COUNTRY COLLABORATIONS FOR THE PREVENTION & MANAGEMENT OF NCDs IN YOUNG PEOPLE
NCD ADVOCACY WORKSHOP SERIES: 2015 - 2019
NCD Child’s advocacy workshops utilize an inclusive process, which brings together pediatricians and other health professionals, government leaders, regional representatives, and young leaders. This workshop experience clearly reflects advocacy in action.

– Mychelle Farmer
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INTRODUCTION

In 2015, together with the American Academy of Pediatrics (AAP) and the International Pediatric Association (IPA), with support from the Astra Zeneca Young Health Program, NCD Child launched its Protecting Children from NCDs: Leadership Advocacy Training Workshop series, for leaders and champions working to strengthen the NCD response for children, adolescents, and young people in their countries. As part of the workshop series, NCD Child awarded competitive small grants to workshop participants for advocacy in action projects in their respective countries.

This publication follows NCD Child’s 2016 interim report, Country Collaborations for the Prevention & Management of NCDs in Young People. It provides an overview of the series progress from 2015 to 2019 while highlighting the resulting advocacy projects supported by NCD Child following the workshops. This publication also describes a pathway to expand NCD Child’s workshop model, to sustain support for comprehensive NCDs prevention and control.

BACKGROUND

Currently, global monitoring of premature morbidity and mortality related to noncommunicable diseases (NCDs) focuses on the adult population, ages 30-69 years old, and as a result, the prevalence of these conditions in children, adolescents, and young people is largely overlooked. Nearly half of all NCDs diagnosed in adults are due to health risks that emerge during the first two decades of life. Over one million young people die each year from NCDs, including cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases. For young people with rheumatic heart disease, sickle cell disease and asthma, children under 18 years of age experience disproportionate morbidity and mortality. Mental health disorders and substance abuse, now integrated into the Sustainable Development Goal (SDG) targets for health and wellness, affect over one billion people worldwide. Many young people are among those who are living with mental illness, and suicide is the second leading cause of death among young people ages 15-29 years old.

Considering the urgent need to focus on NCDs prevention and early intervention for children and adolescents, NCD Child developed a series of workshops offered primarily at the regional level. Across the global regions as defined by the World Health Organization (WHO), including the Americas, Africa, South-East Asia, Europe, Eastern Mediterranean, and Western Pacific, political commitments have been made to address the rising burden of NCDs to combat and minimize unnecessary and preventable deaths, morbidity, and disability. However, at the systems level, the pace of action is lagging for the millions of children and adolescents who depend on real change within their countries and health care systems. NCD Child prioritized workshops for each region to raise awareness concerning ways NCDs can affect young people across the life-course. In addition, these workshops were structured to engage child health leaders in WHO and national responses to NCDs, and to amplify the need to consider the unique risks experienced by young people living in low resource settings. NCD Child made strong efforts to integrate young leaders at the regional and national levels to build interactive workshops that would respond to the specific needs and priorities of each region.

3 Musa NL, Hjortdal V, et al. The global burden of pediatric heart disease, Cardiology in the Young (2017), 27(Suppl. 6), S3–S8.
NCDs AND YOUNG PEOPLE

Children, adolescents, and young people are central to an effective response to the global epidemic of NCDs. Not only are NCDs capable of causing disability and premature mortality for millions of children and adolescents globally, but many of the behaviors and risk factors that underlie adult-onset NCDs begin during childhood and adolescence. According to the WHO, two-thirds of premature deaths in adults are associated with childhood and adolescent behaviors associated with NCD risk factors: more than 150 million young people smoke; 81% of adolescents do not get enough physical activity; 11.7% of adolescents partake in heavy binge drinking; and 41 million children under 5 years old are overweight or obese. If these risk factors were prevented, an estimated 75% of premature heart disease, stroke, and diabetes, and 40% of cancer could be prevented globally.6

Despite these alarming statistics, a life-course approach to the prevention, treatment, and management of NCDs has not received adequate attention in health care systems that have traditionally viewed NCDs as an issue of adulthood and ageing. Major challenges remain in the implementation of effective strategies, resource allocation, integrated population-based programs, public health education, and political support. Slow progress at the level of national health care systems can inhibit progress for the global health agenda, including the Global Action Plan for the Prevention and Control of NCDs and the United Nations’ Sustainable Development Goals. National level interventions are essential for achieving the global target of a 25% relative reduction in the risk of premature mortality from NCDs by 2025, and the SDG target of a one-third reduction in premature deaths from NCDs by 2030.

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LEADERSHIP ADVOCACY TRAINING WORKSHOPS

The goal of the advocacy training workshops was to foster a supportive environment for the development of country-level teams consisting of clinicians, government officials, civil society organizations, and young leaders who would collaboratively address the NCD agenda affecting children and young people in their country. The long-term outcome was to increase dialogue and policy change resulting in specific attention to the needs of children, adolescents, and young people living with or at risk for developing NCDs.

Global efforts to develop advocacy and implementation strategies for the prevention and management of NCDs have gained momentum in the years following the first UN High Level Meeting on NCDs in 2011. Unfortunately, organizations rarely offer hands-on, practical training opportunities, focusing specifically on children, adolescents, and young people, that aim to contribute to meeting the objectives of the Global NCD Action Plan and SDG target 3.4.

The NCD Child workshop series offered unique opportunities to integrate awareness of NCDs prevention and control into existing health systems while focusing on the specific needs of young people. The collaboration of professional pediatric societies, non-clinical civil society organizations, policy makers, and young people laid the foundation for powerful advocacy strategies addressing improved health throughout the life-course.

WORKSHOP SERIES AT A GLANCE

The advocacy workshop series, modeled after the American Academy of Pediatrics’ successful domestic advocacy efforts, sought to bring together child health stakeholders representing civil society, clinical providers, and youth advocates to address NCD prevention and control for children, adolescents, and young people in their respective countries. The series distinguished itself from other advocacy educational opportunities through its targeted focus on young people and by bringing together a diverse cadre of individuals with a common goal. Sustainable national financing initiatives that support the implementation of NCD plans and interventions are lacking. In addition to child health leaders, the workshops expanded their reach beyond medical professionals to include additional members of civil society, youth-led organizations, advocates, and students.

Table 1.
The workshops provided participants with an overview of the foundations and key elements of advocacy for children and adolescents affected by NCDs, combined with a deeper exploration of the global agenda and status of NCDs, relevant to participants’ local reality.

In addition to these didactic sessions, participants had the opportunity work in small country-level teams to develop advocacy plans for the prevention and/or treatment of NCDs in children and adolescents. Therefore, a key component of the training was to provide ongoing feedback and mentorship on the development of country and sub-national plans.

For additional details on the workshop model, see NCD Child’s 2016 interim workshop report, *Country Collaborations for the Prevention & Management of NCDs in Young People*.

During the past five years, NCD Child has had the opportunity to coordinate its regional workshops with the meetings of larger professional societies such as the International Pediatric Association (IPA). This permitted NCD Child to recruit child health leaders from multiple regions, and it enhanced NCD Child’s visibility at the global level. IPA routinely convenes a global congress once every three years. Through its partnership with IPA, NCD Child organized global workshops to raise awareness of NCDs impact on global child health. The conference held in Canada is an example of this type of workshop, and it is listed in Table 1. A similar NCDs workshop was held in Panama, in conjunction with IPA World Congress for 2019.

ADVOCATING FOR ADOLESCENT HEALTH & NCDs – FINAL WORKSHOP IN THE SERIES

In January 2019, NCD Child and the Royal Health Awareness Society of Jordan, in collaboration with the American Academy of Pediatrics, International Association of Adolescent Health, and International Pediatric Association, hosted a two-day workshop on NCDs and adolescent health in the Eastern Mediterranean Region – the final program in this workshop series. Content was developed in close collaboration with leadership from both the Eastern Mediterranean NCD Alliance and Eastern Mediterranean Regional Office of the World Health Organization. The workshop, held in Amman, Jordan, brought together 60 participants (including 30 youth) and guests from 12 countries representing different sectors of civil society including clinicians, young advocates, and other community-based advocacy groups. The workshop sought to provide a platform to develop and support country-level collaboration among policy makers, clinicians, civil society, and young leaders to advocate for improved NCD and adolescent health services, policies, and education in their countries.

6 WORKSHOPS

255 PARTICIPANTS FROM DIVERSE BACKGROUNDS

65 COUNTRIES ACROSS ALL WHO REGIONS

24 ADVOCACY IN ACTION GRANTS AWARDED ACROSS 17 COUNTRIES
NCD CHILD ADVOCACY IN ACTION GRANTS

The model for the regional workshops included an opportunity to apply for seed grants for support to put their advocacy plans into action. Grants were awarded to select participants from five of the six regional workshops – totaling 24 grants across 17 countries. Beyond encouraging participants to apply the skills learned during the workshops, the grants also encouraged continued collaboration across sectors. The resulting projects demonstrate how civil society cooperation can lead to meaningful change in communities, locally and nationally. The projects are listed by region in Table 2.

Though the focus and objectives of the funded projects varied across countries and regions, a few common themes emerged in the methodology and tools used to implement their plans: mainly education and training; technology and innovation; and networks and champions. Case studies of the projects describing these themes are included in Appendix 1.
Table 2. NCD Child Advocacy in Action Projects by Region

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>GRANT RECIPIENT</th>
<th>PROJECT FOCUS/GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LATIN AMERICA REGION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>Argentinian Pediatric Association</td>
<td>Create a training program to promote NCDs prevention in children and adolescents</td>
</tr>
<tr>
<td>Mexico</td>
<td>Confederación Nacional de Pediatras de México</td>
<td>Develop training programs to prevent unintentional injuries in children</td>
</tr>
<tr>
<td><strong>ASIA PACIFIC REGION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Bangladesh Pediatric Association &amp; Centre for Woman &amp; Child Health</td>
<td>Raise awareness among pediatricians about childhood NCDs prevention at the national level</td>
</tr>
<tr>
<td>India</td>
<td>Indian Academy of Pediatrics</td>
<td>Increase awareness among pediatricians about NCDs prevention related to nutrition and physical activity</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Indonesian Pediatric Society</td>
<td>Implement advocacy training for pediatricians, teachers, and students to promote NCDs prevention in schools</td>
</tr>
<tr>
<td>Japan</td>
<td>Japanese Pediatric Society</td>
<td>Develop a steering committee to promote improved nutrition for children living with NCDs</td>
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<tr>
<td>Malaysia</td>
<td>Malaysian Paediatric Association</td>
<td>Develop a local team of advocates among pediatricians and school teachers to prevent rheumatic heart disease</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Myanmar Pediatric Society</td>
<td>Develop advocacy training for pediatricians to address childhood obesity at local and national levels</td>
</tr>
<tr>
<td>Nepal</td>
<td>Nepal Pediatric Society</td>
<td>Organize NCDs symposium for pediatricians</td>
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<tr>
<td>Pakistan</td>
<td>Pakistan Pediatric Society</td>
<td>Strengthen awareness among pediatricians about child health crises related to disasters</td>
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<tr>
<td><strong>AFRICA REGION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egypt</td>
<td>Egyptian Pediatric Association</td>
<td>Strengthen network, sustain communication among pediatric NCDs specialists within Egypt Pediatric Association</td>
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<tr>
<td>Ethiopia</td>
<td>Ethiopian Pediatric Society</td>
<td>Create awareness about injury prevention among school-aged children</td>
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<tr>
<td>Ethiopia</td>
<td>Mathiwos Wondu-Ye Ethiopia Cancer Society</td>
<td>Develop Ethiopia’s National Childhood and Adolescent Cancer Control Plan</td>
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<tr>
<td>Kenya</td>
<td>Kenya Diabetes Management and Information Centre</td>
<td>Train adolescents living with Type 1 Diabetes to become advocates for diabetes care</td>
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<tr>
<td>Kenya</td>
<td>Kenya Pediatric Association</td>
<td>Pediatricians create awareness among adolescents for NCDs prevention through physical activity</td>
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<tr>
<td>Tanzania</td>
<td>Pediatric Association of Tanzania</td>
<td>Create awareness among pediatricians, civil society to prevent childhood obesity</td>
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<tr>
<td>Uganda</td>
<td>Uganda NCD Alliance</td>
<td>Develop a school-based initiative to prevent childhood obesity</td>
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<tr>
<td><strong>EUROPE REGION</strong></td>
<td></td>
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<tr>
<td>Armenia</td>
<td>Armenian Pediatric Association</td>
<td>Increase awareness among pediatricians and families for NCDs prevention strategies</td>
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<tr>
<td>Romania</td>
<td>Romanian Society of Social Pediatrics</td>
<td>Develop adolescent-focused health education classes to promote NCDs prevention</td>
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<tr>
<td>Slovenia</td>
<td>Slovenian Medical Students’ International Committee, Slovenian Paediatric Society</td>
<td>Develop school-based health education through collaboration of medical students, youth, and educators</td>
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<tr>
<td><strong>NORTH AMERICA REGION</strong></td>
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<td></td>
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<tr>
<td>Canada</td>
<td>Stop Marketing to Kids (StopM2K!) Coalition</td>
<td>Implement a youth-led campaign to restrict marketing of unhealthy foods to children</td>
</tr>
<tr>
<td>USA</td>
<td>American Academy of Pediatrics</td>
<td>Strengthen pediatricians’ capacity to promote NCDs awareness at the local level, in collaboration with youth</td>
</tr>
</tbody>
</table>
Key Enablers for Success
The NCD Child Advocacy in Action Grants program facilitated the implementation of 24 collaborative advocacy initiatives from both resource-limited and resource-rich countries to advance the global NCD advocacy agenda for children, adolescents, and young people. Facilitating factors included elements that were in place prior to the implementation of the projects (e.g., support from national pediatric societies), or circumstances that project teams created to advance their project goals and objectives (e.g., engagement with a variety of key stakeholders). Reinforcing factors included elements that supported the implementation of the project to successful completion (e.g., strong community engagement and buy-in). Both types of enablers were common across all 24 projects. The section below highlights some of the key enablers for the country projects: the presence of leaders and champions; community engagement; a shared vision; and institutional support.

Leaders and champions
One of the most important factors for achieving success was the presence of leaders and champions who are skilled educators, passionate about advocacy, and able to disseminate information and elicit institutional support.

For instance, in Argentina, the project team created a group of faculty champions to advance the work of the proposed training course. Faculty leaders served as a resource hub for the creation of the training course offered to other pediatricians in the network. The future sustainability of the project largely depends on the support of the faculty leaders, who garnered the interest of course participants to be trained as future instructors for program expansion. This train-the-trainer model sought to develop a network of proficient faculty champions knowledgeable and skilled in the prevention, detection, and treatment of obesity in their young patient populations.

In the Canadian project, strengthening youth leadership and involvement was the central goal of the project. Empowering young people to fully participate by raising awareness among peers, and to generate youth-appropriate messaging to further mobilize action was of paramount importance to the success of the national campaign to restrict marketing of food and beverages to kids. A group of youth champions will continue to engage at the national level to advocate for the rights of children and youth. Their advocacy toolkit will continue to serve as a resource for youth in communities across Canada.

Similarly, in the U.S. project, youth participation and leadership were recognized as an important element for success. Youth champions were trained to promote NCD prevention and control among their peers. Their efforts to connect with other youth advocates will ensure a broader participation of young people, alongside pediatric champions, to advance the work of the American Academy of Pediatrics to create awareness and strengthen capacity in the prevention and control of NCDs. Through peer-to-peer advocacy, young people are more likely to continue to engage with the work of AAP.

HIGHLIGHTS FROM A SURVEY OF SMALL GRANT PROGRAM IMPACT
A survey was sent to project grantees to collect their feedback on the impact that the small grants program has had on their advocacy efforts. Their responses suggest that impacts of the program include:

- Increased collaboration and networking with stakeholder groups, including youth groups
- An increased focus on advocacy initiatives at the local and national level
- An increased interest in professional development
- Intention to transfer successful project model to other NCD-related issues
- Increased collaboration with Ministries of Health and national medical societies
- Increased collaboration across multiple sectors, including Ministry of Education, Ministry of Health, and local civil society organizations
- The use of new platforms for broader communication of advocacy efforts (e.g. Social media, online presence)
- Development of new advocacy tools
Champions in all cases provided momentum, direction, and leadership that helped shape the way for successful implementation of projects. Whether champions are students, faculty, or other members of the community, it is clear they are essential for promoting and sustaining advocacy initiatives.

Community Engagement
Successful advocacy initiatives also require engaging community members to learn with, from, and about each other. Many of NCD Child-supported projects successfully engaged diverse stakeholders at the community level.

In Kenya, a group of young people living with Type 1 diabetes were trained to be peer mentors for other youth living with diabetes, to build their capacity, to raise awareness, and to create a network of support in the community. Through peer mentorship, youth can help shape positive attitudes towards advocacy and awareness initiatives that serve them better.

In Pakistan, the project team worked with community leaders and experts to define the needs of children living with disability due to polio. Using a community-centered needs assessment, the team built a strong case for advocating for improved rehabilitation services, community development, and capacity building for communities caring for polio survivors. By helping the community understand their vulnerabilities and rights, the team is taking action to limit the impact of disability for polio survivors.

Similarly, projects in Malaysia, Ethiopia, India, Indonesia, Uganda and Tanzania with school-based activities sought to increase the knowledge base of the prevention of NCDs and injury, to help communities develop resources to take action. By engaging with the affected communities, primarily students, health professionals can work collaboratively to create a vision for the future and establish necessary actions to improve the health of their communities.

By soliciting community input and participation, project leaders were able to identify actions that were tailored to the community’s needs and preferred methods of implementation and therefore, more likely to be effective at improving the success of advocacy initiatives.

A Shared Vision
One of the most significant enablers of project success was a shared vision across all stakeholders that could impact project outcomes and sustainability. Many of the project teams worked in partnership with other organizations and stakeholders when implementing their projects. A key to their success was to have a collective understanding of the vision to improve NCD prevention and control for children and adolescents in their communities. In a few projects, the main objective involved hosting a workshop or symposium for or with a variety of organizations and partners.

In Bangladesh, a symposium on child nutrition was organized for professional societies, academics, policy makers, civil society and youth representatives. In preparation for the symposium, consultation meetings and an expert consultation workshop were held with representatives of each stakeholder group to reinforce the vision of the symposium and to ensure buy-in from those involved. As a result, the symposium successfully resulted in a number of key recommendations on low birth weight, under 5 malnutrition, and childhood obesity. The preparatory work to refine their collective vision paid off. Sustainability plans include to prioritize the issues of childhood NCDs in Bangladesh, led by the Bangladesh Pediatric Association and the Centre for Woman and Child Health to plan for short-term and long-term initiatives involving government, civil society and international agencies.

Similarly, in Myanmar, a symposium brought together a number of key stakeholders including practicing physicians, medical students, public health representatives from the Ministry of Health and other organizations with a shared vision to address NCD prevention and control. The symposium culminated in the creation of a pediatric NCD special interest group, under the umbrella of the Myanmar Pediatric Society.
In Nepal, a symposium on the effects of disasters for children brought together physicians, educators, and hospital administrators to increase the knowledge, advocacy and preparedness for reducing mortality and morbidity for children in the event of a natural disaster. The shared vision and training from the symposium, resulted in a commitment to convene a pediatrician-led advocacy team for the region.

**Institutional Support**

Institutional support is critical for engaging with key stakeholders that have decision-making authority. Many of the project leads were able to leverage the support of their local pediatric societies, which facilitated implementation of their projects. Pediatric societies provide a pool of expertise with capacity building support and help bolster the legitimacy of projects. Partnerships with other local institutions including ministries of health, schools, and civil society organizations ensured buy-in and commitment from pediatricians, students, parents, teachers, government representatives and youth. The mentorship and feedback provided by NCD Child to all grantees was an important element for success identified by many of the project leads.

**Barriers Encountered**

The barriers identified through the projects fell into two broad categories: those representing a gap or deficit in resources and competing health priorities.

Access to adequate financial resources was a common barrier and future challenge identified by most of the project teams. While the NCD Child small grant program provided project teams with a seed grant for their advocacy activities, more financial and human resources will be needed for support of follow-up and sustainability plans. In addition, securing reliable ongoing financial support from ministries of health and other national bodies was a common challenge, affecting the long-term planning and implementation of future initiatives.

In many of the resource-limited countries, including Nepal, Myanmar, Pakistan, Ethiopia, Uganda, and Kenya, NCD related issues affecting children and adolescents have sometimes been sidelined by competing health priorities of communicable diseases. While this is starting to change, the reality is that a double burden of disease exists in all these countries, therefore, the advocacy work of pediatric societies is especially crucial in these instances. While many of the project leads identified the lack of national priority for the prevention and control of NCDs as a challenge, they also recognized that their professional bodies play an important role for prioritizing NCDs in their national health agendas. Many of the project sustainability plans included the development of committees, interest groups, advocacy groups, and champions to ensure that ongoing NCD advocacy is a priority.

**EXPANDING NCD CHILD’S FOCUS**

As the workshop series evolved, NCD Child expanded its focus in two ways. These included consideration of important concerns beyond SDG3 and a larger role for young leaders.

The NCD Child workshops were grounded in a life-course approach with a focus on Sustainable Development Goal 3, Health for All (SDG3). The diversity of concerns about NCDs and young people meant that workshop discussions often explored topics beyond SDG3, including WHO Best Buys. The Best Buys were viewed as a roadmap to strengthening affordable health systems and funding an integrated approach to NCDs. The WHO’s adoption in 2018 of the 5x5 NCDs model contributed to an increased emphasis on issues such as mental illness and pollution, which are especially important for young people living in low- and middle-income countries.

Workshops in the later years of the series discussed the importance of addressing issues beyond SDG3, such as poverty, education, and gender equality as well environmental factors. Discussions about financing health care meant workshop participants were more likely to interact with national policy makers to ensure that NCDs and young people were integrated into national health plans.

Young leaders’ roles were expanded in recent workshops, and workshop organizers were mindful of the importance of meaningful youth engagement. Efforts were made to include young leaders in the design, implementation and evaluation of workshops. In several workshops, young leaders were presenters, panelists, and discussion leaders. Youth participation increased significantly. In the case of the NCDs workshop held in Jordan (January 2019), 43.6% of participants in the EMR workshop were youth.

Young leaders also played an important role in global forums conducted by NCD Child. Many aspects of the global forums’ design and implementation emerged through youth engagement. In the case of the Global Forum on NCDs, Children and Youth that took place in Sharjah, at least 40% of the participants were young leaders, representing all

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regions of the world. They developed and approved the design of the Sharjah Declaration, a call to action for NCDs prevention and control among young people. It highlights a plan to emphasize the life-course approach to NCDs, with improved health coverage through Universal Health Coverage and strengthened data and monitoring systems. Many of the young leaders of the global NCDs forum established or strengthened their engagement with regional or national NCD Alliances. Approximately one third of these young participants were not actively involved with their national or regional NCD alliance, thus the global NCDs forum and the Sharjah Declaration encouraged new participation by young people interested to become NCDs advocates.

## THE WAY FORWARD

This NCD Child workshop series contributed to the global efforts to strengthen the NCD response for children, adolescents, and young people. As a result of the workshops and small grant program, there has been an increased commitment to addressing the NCD agenda, the development of new partnerships, sustainable advocacy plans, increased community engagement, and increased dialogue and collaboration between pediatric societies and other key stakeholders.

Sharjah Declaration, 2019 Global Forum on NCDs, Children and Youth
Inspired by the success of the regional advocacy workshop series, NCD Child also offered additional opportunities for capacity building among NCDs champions. In June 2018 and in March 2019, NCD Child worked in partnership with other organizations to convene global forums on NCDs in children, adolescents and young people. The report of the first global forum, represented a collaboration of NCD Child and CORE Group. The Global Forum on NCDs, Children and Youth, convened in Sharjah United Arab Emirates in March 2019, is discussed in detail in Appendix 2. Abbreviated workshops, lasting less than one day, were conducted in Panama (March 2019) and in Trinidad (October 2019). The Panama workshop was included in the Caribbean Congress of Adolescent and Youth Health. These events expanded NCD Child’s outreach to promote awareness of NCDs as a priority health issue for young people, and increased opportunities for young leaders to participate in the design and implementation of NCDs workshops.

While the regional advocacy workshop series officially concluded in January 2019, the lessons learned, networks developed, and strategies identified, continue to inform NCD Child’s current and future activities. Through evaluations, faculty debrief, and informal reflections, a few common conclusions were identified:

**Meaningful youth engagement is an investment**
Developing and sustaining young advocates as NCD leaders in their communities was a significant component of the workshops. Although meaningful youth engagement was challenging at the start of the series, as NCD Child grew stronger as a coalition, youth participation increased – as both workshop delegates and speakers. The final workshop in the series in the Eastern Mediterranean region (EMR) included 30 young people with youth speakers on all panels. This level of youth engagement was well received, and based upon the evaluations of the EMR workshop, many participants cited youth involvement as one of the most useful elements of the workshop. The expanded role of youth in the later workshops and conferences such as the 2019 Global Forum on NCDs, Children and Youth is described in Appendix 2.

**Countries within a region are heterogenous**
While there were several identified advantages of convening workshops at the regional level, including a larger reach, learning from neighboring countries, and addressing a broader array of issues, this model also posed challenges. The WHO-designated regions are highly heterogenous, in their priorities, government structure, and cultural environments. Future efforts may consider national or micro-regional recruitment efforts to ensure a more tailored curriculum. Workshop participants appreciated the opportunity to engage with individuals from countries different from their own. As one participant in the EURO workshop commented, “We welcome advice and feedback from others in (country-specific) group, because some countries, while geographically close, have completely different systems. That makes it interesting to discuss ... because the result isn’t applicable to all or even some of the countries involved.”

**Collaboration contributes to advocacy in action**
Over the life of the series, country-level teams have developed dozens of “advocacy in action” plans for a wide array of NCD priorities. During the workshops, participants received real-time feedback from their peers and faculty. The formation of country-level teams during the workshop served as a catalyst for increased dialogue and networking for ongoing collaboration following the program. Although lack of funding was a limitation on the teams’ capacity to implement their plans, in countries where small grants were received, teams were more likely to continue their collaborative efforts.

Following the completion of its workshop series and the advocacy in action grants, NCD Child continues to engage with many of the country-level teams in their efforts to strengthen their advocacy initiatives. Ideally, grantees will continue to collaborate and to champion the prevention and control of NCDs at the global, regional, and national levels. Young leaders also will play an essential role in NCD Child’s future activities. While there is a still a need to find the most effective ways to move the NCD agenda forward, the energy and commitment of workshop participants and grantees is an indication that the gap is closing and that focused advocacy and actions for children, adolescents, and young people are achievable.

**NCD CHILD**
NCD Child is a global multi-stakeholder coalition focused on the prevention, treatment, and management of non-communicable diseases (NCDs) in children, adolescents, and young people. NCD Child advocates for the inclusion of children, adolescents, and young people in the global NCD agenda and for the inclusion of child and adolescent NCD prevention in the Sustainable Developmental Goals; promotes both treatment and prevention for addressing
the NCD burden; and supports the inclusion of youth and family voices in global and country planning for NCDs.

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APPENDIX 1: CASE STUDIES OF SELECTED PROJECTS

Section 1: Building Capacity Through Education and Training
Schools provide ideal settings for health promotion and reinforcement of healthy behaviors among children and adolescents. More than half of the projects used education and awareness as the main tool to achieve their objectives and many focused on training for capacity building. Educational initiatives tended to focus on community-based health promotional programs aimed at a student population, whereas training initiatives tended to focus on increasing the capacity of health care professionals to develop and implement strategies for the prevention and control of NCDs. Education and training for communities affected by NCDs, health professionals and institutions play an important role in capacity building by building skills and knowledge in evidence-based strategies for the prevention and control of NCDs.

Case Study: Reducing road traffic accidents
Road traffic injuries are a public health problem in Ethiopia and much of Africa. The Africa region has the highest rate of deaths due to road traffic accidents, with 26.6 deaths per 100,000 population. Forty-four percent of these deaths involve pedestrians and cyclists, most of whom are young people (5-29 years old). Awareness and education campaigns, strict implementation of traffic rules, and multi-disciplinary solutions are needed to prevent unnecessary injuries, disability, and deaths. The Ethiopian Pediatric Society developed an awareness and education campaign to make children and their parents more aware of road traffic accidents and preventative actions. The campaign focused on developing student champions through a Train-the-Trainer program that emphasized road safety education for students in the vicinity of the school. Using a multi-faceted approach to prevention, schools explored practical solutions to reduce injury risks to children, such as: relocating school ground entrances so they are along sections of road with lower traffic volume, encouraging students to remain on school grounds during the lunch hour, using student leaders to train other students, and integrating promotional teaching materials into their curriculum.

Case Study: Supporting and empowering students to reduce NCD risk factors
The health education and promotion campaigns developed by the Indian Academy of Pediatrics, Indonesian Pediatric Society, Kenyan Pediatric Association, Pediatric Association of Tanzania, and Uganda NCD Alliance, focused on promoting healthy eating habits and increased physical activity for student populations through increased awareness of nutrition, exercise, and leadership training. Through interactive and participatory activities in these countries, students and teachers at dozens of schools were provided with the knowledge and skills to be agents of change and strong advocates for NCD prevention. These educational campaigns can be further amplified by effective policy interventions that cultivate the potential value of schools as a setting to facilitate NCD risk reduction.

Case Study: Raising awareness of rheumatic heart disease
Rheumatic heart disease (RHD) is a chronic cardiac condition with a high disease burden in low-income settings. While a majority of the NCD prevention dialogue focuses on the big four NCDs, there are many other childhood NCDs that require urgent attention. The Malaysian Pediatric Society developed a school campaign to raise awareness on early signs and symptoms of RHD. A total of 842 participants, mainly students, were provided educational material on the prevention and management of RHD. As a next step, the grantee team hoped to engage local champions, health care professionals, and government representatives to scale-up health education in the community and mobilize resources for the development of future campaigns.

Case study: Training a skilled workforce
Pediatricians have a unique and powerful position to advocate for children’s health: they can promote NCD prevention during routine health care visits with children of all ages. With this in mind, many of the project grantees—in Japan, Myanmar, Argentina, Bangladesh, Ethiopia, India, Malaysia, Mexico, and the USA—developed training programs for pediatricians and other healthcare providers to strengthen their capacity to provide preventive services and potentially reduce the incidence of NCDs in their patient populations. A skilled primary health care workforce, equipped with a toolbox of preventive services, is an integral component for the prevention of NCDs.

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* Global Status on Road Safety, 2018; World Health Organization, Geneva, Switzerland.
Case Study: Stimulating the development of school-based health activities.
The Kenya Pediatric Association collaborated with two civil society organizations, The Youth Banner and Young Professionals-Chronic Disease Network (YP-CDN), to organize a series of educational projects that focused on students in secondary schools and universities within designated Kenyan communities. The three organizations developed a strategy for age-appropriate programs, that included young leaders to develop project ideas from the early stages of project design to completion of the final products. The project included young people from adolescence through early adulthood, and it demonstrated that a life-course approach begins with early awareness and advocacy campaigns that targets students and educators. Multiple tools developed for information dissemination included: youth-focused messages ("Eat clean, train mean, feel real!"; "It's not about the shoes, it's what you do with them"), active classroom participation at secondary schools, and extra-curricular activities that promote physical activity and proper nutrition to prevent NCDs among young people. University students also created a Facebook page and YouTube videos to share their perspectives about physical activity as NCDs prevention.

Section 2: Harnessing Technology for the Prevention of NCDs
Communications and dissemination of health information is increasingly relying on existing and new digital technologies. Websites, social media, and video platforms offer the potential to reach diverse and widespread audiences with NCD prevention messages and management information.

Case Study: Using a digital platform for sharing NCD information
The scale and speed of information exchange of today’s communication technologies serves to support many large-scale activities that would otherwise require a substantial investment in person-driven resources. The Egyptian Pediatric Association harnessed the power of digital platforms to develop a website to share relevant and up-to-date information on NCDs for the Egyptian Pediatric Association community of practice. The website also aims to be a resource to the community for information on the prevention and management of NCDs.

Case Study: Initiating advocacy for youth, by youth
The prevention of unhealthy behaviors and risk factors for young people can be more effectively achieved with the help of other young people. Often, it is not a lack of information or solutions that are barriers to NCD prevention in young populations, but a lack of appeal and perceived relevance. To address this barrier, the Stop Marketing to Kids (Stop M2K!) Coalition in Canada developed an initiative to increase youth involvement in a campaign to reduce the marketing of unhealthy food to youth. By crafting and disseminating youth-oriented messages and resources, a youth-led campaign worked to increase the level of engagement with youth across Canada. Their ultimate aim is to ensure their collective call-to-action will restrict the commercial marketing of all food and beverages to children and youth age 16 years and younger.

Case Study: Developing a cadre of advocacy champions
Formal leadership networks often provide reliable information and a sense of authority, while informal peer networks encourage increased participation, sharing of personal experience, and a trusted source for health-promoting skills and the provision of support. To this end, the Kenyan Diabetes Management and Information Centre aimed to develop a program to develop the skills of adolescents and young adults living with Type 1 diabetes to become peer mentors, role models and champions in their community for other youth living with Type 1 diabetes. A total of 60 youth between the ages of 14-25 participated in the training workshop. As peer mentors, participating youth were encouraged to strengthen their community networks to ensure sustainability. Following the training, a networking group was established to stay connected and to participate in ongoing advocacy in their communities. In addition, a blog was created for youth to use as an advocacy tool.

Section 3: Developing Advocacy Networks
Advocacy is a powerful tool to influence decisions within a system by engaging with decision makers. The approaches and resources available can have a major impact on whether a change will be made; but to be successful, advocacy initiatives require efforts at several levels and with diverse stakeholders.
APPENDIX 2: YOUNG LEADERS’ EXPANDED PROFILE AT GLOBAL NCDS FORUM

NCD Child established the Young Leaders Program as an important outcome of this Global Forum. The Young Leaders Program is supported by funding from the Friends of Cancer Patients. This group represents young leaders who are dedicated to NCDs prevention and control at national and global levels. Together, they will strengthen their knowledge base and their advocacy skills. They represent the future leaders for NCDs campaigns.

Another youth-inspired outcome of the Global NCDs Forum includes the Sharjah Declaration (refer to pg.13). The seven guiding principles within the Sharjah Declaration were discussed and accepted by all forum participants, and it represented a new direction for NCDs advocacy by and for young people. The Sharjah Declaration emphasizes family well-being and support as a key to NCDs prevention among young people. The Declaration recognizes young people as leaders who must be included as essential partners in NCDs advocacy. Finally, the Declaration emphasizes the importance of empowering communities to lead NCDs campaigns, including opportunities for innovation and change at local levels that will enhance global initiatives for NCDs prevention and control. The Sharjah Declaration represents the guidepost for several meetings and events that followed the Global NCDs Forum. These meetings include global side events at the World Health Assembly in May 2019 and the UN General Assembly in September 2019. The Sharjah Declaration has also been used at several local events organized by youth who attended the Global Forum.

NCD Child convened a global forum, titled The Global Forum on NCDs, Children, and Youth—in March, 2019, supported by Friends of Cancer Patients (FOCP) and Her Highness Sheikha Jawaher Bint Mohammed Al Qasimi, Wife of His Highness the Ruler of Sharjah in the United Arab Emirates. The forum was directed at young advocates and people living with NCDs and their caregivers, with the goal of advancing the narrative around the critical role of family- and community-based interventions as catalysts for a sustained approach into the continuum of care for NCDs.

The Global NCDs Forum on Children and Youth, held in Sharjah, represented a continuation of the effort to expand the role of young leaders as conference organizers and advocates. 56% of the participants were young people, and all regions were represented among the participants. Several of the forum presentations were led by young people, including the opening session about the World Health Organization’s Knowledge Action Portal (KAP). The KAP includes several Communities of Practice (CoP), including a CoP focusing on Youth and the Next Generation. This interactive online portal provides an opportunity for young people to organize webinars and to develop online information exchange concerning NCDs and their impact on youth.

Prior to the Global NCDs Forum, many of the young participants registered to participate in the KAP online portal. This represents a promising opportunity for young people to sustain their engagement in the global campaign for the prevention and control of NCDs. It also offers the opportunity to interact with key leaders within WHO and other global multilateral agencies. In most instances, the young leaders participating in the Global NCDs Forum represented large youth-led organizations, and many of them focus on health and advocacy to highlight the unique needs of young people as it relates to NCDs. The potential impact of the interaction using the KAP is a significant mechanism to mobilize and inform youth.

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Interactions with physicians, participants and workshop facilitators helped me modify my approach to NCDs and build a stronger health platform.

– EAPA 2016 workshop participant