Research Network newsletter, 2012 Issue 3.



HealthBridge Vietnam: Advocating for Higher Tobacco Taxes

On 18 June 2012, the Vietnamese National Assembly enacted its first omnibus tobacco control bill, which entered into force on 1 May 2013. HealthBridge Vietnam (HBV) and its partners worked with the drafting committee and the National Assembly to ensure that the law complied with FCTC standards. In doing so, they faced several significant challenges, not the least of which was the reluctance of many government officials to accept that tobacco production and use is harmful to human health and the economy. Working on policy advocacy within the Vietnamese context – where no formal platform exists for civil society engagement in policy formulation or law development – was difficult and required finesse and careful manoeuvring, particularly in light of the tobacco industry’s influence on law development.

In spite of the law’s passage, there were concerns that tobacco control policies may have negative impacts on local industries, including employment in the tobacco industry. To address this impediment to the law’s full implementation, HBV organized a high-level stakeholder national advocacy workshop on 12 September 2012. During the workshop, it presented research evidence demonstrating that tobacco control policies would not have a negative impact on overall employment. On the contrary, increased taxes would provide far greater economic benefit to the Vietnamese economy than would continued high tobacco sales.

HealthBridge Vietnam implemented strategies that were key to its successful commenting on and advocating for the passage of strong provisions in the tobacco control law. These strategies would also be key to HBV’s successful engagement in and advocacy for other NCD-related policies.

Keeping informed about the details of the law and policy development process, and closely following its progress, allowed HBV to identify and respond to information needs and advocacy opportunities, to identify and appropriately engage with “supporters” and “opponents” of the law, and to identify weaknesses in each draft and develop appropriate responses.

Teambuilding strengthened coordination within the entire tobacco control community, whose input HBV was then able to integrate directly into the draft law. **Relationship-building with key decision makers** enabled HBV to effectively and consistently deliver tobacco control messages and arguments, both formally and informally, that were heard and considered as decisions were made. Such relationships also ensured high level support for the tax advocacy workshop: it was co-organized with the National Assembly and the Ministry of Finance, which considerably raised its status, profile, and reach.

Engaging large, influential organizations that were not traditionally tied to the tobacco control movement gave additional credibility to advocacy efforts. Working closely with a **network of journalists and reporters**, providing them with ready access to the most recent news and information, and supporting them to write accurate, fact-based articles ensured that tobacco control maintained a positive, and priority, place in the media. **Constantly disseminating information** through channels with the widest reach kept all stakeholders informed. **Opposing the tobacco industry’s participation** in the law drafting process weakened its role in and influence on the law’s development. **Conducting evidence-based research**, and presenting the results in clear, easy-to-understand language, kept the focus on the changes that were required to the TC policy.

For more information about HBV’s work on tobacco control, please see the articles in our Tobacco and Poverty Research Network newsletter, 2012 Issue 4 or visit the HealthBridge website at <http://www.healthbridge.ca/index.html>



Making the NCD-Development Link: Early Efforts and Progress in India

2011 marked a turning point for the global health and development agendas. For more than a decade, the Millennium Development Goals (MDGs) were at the centre of the international development agenda and were used to guide the design of most large development programmes. However, in September 2011 the United Nations (UN) High Level Meeting on Non-Communicable Diseases (NCDs) recognized the growing social and economic burden that NCDs put on low- and middle-income countries. During the meeting, Heads of States and Governments set out new commitments to combat the increasing global incidence of chronic diseases and the prevalence of their risk factors. The World Health Assembly (WHA) then agreed on an ambitious target of reducing global mortality from NCDs by 25% by 2025.

Discussions on the post-2015 agenda also gained momentum in 2012. The United Nations and various governments organised a number of meetings and consultations with organisations working in the development field. Work continues to follow up on the decision agreed by the WHA on the prevention and control of NCDs and the post-2015 agenda. This has generated a number of opportunities to develop and implement a multi-sectoral approach to tackle NCD prevention and control. This multi-sectoral approach might well be based, in part, upon the lessons already learned in tobacco control.

HealthBridge took early advantage of this opportunity to apply its lessons learned in tobacco control to NCD prevention and control in India, where it has supported tobacco control since 2001. From the beginning, its tobacco control efforts included making the socio-economic case for tobacco control among policy makers. Research exploring the impact of tobacco use and supply among the country's poorest income groups in 2003 stimulated further inquiry and supported advocacy for policy change. HealthBridge also contributed to the formation and ongoing work of India's tobacco control coalition, a group that successfully advocated for the development and passage of the country's vanguard tobacco control law in the same year.

India faces a huge challenge in the form of NCDs, which accounted for 53% of all deaths in 2008.¹ The World Health Organization estimates that NCDs cost the Indian economy an estimated US \$9 billion in 2005, with an estimated 2 million people experiencing "catastrophic" spending as a result of NCDs.² The lives lost and the economic burden from NCDs make a significant dent in the development aspirations of this emerging economy and its people.

Building on its success in forming and supporting tobacco control coalitions, HealthBridge began its work on NCDs in India by bringing together organisations from the public health and development spheres that had an interest in NCD prevention and control. The NCD-Development Interest Group, an informal network of non-governmental organisations, took shape in Delhi in March 2013. The network seeks to inform and influence policy makers and other stakeholders to address the negative consequences that NCDs have on national development. The network is comprised of organisations working on the rights of children, women and pavement dwellers, poverty reduction groups, research institutions, and public health groups.

Networks thrive on opportunities for action—a key lesson learnt from tobacco control. The country-level consultations led by the UN on the post-2015 development agenda presented the first opportunity in India. The members of the NCD-Development Interest Group worked together to develop a memorandum about NCDs and poverty that was submitted to the UN Resident Coordinator. This action reinforced other global voices calling for NCD prevention and control in the interest of national and global development.

The network realised that a road map for action is essential to guide its ongoing work. Through a strategic planning exercise, it identified areas needing action on the national and international fronts over the coming 2 years. Network members have agreed to identify gaps and, where relevant, to advocate for specific policies and programmes relevant to national NCD prevention, while also contributing to global discussions about NCDs and development.

Making the NCD-Development Link: Early Efforts and Progress in India, continued

*Effective advocacy requires early engagement of potential allies and stakeholders. HealthBridge and HRIDAY, a network partner, organised India's first **Multi-sectoral Consultation on NCDs and Development** in India in May 2013. In addition to their active participation, network partners contributed by naming contacts and opening doors to non-health sectors that*



formed a major target audience for the consultation. The consultation enjoyed broad participation from more than fifty organisations, including several from non-health sectors. The participation of governmental, non-governmental, and inter-governmental agencies bodes well for the multi-sectoral action that is critical to tackle the multi-dimensional NCD challenge. Participants deliberated on NCD challenges and responses from their diverse perspectives and developed recommendations for follow up action (see below).

The NCD-Development Interest group is currently liaising with government agencies, such as the Ministry of Health, for follow up. The Planning Commission of India, for instance, has extended opportunities for civil society to inform its advisors of evidence that could inform macro-level action. HealthBridge is currently reviewing the ability of India's development programmes to be vehicles for NCD prevention and control.

Even though NCD action is in its early stages in India, working in a network provides leverage and combines the unique strengths and reach of individual organisations. These early efforts need to be reinforced through critical research, enhanced advocacy, and sustained capacity building. The challenge ahead is to develop innovative strategies to stimulate multi-sectoral action on NCD prevention and control in a country grappling with the double burden of communicable and non-communicable diseases in addition to other developmental challenges. The opportunity lies in engaging India's significantly resourced development programmes, whose outcomes can be improved for, and through, action on NCDs.

¹ Noncommunicable diseases country profiles 2011-India; ² WHO. Global Status Report on Non-communicable Diseases, 2010.

NCDs and Development: Key Lessons Learned from Tobacco Control and Recommendations for Moving Forward

- ∞ **Conduct evidence-based research for advocacy as a key first step in effecting policy change:** disseminate pragmatic and empirical information to support advocacy goals
- ∞ **Create a broad-based, whole-of-government enabling policy environment:** a multi-sectoral framework for NCD prevention and control means addressing NCDs within health sector programmes and policies and working collaboratively across non-health sectors such as environment, agriculture, transportation, trade, and urban planning.
- ∞ **Develop the kind of policy interventions that are essential for combating NCDs:** these include raising tobacco taxes, enforcing advertising bans for tobacco and alcohol, regulating the advertising of unhealthy foods, and urban planning that promotes physical activity and improves access to affordable, healthy food
- ∞ **Build relationships** with key decision makers, policy makers, and other high-level, influential stakeholders
- ∞ **Create networks of like-minded organisations,** making sure to include those working in non-health sectors; this will also help to **support collective action and advocacy** at the local level
- ∞ **Engage and focus the media's attention** on NCD issues; this will help to influence governmental policies
- ∞ **Address equity and vulnerability concerns:** as NCDs aggravate poverty and social and economic inequities, their prevention and control need to be integrated into national and global social welfare and development programmes
- ∞ **Seek out non-health opportunities for action:** create opportunities, use non-health approaches (i.e., fiscal approaches)
- ∞ **Oppose the participation of big industry** in policy making fora and law drafting processes

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New HealthBridge Publication

Broadening the Focus from Tobacco Control to NCD Prevention: Enabling Environments for Better Health

HealthBridge has recently published a new guide that focuses on policy interventions that lead to the creation of enabling environments for the prevention of non-communicable diseases (NCDs). In particular, the guide demonstrates and explains how lessons learned from the tobacco control movement can be applied to other NCD risk factors, and provides key information that is needed to begin working on those risk factors, including physical inactivity, unhealthy diets and alcohol abuse.

Non-communicable diseases are receiving ever more attention as their toll on health and life continues to mount. Fortunately, NCDs are to a large extent preventable. International experience on tobacco control is particularly useful here, as a field governed largely by evidence. There is much to learn from tobacco control, and those with experience working on it are particularly suited to expanding their role to address NCDs overall.

The guide is not, however, intended only for those who already have a background in tobacco control; rather it will be helpful to any organization that wishes to start a program on physical activity, healthy diets and preventing the harmful use of alcohol. Each chapter begins by describing the relevant risk factors and explaining current recommendations for what or how much people should be doing to reduce their risk. The chapters also describe what an “enabling environment” would look like for each risk factor and outline the research that can be carried out to address these issues. The guide’s final chapter describes strategies that can be used to change policy for each risk factor.

For your downloadable copy of the guide (available in book and A4 formats), please visit http://www.healthbridge.ca/healthbridge_publications.html

LAUNCH OF GLOBAL HEALTH 2035

The Lancet has just published Global Health 2035: A World Converging within a Generation (Global Health 2035), a major new report by the Commission on Investing in Health. Global Health 2035 revisits the case for investing in health, identifies three priority health challenges, and puts forth a bold new investment framework to achieve dramatic health gains by 2035 to reduce illness-related poverty. To read the report, go to [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62105-4/fulltext#article_upsell](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62105-4/fulltext#article_upsell)

NCDs AND POVERTY RESEARCH NETWORK

The NCDs and Poverty Research Network is a virtual network of researchers, advocates, and other individuals interested in exploring the links between non-communicable diseases and poverty.

Initiated in 2009 as the Tobacco and Poverty Network, the network includes members from countries throughout Asia, Africa, and the Americas. In 2013, its focus expanded to include non-communicable diseases.

The purpose of the network is to provide a collegial forum through which researchers, advocates, and others working in NCD prevention and control can share research results, ideas, experiences, challenges, and solutions for exploring and addressing issues related to NCDs and poverty.

The network is moderated by HealthBridge, and network emails are disseminated regularly. Network members may distribute information to the network by sending an email to Lori Jones, ljones@healthbridge.ca

We look forward to your contributions and feedback!

ANNOUNCEMENTS

Do you have any announcements that you would like to share with the network? Let us know by sending an email to Lori Jones ljones@healthbridge.ca



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