

STOP

THE GLOBAL EPIDEMIC OF
CHRONIC DISEASE

A **practical guide** to successful advocacy



World Health
Organization

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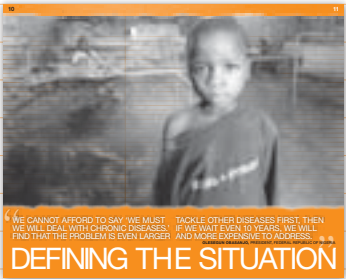
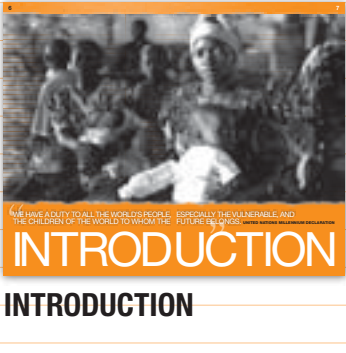
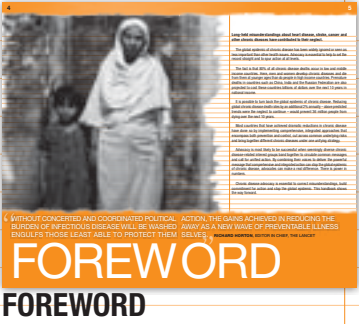
ABOUT WHO,
ADVOCACY AND
CHRONIC DISEASE

WHO raises awareness of public health problems and their solutions. It proposes conventions, agreements and regulations; assists in developing public opinion; and promotes international standards. These are all advocacy actions.

WHO's Department of Chronic Diseases and Health Promotion leads the global effort to prevent and control chronic diseases and promote health. Its vision is a world free of preventable chronic diseases.
www.who.int/chp/en/

Your comments and feedback

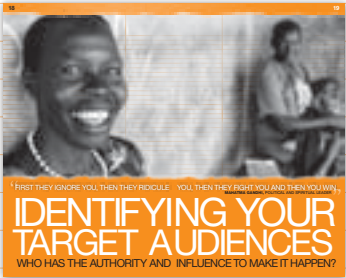
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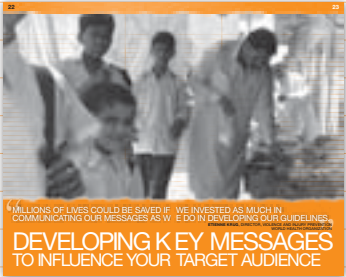
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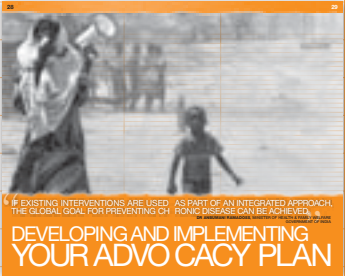
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Long-held misunderstandings about heart disease, stroke, cancer and other chronic diseases have contributed to their neglect.

The global epidemic of chronic disease has been widely ignored or seen as less important than other health issues. Advocacy is essential to help to set the record straight and to spur action at all levels.

The fact is that 80% of all chronic disease deaths occur in low and middle income countries. Here, men and women develop chronic diseases and die from them at younger ages than do people in high income countries. Premature deaths in countries such as China, India and the Russian Federation are also projected to cost these countries billions of dollars over the next 10 years in national income.

It is possible to turn back the global epidemic of chronic disease. Reducing global chronic disease death rates by an additional 2% annually – above predicted trends were the neglect to continue – would prevent 36 million people from dying over the next 10 years.

Most countries that have achieved dramatic reductions in chronic disease have done so by implementing comprehensive, integrated approaches that encompass both prevention and control, cut across common underlying risks and bring together different chronic diseases under one unifying strategy.

Advocacy is most likely to be successful when seemingly diverse chronic disease-related interest groups band together to circulate common messages and call for unified action. By combining their voices to deliver the powerful message that comprehensive and integrated action can stop the global epidemic of chronic disease, advocates can make a real difference. There is power in numbers.

Chronic disease advocacy is essential to correct misunderstandings, build commitment for action and stop the global epidemic. This handbook shows the way forward.

“WITHOUT CONCERTED AND COORDINATED POLITICAL ACTION, THE GAINS ACHIEVED IN REDUCING THE BURDEN OF INFECTIOUS DISEASE WILL BE WASHED AWAY AS A NEW WAVE OF PREVENTABLE ILLNESS ENGULFS THOSE LEAST ABLE TO PROTECT THEMSELVES.”

RICHARD HORTON, EDITOR IN CHIEF, THE LANCET

FOREWORD



“WE HAVE A DUTY TO ALL THE WORLD’S PEOPLE, ESPECIALLY THE VULNERABLE, AND THE CHILDREN OF THE WORLD TO WHOM THE FUTURE BELONGS. UNITED NATIONS MILLENNIUM DECLARATION”

INTRODUCTION

WHY THIS HANDBOOK?

Chronic disease is a global epidemic.

The term *chronic disease* includes heart disease and stroke (cardiovascular disease), cancer, chronic respiratory diseases, diabetes, and visual and hearing impairment – which claim 35 million lives every year, and together are the leading cause of death worldwide. Chronic disease causes people to fall into poverty and create a downward spiral of worsening poverty and illness. They also undermine economic development in many countries.

Around 80% of chronic disease deaths occur in low and middle income countries, where most of the world’s population lives. Men and women are affected almost equally and a quarter of all chronic disease deaths occur in people under 60 years of age.

Without action, deaths from chronic disease will increase by 17% between now and 2015.

Despite this terrible toll, the scientific knowledge to prevent and control chronic diseases already exists – and the solutions are cost-effective and inexpensive to implement.

The World Health Organization (WHO) has shown that 36 million lives can be saved through an additional 2% reduction in chronic disease death rates annually, over the next 10 years to 2015. WHO’s report, *Preventing chronic diseases: a vital investment*, launched in October 2005, revealed the scale of the problem and proposed a positive course of action.

With comprehensive and integrated action, great progress can be made in the battle against chronic disease (see sidebar).

36 MILLION LIVES
CAN BE SAVED BY 2015.

EFFECTIVE ADVOCACY IS NEEDED TO CONVINCE DECISION-MAKERS THAT:

- » Chronic diseases and health promotion merit increased investment at the national and local level.
- » Decisive action carries substantial, cost-effective benefits. 36 million lives can be saved over the next 10 years, which in turn will lead to substantial economic benefits to countries.

This handbook is a guide and practical tool for all advocates, regardless of experience. You may work in a government ministry, in a professional or nongovernmental organization, be a health care professional, a journalist, a member of a consumer or patient group, or simply be a concerned individual.

Although this handbook focuses on chronic disease prevention and control, the underlying principles for effective advocacy that are described can be successfully applied to other health topics, such as health promotion.



The report is available on the CD/DVD multimedia pack in this toolkit. It can also be downloaded at www.who.int/chp/chronic_disease_report/en/

COMPREHENSIVE AND INTEGRATED ACTION DEFINED

Comprehensive: combining measures that reduce risks throughout entire populations with strategies targeted at individuals who are at high risk or who are already ill. For example, combining increased taxes on tobacco products with support services to help individuals stop smoking.

Integrated: measures that focus on common risk factors that cut across specific diseases (tobacco use, unhealthy diet and physical inactivity), and that combine treatment across different diseases. For example, providing self-management support training – helping patients to reduce their risk behaviour and/or cope productively with their illness – for a wide range of patients.

HOW TO USE THE HANDBOOK

You will be guided through the steps needed to develop your own strategies, tailored to your own circumstances. These steps are:

1. Defining the situation.
2. Establishing your goal and objectives.
3. Identifying your target audiences.
4. Developing key messages to influence your target audience.
5. Developing and implementing your advocacy plan.
6. Engaging media interest.
7. Monitoring, evaluation and useful tools.

This handbook is part of the *WHO Advocacy Toolkit* on preventing chronic disease. Additional elements such as tools, imagery and comprehensive information are also provided (see full contents listed in Part 7).

THROUGHOUT YOU WILL FIND ICONS THAT WILL HELP YOU MAKE BETTER USE OF THE TOOLKIT.



TIP

INFORMATION TO HELP YOU GET STARTED



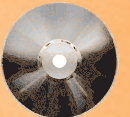
ADVOCACY IN ACTION

A REAL-LIFE EXAMPLE OF HOW OTHERS HAVE CARRIED OUT CHRONIC DISEASE ADVOCACY



TOOLKIT

YOU CAN FIND THIS ITEM IN THE TOOLKIT



CD/DVD

YOU CAN FIND THIS ITEM ON THE CD/DVD



WWW

YOU CAN ACCESS MORE INFORMATION ONLINE AND DOWNLOAD ITEMS



“WE CANNOT AFFORD TO SAY ‘WE MUST TACKLE OTHER DISEASES FIRST, THEN WE WILL DEAL WITH CHRONIC DISEASES.’ IF WE WAIT EVEN 10 YEARS, WE WILL FIND THAT THE PROBLEM IS EVEN LARGER AND MORE EXPENSIVE TO ADDRESS.”

OLESEGUN OBASANJO, PRESIDENT, FEDERAL REPUBLIC OF NIGERIA

DEFINING THE SITUATION

THE GLOBAL CHALLENGE

The rapid rise of chronic diseases represents a major health challenge to global development. Chronic diseases today are the leading cause of death in the world. Global action is needed, now.

- » The problems and solutions lie beyond the control of any one sector of society. All sectors of government, private industry, civil society and local communities must work together.
- » There is a large amount of evidence for the effectiveness of inexpensive, cost-effective measures that create rapid health gains, such as salt reduction in processed foods and improvements to school meals. Another example is increased taxation on tobacco, which has been shown to reduce consumption and raises revenues for governments – since 1994, South Africa has doubled its tobacco revenue and reduced tobacco use by 33% by increasing tax on tobacco products to 50% of the retail price.

HOW TO DEFINE THE ISSUE

A new approach to chronic disease is urgently needed from national leaders and the international public health community. Comprehensive, integrated action, using existing knowledge, is cost-effective. It has led to major improvements in the life expectancy and quality of life of middle-aged and older people in several countries.

- » Over the past 30 years heart disease death rates have fallen by up to 70% in Australia, Canada, the United Kingdom and the United States. Middle income countries have also made significant improvements: in the 1990s, Poland successfully reversed a historical trend in rising heart disease deaths and reduced such deaths by 10% per year in people under 45 years of age, and by 6% per year in people under the age of 65 – one of the most dramatic declines ever seen in Europe.
- » Between 1970 and 2000, an estimated 14 million cardiovascular disease deaths were averted in the United States and another 3 million in the United Kingdom.

The challenge now is for other countries to follow suit – especially low and middle income countries. Consider the situation in your country:

- » What are the current health policies and programmes related to chronic disease prevention and control? Are they comprehensive and integrated?
- » Are there gaps that need to be addressed?

POVERTY AND CHRONIC DISEASE

- » 80% of chronic disease deaths occur in low and middle income countries – where most of the world’s population lives.
- » The impact of this invisible epidemic is steadily growing.
- » Chronic diseases and poverty are locked together in a vicious cycle. Chronic disease hinders economic development and worsens poverty. The poor are also more vulnerable, having more exposure to risks and less access to health services.



See WHO’s Global Strategy on Diet, Physical Activity and Health www.who.int/dietphysicalactivity/en/ and WHO’s Framework Convention on Tobacco Control www.who.int/tobacco/en



See www.who.int/healthpromotion/conferances/6gchp/bangkok_charter/en/

PREVENTABLE RISK FACTORS

Most chronic diseases are caused by a small number of known and preventable risk factors. Three of the most important are:

- » tobacco use;
- » unhealthy diet;
- » physical inactivity.

Globally, these risk factors are increasing. People are increasingly eating foods high in fats and sugars, and becoming less physically active at home and at work. One billion people are overweight or obese – a figure likely to rise above 1.5 billion by 2015 unless there is immediate action.

Globalization and urbanization are important factors. Negative aspects of globalization include the marketing and consumption of tobacco and foods that are high in fats, salts and sugar. Increasing urbanization also creates conditions in which people are targeted with unhealthy products and in which they are less physically active.

BANGKOK CHARTER THE NEED FOR A MULTI-SECTOR APPROACH

The Bangkok Charter for Health Promotion in a Globalized World was adopted in August 2005 by participants at the 6th Global Conference on Health Promotion.

The Charter identifies major challenges, commitments and action needed to address public health in a globalized world. It provides a new direction to health promotion by calling for policy coherence, investment and partnering across governments, international organizations, civil society and the private sector.



“A SMALL GROUP OF THOUGHTFUL,
THE WORLD; INDEED, IT'S THE ONLY

COMMITTED CITIZENS CAN CHANGE
THING THAT EVER HAS.”

MARGARET MEAD, ANTHROPOLOGIST

ESTABLISHING YOUR GOALS AND OBJECTIVES

HOW TO ESTABLISH YOUR GOAL AND OBJECTIVES

Advocacy is simply the process of influencing people to create change. Its lifeblood is good strategic communications – educating people about a need and mobilizing them to meet it.

Establish a clear long-term goal and SMART (specific, measurable, achievable, realistic, time-bound) objectives at the beginning of your advocacy work. The rest of your advocacy plan should then be designed to achieve your goal and objectives.

When defining your goal and objectives, focus on the immediate opportunities and obstacles. Consider issues such as:

- » The overall environment, including potential opportunities and barriers, and levels of public understanding and support for change.
- » The specific policies or actions you want to be implemented. Do you want increased taxes on tobacco or education campaigns in the media? Advertising, promotion and sponsorship bans? Bans on tobacco use? Regulation of marketing aimed at children? Steps to tackle childhood obesity?
- » Possible inequities between those with high and low incomes, and between private and public health.

Once you have identified the opportunities and obstacles, you can structure your advocacy work accordingly and choose the most effective route forward. For example, if levels of support are low, you may initially need to concentrate on creating support among influential groups or individuals who will in turn raise awareness with decision-makers.

Or you may choose to tackle the common misconceptions surrounding chronic diseases that you envisage may be a barrier to your advocacy work.

You should also consider your available resources and, if these are limited, establish narrowly focused, achievable objectives.

Specific
Measurable
Achievable
Realistic
Time-bound



Use SMART (Specific, Measurable, Achievable, Realistic, Time-bound) objectives as intermediate, realistic steps towards your goal. Use success to build on success.



WWW WHO's report
Preventing chronic diseases: a vital investment, Part 3 (pages 88–119) details strategies to achieve rapid results and reviews effective measures.
www.who.int/chp/chronic_disease_report/contents/en/index.html

LONG-TERM GOAL

This should be **the ultimate goal** that you want to achieve. WHO's long-term goal is to save 36 million lives through an additional 2% reduction in chronic disease death rates annually, over the next 10 years to 2015.

SHORT-TERM OBJECTIVES

Invest time deciding on clear, specific objectives that are incremental steps towards the long-term goal.

The effectiveness of your work will depend on how well defined and specific they are. Your objectives should be:

- » Ambitious but realistic and achievable – this is vital for effectiveness, allowing you to build on success and maintain morale.
- » Tailored to your own circumstances.
- » Progressive and creative. The old ways of addressing chronic disease have not worked so far – a new, integrated approach is the way forward.

THE POWER OF MANY VOICES WITH ONE MESSAGE

Thousands of voices speaking independently can be ignored or dismissed.

But by working together to deliver a message with one voice, advocates can make a real difference.

Advocates for the message that “comprehensive and integrated action can stop the global epidemic of chronic disease” may be chronic disease generalists or specialists on specific diseases, members of NGOs, people living with chronic disease, relatives or community groups.



ADVOCACY IN ACTION

Although chronic diseases have claimed millions of lives, relatively little action has been taken – despite the fact that so many lives could so easily and inexpensively be saved. WHO's objectives include changing the way people think about chronic disease and ensuring that they fully understand the issues.

One of WHO's approaches to this challenge has been to dispel common misunderstandings that hinder advocacy work – for example, that chronic disease prevention and control are too expensive or that chronic diseases mainly affect old people. Rather than telling people that they have “got it wrong”, this approach helps to reframe the issues with new information.



See *Preventing chronic diseases: a vital investment*, pages 8–21
www.who.int/chp/chronic_disease_report/contents/en/index.html

See the WHO advocacy video:
www.who.int/chp/chronic_disease_report/media/video/en/index.html



ADVOCACY IN ACTION

VISION 2020: The Right to Sight is a joint global initiative of the International Agency for the Prevention of Blindness (IAPB) and the World Health Organization (WHO), together with a coalition of international NGOs.

VISION 2020's long term goal is to eliminate unnecessary blindness in order to give all people in the world The Right to Sight.

This programme is carried out under the overall framework of WHO's work on stopping the global epidemic of chronic disease.



www.v2020.org



“FIRST THEY IGNORE YOU, THEN THEY RIDICULE YOU, THEN THEY FIGHT YOU AND THEN YOU WIN.”
MAHATMA GANDHI, POLITICAL AND SPIRITUAL LEADER

IDENTIFYING YOUR TARGET AUDIENCES

WHO HAS THE AUTHORITY AND INFLUENCE TO MAKE IT HAPPEN?

HOW TO IDENTIFY YOUR AUDIENCE

In advocacy work, the two main audiences will usually be:

- » Decision-makers. Your primary audience. Who are the individuals or groups who can take the decisions you want to be taken?
- » Influencers. Your secondary audience. Which individuals or groups influence the decision-makers?

The more specific you are in identifying your audience, the more effective your communications will be. Different audiences will be at different stages of awareness: some will be ready to work actively on chronic disease prevention and control immediately, while others will require information about the issues first. Target them as individually as your time and resources allow.

OBSTACLES AND OPPORTUNITIES

Bearing in mind your goal and objectives, consider the political climate and the opportunities and obstacles you may encounter:

- » To what extent is the general public aware of chronic disease issues?
- » Does the government need to be convinced that there is widespread popular support for action? Or of the economic benefits of integrated action on chronic disease? Or of the political benefits that have been obtained by other countries that have taken action?
- » Will it be enough to communicate directly with decision-makers? Do you need to communicate with influential individuals and groups, too?
- » Along with ministries of health, which other ministries can make a difference? For example, can the ministry of education take steps to improve school meals? Can the ministries of the environment and/or transport take action to improve the built environment? Will it be effective to work with municipal or local, rather than national, authorities?
- » To what extent are physicians and health professionals actively working on chronic disease prevention and control? They are often highly influential.
- » What influence does the mass media carry? What are the communications channels most commonly used by your target audience – the Internet, television, radio or print?
- » Does the private sector play an influential role in the issue?


A key step to reaching your audiences is to understand them. Consider their motivation and interests and the information needed to persuade them to act. Ask yourself:


- » What drives their decision-making? How can your communications help them come to a decision?
- » How can you help them advance their agenda with yours?
- » See Annex 1 for more information on audiences and considerations.


POTENTIAL DECISION-MAKERS

Decision-makers on chronic disease are likely to be broadly grouped as follows:

- 1. Government** (ministries and parliament). For example:
 - » presidents and prime ministers.
 - » health ministers and their deputies.
 - » budgetary decision-makers (for example, cabinet, ministries of finance and planning).
 - » ministers of related sectors and their deputies (for example ministers of education, transport and/or agriculture).

 **Time spent identifying your target audience is the most important part of your advocacy plan. Whom do you need to target in order to achieve your objectives? What will motivate and influence them?**

 **You cannot mobilize people unless you ask them to do something. Once they have been informed about problems, many people want to know what the solutions are. Mobilizing people means asking them to become part of the solution. This creates commitment.**

 **Focus on one of your objectives. List the decision-maker(s) who can make that objective a reality. Then create a second list of the key influences on those decision-makers. From this you can chart the most effective routes to achieving your objective: the highest-placed decision-maker reached via the person with the most influence over them is the most effective route. This is a useful process to clarify thinking, even though in reality the favoured route may not be practical and others may need to be followed.**

- 2. Donors/funding agencies** for low-middle income countries.
- 3. Private sector employers**, for example national and local businesses and business associations and multinationals.
- 4. Community leaders.**
- 5. Implementing NGOs.**

POTENTIAL INFLUENCERS

The individuals and groups who may be able to influence the decision-makers, and who may become partners in your campaign, could include:

- 1. Civil society:** formal and informal organizations and groups; NGOs; faith-based groups.
- 2. Opinion leaders:** community and business leaders, authors, activists, religious leaders, the media.
- 3. Entertainment and sports personalities.**
- 4. Teachers, professors and researchers.**
- 5. Consumer groups:** for example patient organizations, disease support groups or groups of concerned family members.
- 6. Health-care professionals.**

MINISTRIES OF HEALTH – A CRUCIAL ROLE

Ministries of health may implement advocacy actions directly, or achieve similar outcomes indirectly by supporting advocacy organizations. Often they work to convince other policy-makers and planners to focus on and invest in health. They may support health advocacy by other organizations or groups among the general population in the following ways:

- » using educational material, the Internet, public events, policy and legislation;
- » maintaining a continuous working relationship with the media, producing attractive news stories and running mass media programmes to inform and educate;
- » inviting experts to participate in activities including those taking place at the ministry itself;
- » helping to form advocacy and consumer groups or alliances and coalitions.



ADVOCACY IN ACTION

As part of an advocacy drive to encourage Latin American and Caribbean countries to strengthen their cervical cancer prevention and control programmes, the Pan American Health Organization (WHO's Regional Office for the Americas) held a series of workshops. The workshops were designed to help build alliances between countries and stakeholders and to create a forum for the exchange of technical information. Over 300 stakeholders, including ministries of health, NGOs, international agencies and medical and professional associations took part. They agreed on the concrete actions necessary to improve national and local health programmes, including training for health personnel, the creation of an advisory group to advocate for greater investment, and communications strategies to raise public and professional awareness about the impact of the disease.



“MILLIONS OF LIVES COULD BE SAVED IF WE INVESTED AS MUCH IN COMMUNICATING OUR MESSAGES AS WE DO IN DEVELOPING OUR GUIDELINES.”
ETIENNE KRUG, DIRECTOR, VIOLENCE AND INJURY PREVENTION
WORLD HEALTH ORGANIZATION

DEVELOPING KEY MESSAGES TO INFLUENCE YOUR TARGET AUDIENCE

ABOUT KEY MESSAGES

A key message is the most important element in deciding how an audience perceives you and your arguments. It should be:

- » clear, compelling, concise (ideally you should be able to communicate it in less than one minute), consistent and convincing;
- » simple and direct;
- » frequently repeated and reinforced by a combination of sources (people are more likely to believe and understand a message heard from more than one source).

Ideally, you should have one primary key message and two or three secondary key messages.

HOW TO CREATE YOUR KEY MESSAGES

Invest time and effort in crafting and refining strong, effective messages that will convince decision-makers and/or influencers that action is needed. Design your messages to appeal to your target audiences. Remember that it is always easier to motivate someone to act on the basis of their already existing beliefs than trying to convince them of something radically new or different.

1. Consider your aims and objectives. What do you want to achieve?
2. Consider your audience(s). What will motivate them to act? What benefit will action on chronic disease bring them? What attitudes will prevent them from acting? Equally, consider cultural and political feelings and sensitivities. Connect to their value systems and political views. Remember that competition for the delivery of messages is intense.
3. Combine the rational and logical with the emotional in order to appeal to people’s heads and hearts. On tobacco use, for example, many advocates have used messages that focus on protecting children even though their broader aim is tobacco control policies that will protect all smokers, young and old alike.
4. A good model is often one of problem-solution. “We are doing A because it will solve/improve problem B”; or “We want X to do Y because it will solve/improve problem Z”. Unlike education messages which attempt to explain issues and raise awareness in order to create a context for action, advocacy messages are often more persuasive and include calls to action.
5. Do not use jargon or acronyms.

You may need to transform your messages as your campaign develops. Once you have raised awareness of chronic disease, for example, you may wish to tackle misunderstandings or move onto more action-oriented messaging targeted at key decision-makers.



Aim to craft messages that will convince your audiences to act – rather than messages that simply communicate what you want to say.



Some advocates on chronic disease will be generalists, while others will focus on a specific disease. While generalists will probably use broad messages that cover the spectrum of chronic diseases, specialists may wish to take their own existing messages (on diabetes or cancer for example) and broaden them to explain why an integrated approach to preventing and controlling chronic disease will have the most impact.

But remember that it will be most effective to speak with one voice to deliver the message that comprehensive, integrated action on chronic disease is needed. WHO’s core chronic disease message is: “stop the global epidemic of chronic disease”.

PRIMARY OR CORE MESSAGE

This is your main message. It will be:

- » broad – appealing to all audiences;
- » the theme that will hold your advocacy campaign together;
- » simple and direct in order to gain maximum attention – you may be addressing an audience of thousands or even millions of people with widely differing views and knowledge. More technical and complex arguments can be brought in at a later stage.

SECONDARY OR TAILORED MESSAGES

These messages should:

- » support your core message and explain how it can be achieved;
- » be concise and memorable;
- » be targeted to the needs, perceptions and preferences of your target audiences – answering the question “what does this have to do with me?”

WHO SECONDARY MESSAGES ON CHRONIC DISEASE

These may be useful to you. But you will need to develop your own secondary messages based on your own situation.

THE PROBLEM

- » 80% of chronic disease deaths occur in low and middle income countries, and they occur in equal numbers among men and women.
- » The threat is growing – the number of people, families and communities afflicted is increasing.
- » This growing threat is an underappreciated cause of poverty and hinders the economic development of many countries.

THE SOLUTION

- » The chronic disease threat can be overcome using existing knowledge.
- » The solutions are effective – and highly cost-effective.
- » Comprehensive and integrated action at country level, led by governments, is the means to achieve success.
- » The major causes of chronic diseases are known. If these risk factors were eliminated, at least 80% of all premature heart disease, stroke and type 2 diabetes would be prevented. Over 40% of cancer would be prevented.

Sometimes, secondary messages refer to specific risk factors or specific diseases. Two examples of specific messages, presented in such a way as to make clear the link with the wider chronic disease messages, are given in the following Advocacy in Action examples.

AN INVISIBLE PROBLEM?

Chronic diseases are not as high on the agenda of many governments as some infectious diseases, such as HIV/AIDS or malaria. If this is the case in your country, you may wish to structure your messages accordingly.

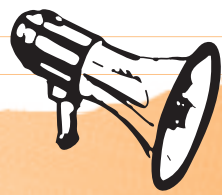
For example, you could argue that “infectious diseases must be tackled but firm action needs to be taken now to address the rapid rise in chronic disease – it is a potentially devastating time-bomb which will cost millions of lives”. This argument could be supported by facts, such as the fact that chronic diseases claimed 35 million lives in 2005.



ADVOCACY IN ACTION

Tobacco advocacy messages include:

- » A cigarette is the only consumer product that kills when used as intended by the manufacturer.
- » Tobacco kills 13 500 people a day.
- » Half of all children are exposed to tobacco smoke at home.
- » Tobacco control is essential to stop the global epidemic of chronic disease.



ADVOCACY IN ACTION

Visual and hearing impairment are examples of chronic conditions whose impact is not captured by death data. Messages therefore focus on the number of people affected, and the preventability and curability of these conditions.

Some key messages on hearing impairment:

- » There is a global epidemic of hearing impairment: 278 million people are disabled by it worldwide.
- » 80% of deaf and hearing-impaired people live in low and middle income countries.
- » Hearing impairment is not only a problem of the elderly: one quarter of all hearing impairment begins during childhood.
- » At least half of all hearing impairment can be prevented, mostly at the primary level of health care www.who.int/pbd/deafness/activities/hearing_care/en/index.html
- » Hearing aids could improve communication in at least 90% of people with hearing impairment, yet only 1 person in 40 in developing countries who needs a hearing aid has one.
- » Early detection and intervention against hearing impairment in young children will prevent a lifetime's problems with speech and language, education, employment and social relationships.

Some key messages on visual impairment:

- » There is a global epidemic of visual impairment: 161 million people worldwide suffer from visual impairment, including 37 million who are blind.
- » 75% of blindness is preventable.
- » Of the 37 million blind people worldwide, 17 million could be cured by a 15-minute cataract operation costing only US\$ 50, which has a 98% success rate.



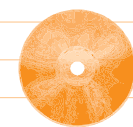
Create “question and answer” papers to guide spokespeople through the potentially difficult questions that may be asked.



See WHO's multimedia fact file for useful facts

and figures that can be used as talking points.

www.who.int/features/factfiles/chp/01_en.html



See WHO's region-specific and country-specific

information sheets for facts and figures on chronic disease.

www.who.int/chp/chronic_disease_report/media/impact/en/index.html



WHO's Global InfoBase Online is a data warehouse

with a search engine that allows access to country-level chronic disease risk factor data including overweight, obesity, tobacco use, blood pressure, cholesterol and mortality. Nationally representative country surveys are available, and internationally comparable country estimates have been produced to allow comparisons of chronic disease risk factors and mortality between countries.

infobase.who.int

TALKING POINTS

It can be useful to develop talking points that build on and support your key messages, for use by different spokespeople, and which make your messages more convincing.

- » Have stories, arguments, evidence and data to support claims, and photographs to illustrate them. Real-life stories are a powerful way of showing why comprehensive, integrated action is vital.
- » Consider creating “sound-bites” or “quotable quotes”. Campaigning organizations on tobacco control advocacy, for example, have used sound-bites such as “cigarettes kill many more people in the USA every year than would be killed by the crash of two fully-loaded Boeing 747s each day of the entire year.”

Facts and figures are useful, but use numbers carefully – if you use too many it can overload and confuse your audience. Balance statistics with stories that convey the human cost of chronic disease.



“IF EXISTING INTERVENTIONS ARE USED AS PART OF AN INTEGRATED APPROACH, THE GLOBAL GOAL FOR PREVENTING CHRONIC DISEASE CAN BE ACHIEVED.”

DR ANBUMANI RAMADOSS, MINISTER OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

DEVELOPING AND IMPLEMENTING YOUR ADVOCACY PLAN

Your advocacy plan will deliver your messages to your target audience. Advocates usually have to deliver messages many times and in different ways to have an impact.

A wide range of communication methods is available and these usually work better when used together than individually. Communication channels to your audience could include face-to-face meetings, letters, events and the media. Choose methods which suit your audience and which they will find accessible and credible.

CHOOSING EFFECTIVE SPOKESPEOPLE

Convincing your audience can depend on the messenger as much as the message.

- » You will want a good communicator – someone who is eloquent and convincing. But eloquence needs to be combined with legitimacy.
- » Who is best placed to influence your audience? Which individuals or groups do the target audience respect or trust? Which messengers may be unhelpful because they are disliked or distrusted by your target audience?
- » See Annex 3 for a table that suggests potential messengers for specific audiences.

COMMUNICATION WITH DECISION-MAKERS

Direct communication with decision-makers can be a powerful, cost-effective advocacy tool. This may be done through letters, telephone calls, faxes, and e-mails – but personal meetings are often the most effective way to communicate.

Consider having some simple print materials produced to reinforce your points and the actions you would like decision-makers to take. Information should be easily accessible and it is often advisable to use bullet points with easily understood illustrations.



When going into a meeting with your target audience, always be ready to reply to the question “What do you want me to do?”



At the back of *Preventing chronic diseases: a vital investment*, you will find a tear-out page for quick and easy presentation of key facts and figures. Use this when meeting decision-makers or make something similar based on your own key messages.



WHO has produced simple print materials that review key information about chronic diseases.

www.who.int/chp/chronic_disease_report/media/information/en/index.html



WHO has also produced policy briefs on chronic disease issues. They provide clear, simple recommendations for policy-makers, civil society, employers and others.



Contact potential partners – send them copies of WHO's information sheets to explain why comprehensive and integrated action is vital.

www.who.int/chp/chronic_disease_report/media/information/en/index.html



WRITTEN COMMUNICATIONS WITH DECISION-MAKERS

DO

- » Be brief and clear but detailed and reasonable.
- » Be precise about what you want.
- » Consider the timing of your request in the light of other competing priorities.
- » Follow-up with a telephone call.
- » Ask whether (s)he supports your argument.

DON'T

- » Tell him/her what to do.
- » Be rude, critical or threatening.
- » Overstate your position or influence.
- » Use someone else's words.
- » Forget to say thank you.

WHO ELSE CAN HELP? PARTNERSHIPS AND COALITIONS

Partnerships and coalitions for health are indispensable. They can help spread your messages. They can help provide credibility and access to communities that may be difficult to reach otherwise.

- » Unexpected or non-traditional partners such as business people or economists can bring immediate credibility to a coalition.
- » Civil society plays a role that is distinct from that of governments and the private sector. It adds human and financial resources to a wide range of issues.
- » Stakeholders such as United Nations agencies and NGOs can be powerful allies in advocacy work.

Different partners may have different cultures, expectations and demands – respecting and meeting all of which can be difficult or even impossible. Find a unifying goal around which all can work, and then motivate each according to their interests. Keep all members informed of progress and remember to say thank you.



ADVOCACY IN ACTION

The *Lancet* series on chronic disease was released in October 2005 to coincide with the global launch of *Preventing chronic diseases: a vital investment*. The series was a coordinated effort between WHO and *The Lancet*, and provided the science base for the report's main findings.

This collaboration is an example of how credible partners working together can be effective in reinforcing a message by presenting it from different points of view.

The *Lancet* series on chronic disease is available on the toolkit CD/DVD multimedia pack.



ADVOCACY IN ACTION

Voices are more powerful when they speak together. Team up and be heard.

When WHO released *Preventing chronic diseases: a vital investment*, involvement and support was sought from an international network; many respected institutions produced press releases or statements in support. These included the European Society of Cardiology, *The Lancet*, International Diabetes Federation, International Obesity Task Force, Nigerian Heart Association, London School of Hygiene and Tropical Medicine, World Heart Federation, World Medical Association.



See www.who.int/chp/chronic_disease_report/related_links/en/index.html
Four articles and an editorial comment published in *The Lancet* are available on the CD/DVD multimedia pack.

USING RESEARCH

Using action-oriented and up-to-date research is a crucial way of showing decision-makers and the broader public why a campaign is needed. It allows advocates to speak with credibility and confidence, and adds weight to their arguments.

- » Advocates either use their own research or that of others. WHO's detailed, independent research on chronic disease is available and easy to use and is backed up by the Organization's authority.
- » It is often beneficial to use research to make positive recommendations and proposals, and to cite examples of good practice.
- » Research produced by your audience, such as a government or health body, will be a particularly powerful way of strengthening your messages and arguments.
- » Research must be relevant to your cause; if your objectives are to seek changes in the local situation then ensure you have statistics specific to that situation.



Facts and figures on the chronic disease situation in different regions and countries are available on the CD/DVD multimedia pack and at www.who.int/chp/chronic_disease_report/media/impact/en/index.html



WHO's Global InfoBase Online is a data warehouse with a search engine that allows access to country-level chronic disease risk factor data on subjects that include overweight and obesity, tobacco use, blood pressure, cholesterol and mortality. National representative country surveys are available, and internationally comparable country estimates have been produced to allow comparisons of chronic disease risk factors and mortality between countries. infobase.who.int



Technical papers on data sources, methods, results for projections of mortality and burden of disease for 2005, 2015, 2030. www3.who.int/whosis/menu.cfm?path=evidence,burden,burdenproj,burdenproj_results&language=english



Photos of people living with chronic disease can be accessed on the CD/DVD multimedia pack and online at www.who.int/chp/chronic_disease_report/media/photos/en/index.html

High resolution photos for local reproduction can be requested, free of charge, from WHO at chronicdiseases@who.int



Consider asking a celebrity or well-known community member who has a personal experience of chronic disease to speak out as part of your advocacy campaign.



WHO has produced posters and videos of people living with chronic disease. Consider displaying them at libraries, schools, community centres. www.who.int/chp/chronic_disease_report/media/en/



Place WHO information sheets nearby, so passers-by can obtain more information if they want it. www.who.int/chp/chronic_disease_report/media/information/en/index.html

REAL-LIFE STORIES

Real-life stories, such as those used throughout *Preventing chronic diseases: a vital investment* can have a major impact.

- » The shocking reality of what it means to suffer and die from chronic diseases can influence a wide range of audiences.
- » Remember that you are competing for attention in order to create support for change. It is often crucial to capture hearts first, then minds. Real-life stories and your messaging are key ways to achieve this.

To support these stories, bring them to life with photographs that meet three golden rules:

1. Focus on people (at the end of the day chronic diseases affect individuals – show them).
2. Engage with the individual (close up and eye contact work best).
3. Impact through emotion (photos need to stand out from the clutter and drive an emotional response).

The old adage that a picture is worth a thousand words remains true.

CAMPAIGNING IDEAS

Brainstorm with colleagues in order to create effective, creative and innovative campaigning techniques. The following list is not comprehensive and is provided simply to help you generate ideas.

- » Ask supporters to write to your target audiences; provide guidance on content but recommend that letters and e-mails are in their own words.
- » A chain e-mail requesting support, or asking people to take simple action, and which can be passed on by recipients can reach large audiences.
- » Design a pro-forma letter to newspapers that can be tailored to and used by supporters in different regions.
- » Produce newsletters.
- » Consider preparing a celebrity audio tape: a few celebrities each reading a short appeal which could then be issued to radio stations or used at public events.
- » Seek partnerships with newspapers, journalists or documentary film-makers.
- » Use radio and leaflets to inform the population about steps that can be taken to reduce risk.
- » Develop case studies of people living with chronic disease.



ADVOCACY IN ACTION

WHO produced its "Face to face with chronic disease" materials to show how chronic disease affects individual lives. These materials highlight people like five-year-old Malri Twalib in the United Republic of Tanzania, who suffers from childhood obesity because his mother cannot afford fresh fruit and vegetables, K. Sridhar Reddy from India who died of cancer, and thirteen-year-old Mariam John from the United Republic of Tanzania, who lost her battle with bone cancer in March 2006 as a result of lack of essential treatment. These individuals have become global ambassadors in the drive to stop the epidemic of chronic disease.

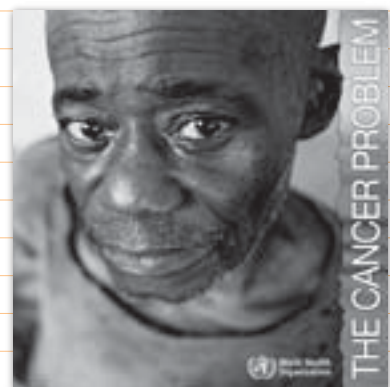
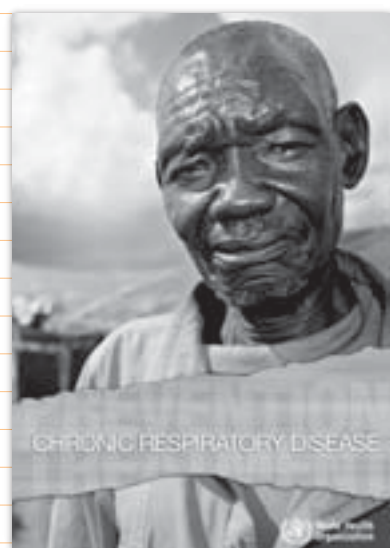
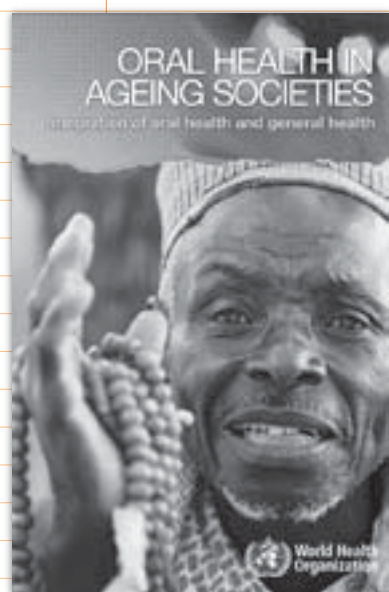
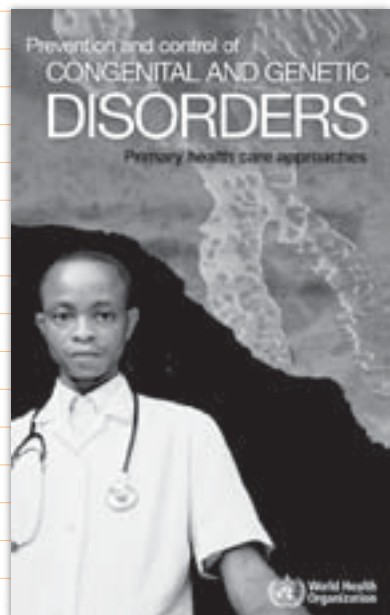
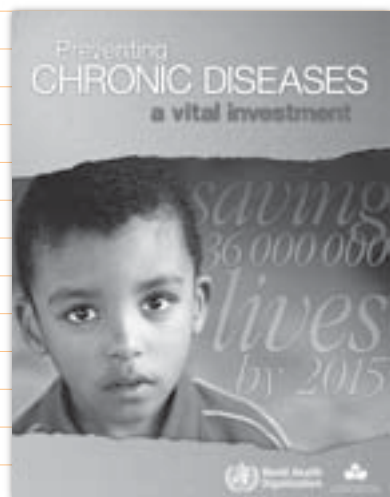


WHO's web feature "face to face with chronic disease" is available at www.who.int/features/2005/chronic_diseases/en/

USING A CONSISTENT VISUAL STYLE

A common visual feel for information products (e.g. brochures and posters) gives a distinctive identity to your campaign. It is also an effective way to create a “halo effect”: by using a common visual style, different chronic disease interest groups can build on the positive perceptions of each other’s work.

WHO has used a consistent visual style to bring together different chronic disease issues. Here are a few examples:



All that is required to access the Internet is a computer and modem that can connect you, via your telephone line, to an Internet service provider. For very little investment, the Internet can provide advocates with a hugely powerful communications tool.



Like all advocacy activities, web sites should be used selectively. Keep them on message, make them easy to use and keep them up-to-date. Do not necessarily include all of your material and information.

WEB SITES, E-MAIL

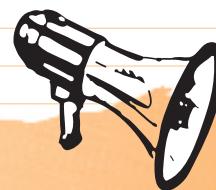
The Internet is probably the most influential tool for advocacy that has appeared in recent years. Although many people still lack access to the Internet, its influence and the opportunities it brings continue to grow.

The Internet and e-mail allow advocates and supporters who have web access to:

- » access information, such as can be found at www.who.int/chp/chronic_disease_report/en/;
- » find, communicate with and mobilize existing and potential supporters all over the world;
- » get involved, take action and donate.

The Internet has given everyone the potential to have direct access to an audience (rather than having to go via the media):

- » Anyone with a web site now has direct access to an audience, although this may not necessarily be your target audience.
- » Online discussion groups (sometimes called blogs) operate like public bulletin boards. People can post information and issues for discussion; anyone can post replies.
- » Blogs cover all manner of issues including medical and health policies. They are excellent places to generate discussion and debate – for example, by posting a question or opinion to a suitable group.
- » To increase access, ensure that you offer web content in the languages that are most commonly used by your target audience.



ADVOCACY IN ACTION

ProCOR is an ongoing, e-mail and Internet-based open exchange that aims to create a dynamic international forum where health-care providers, researchers, public health workers and the general public can share information and help raise awareness about cardiovascular diseases in low and middle income countries.

www.procor.org



EVENTS

Public events such as meetings to discuss policy and research, conferences and workshops can be useful but need to be well designed, inspiring and informative.

HOW TO PLAN AN EFFECTIVE EVENT

- » **Be strategic in your choice of audience, time and venue.** Invite the most relevant, motivating spokesperson. Consider invitations carefully, to ensure you reach those you most need to persuade. Ensure that your venue is comfortable and convenient for your audience.
- » **Develop an agenda.** This will allow you to plan and refine your event, and to react well if things do not go to plan. Share information, such as the programme, with all stakeholders.
- » **Have a realistic date.** Give yourself time to organize the event properly, bearing in mind your resources, the logistics, and the need to promote the event to your desired audience.
- » **Develop a timetable.** List what needs to be done when, by whom.
- » **Many events aim to be media-friendly.** Consider the benefits of inviting a range of media, or targeted journalists, and do so in good time.
- » **Plan your materials.** Do you need printed or audiovisual material? Backdrops? Press kits? Will attendees be given contact details and advice on how to support your campaign? Consider providing name tags for staff.
- » **Know your audience.** Brief yourself on who is likely to attend, and how best to communicate with them.
- » **Stay on message.** Ensure all staff and guests, such as external speakers, are briefed and know your message.



ADVOCACY IN ACTION

- » WHO followed the international launch of *Preventing chronic diseases: a vital investment*, with a series of global and regional events – in countries such as Brazil, China, India, Malaysia, Mauritius, Switzerland and Thailand.
- » For these events, local relevance was provided by using regional and national data alongside the main report. In Brazil, for example, a local, complementary report was launched; in China, a Mandarin version of the main report was launched by the Chinese Ministry of Health.
- » This strategy resulted in significant local interest and media coverage. The lesson is to think local and ensure that findings are relevant to the audience.



A summary of *Preventing chronic diseases: a vital investment* in PowerPoint slide format is available on the CD/DVD multimedia pack and also from chronicdiseases@who.int. A PDF version can be accessed at www.who.int/chp/chronic_disease_report/presentation/en/index.html



A seven-minute WHO video tackling the misunderstandings surrounding chronic diseases is available on the CD/DVD multimedia pack and can be viewed at www.who.int/chp/chronic_disease_report/media/video/en/index.html



WHO's chronic disease posters are included in this toolkit and are also available on the CD/DVD multimedia pack. They can be viewed at www.who.int/chp/chronic_disease_report/media/posters/en/index.html and requested through chronicdiseases@who.int



Information sheets could be useful resources at events and meetings. WHO's information sheets on chronic disease are included in this toolkit and are also available on the CD/DVD multimedia pack. They can also be downloaded at www.who.int/chp/chronic_disease_report/media/information/en/index.html



ADVOCACY IN ACTION

In 2000, the World Heart Federation initiated the World Heart Day programme in order to increase awareness of cardiovascular disease prevention and control, particularly in low and middle income countries.

This programme, co-sponsored by WHO and UNESCO, has experienced exceptional growth. By 2004, more than 100 countries and 312 members and partners were involved. International media reached an audience of 365 million people in the English language alone.

In China, Hong Kong Special Administrative Region, the College of Cardiology has built a remarkable World Heart Day programme in which media celebrities encourage physical activity among children. The event entered the *Guinness book of world records* for the largest number of children simultaneously using a skipping rope.

www.worldheart.org



MAXIMIZING OPPORTUNITIES

Make the most of opportunities to work with your government, health professionals, business leaders and civil society partners. Consider opportunities such as the launch of United Nations and governmental programmes, international meetings, national and international days, celebrations and holidays.

- Other dates that can be used as opportunities for campaigning activity include:
- » 31 May: **World No Tobacco Day.** The purpose of this day is to inform the public of the dangers of using tobacco, the business practices of tobacco companies, and WHO's actions to fight the tobacco epidemic; and to encourage people and governments to engage strongly in tobacco control.
www.who.int/tobacco/communications/events/wntd/en/index.html
 - » Last Sunday of September: **World Heart Day.** Co-sponsored by WHO and UNESCO. See box below.
www.worldheartday.com

- » 14 November: **World Diabetes Day.** Marked by 185 member associations of the International Diabetes Federation in over 145 countries, and by other individuals and groups. The Federation produces support material.
www.who.int/diabetes/actionnow/wdd2005/en/index.html

SUSTAINABILITY

- Consider ways to ensure that your strategy has sustainability.
- » Can you maintain momentum and interest beyond your initial activity?
 - » If you achieve your objectives, how will you maintain momentum?
 - » Think and plan beyond the campaign's initial achievements so that progress towards your long-term goal continues. Also, remember that your advocacy plan needs to be flexible enough to cope with, and take advantage of, evolving and changing situations.



“TOO OFTEN, COMMUNICATIONS IS STILL TREATED AS AN ADD-ON OR AN OPTIONAL EXTRA. YET IN TODAY’S WORK IT IS ABSOLUTELY INDISPENSABLE.”

MARK MALLOCH BROWN
DEPUTY DIRECTOR-GENERAL, UNITED NATIONS

ENGAGING MEDIA INTEREST

WHY WORK WITH THE MEDIA?

Working with the media is almost always a vital element of successful education and advocacy because it is a cost-effective, powerful way of communicating messages to a target audience. Advocates can provide the media with well-researched and interesting stories, while from an advocacy perspective media coverage:

- » can raise awareness and inform the public, persuading and motivating people;
- » can add credibility to your message.

Common methods for using the media to address health issues are:

- » Advertising: expensive but can reach large numbers of people and your messages can be controlled. For this reason it is usually less influential than editorial coverage, which represents an impartial point of view.
- » Media relations and publicity: involves the creation of news stories to raise awareness, or to frame issues and actions. Harder to control the messages.
- » Comment and opinion pieces: includes prominent editorials, which are difficult to secure, and letters to editors.
- » Education through entertainment: the placement of education messages in the entertainment media in order to promote changes in knowledge, attitudes, beliefs and behaviours. This method has been used successfully to promote social and health issues in a wide range of countries, by means of television and radio (in soap operas, for example), music, comic books and novels.

HOW TO INTEREST THE MEDIA

A strong news story that attracts journalists must be:

- » New. Something new or presented in a new way. An ongoing situation, no matter how intrinsically interesting, may not be news – but new findings on the subject, perhaps released in a report, will be.
- » Of interest to the audience. Different media outlets have different subjects that they feel will interest their viewers or readers. General news media focuses on “public interest” issues – those that affect people’s lives, or have implications for society. Other publications, such as *The Lancet*, reach physicians and other health experts and focus on health issues.



Although vital for effective advocacy, media work is only one tool and needs to be carried out alongside other activities, such as those listed in Part 5, to be successful.



Make it easy for journalists. They are working under ever-increasing time pressures – so if you can provide them with thorough and useful analysis and interesting examples they are more likely to pick up your story.



The CD/DVD multimedia pack also includes stories and photographs of people living with chronic disease, which may be useful for feature stories. This information is also accessible at:

www.who.int/features/2005/chronic_diseases/en/index.html

www.who.int/chp/chronic_disease_report/cancer_case_studies/en/index.html

www.who.int/chp/chronic_disease_report/media/photos/en/index.html

www.who.int/features/factfiles/chp/01_en.html



The key consideration for your story is “why should people care?”



If you know a journalist, ask him or her what would make your story interesting.

JOURNALISTS ARE INTERESTED BY:

- » Stories that are fresh, shocking, exciting, sensational, unusual, entertaining or fun.
- » Real-life or human-interest stories. Journalists like to interview ordinary people about their experiences as these engage audiences and bring the issues to life.
- » The potential for obtaining good photographs.
- » The involvement of celebrities, politicians, local people, businesses or schools.
- » Links to related organizations or events, such as World Health Day (7 April).
- » Links to major stories that are already on the news agenda – this is known as “hooking”. Journalists are often keen for new angles on a big story. Local television and radio often run local angles on a big international or national story the day after it breaks.

FEATURE STORIES AND COMMENT

Media coverage is split between news and features. Feature stories may not contain news but need to be current and relevant. Features include:

- » broadcast documentaries;
- » articles of 1000 words or more, including photographs, in magazines and supplements;
- » comment and opinion pieces.

WHO’s chronic disease toolkit includes a selection of media features covering key issues, together with photography and/or video footage. These can be offered to your local media or could provide the basis for your own features. The three media features have each been designed for different types of publications and in such a way that they could be used as they are as inserts in a newsletter (obesity crisis), newspaper (chronic disease and poverty – a vicious cycle) and magazine (misunderstandings vs. reality).



ADVOCACY IN ACTION

In the 1990s, the Soul City Project in South Africa used a multi-media “edutainment” strategy as part of an anti-tobacco campaign. Soul City was a 13-episode 30-minute television drama aired at prime time. A radio drama of 45 15-minute episodes was also broadcast on many different language stations and on community stations. Story lines featured a smoker trying to quit, community initiatives to stop shopkeepers from selling tobacco to children, and youngsters trying to pressure their friends to smoke. Printed media were used to deliver more detailed information. Glossy booklets accompanying the television and radio series were serialised in national newspapers, with over two million booklets distributed as inserts in these newspapers.

The Soul City Project also developed education packages, based on issues covered by the television and radio programmes, for use in formal and informal education settings. The education package consists of a comic book with information pages, posters, workbooks, a facilitator’s guide and audio-tapes. Humour was used to capture the audience’s attention. www.soulcity.org.za



ADVOCACY IN ACTION

The Diabetic Association of Bangladesh (DAB) is a non-profit voluntary organization established in 1956 with the ambitious motto of “no diabetic shall die untreated, unfed or unemployed, even if poor”. It has since gained the confidence and good will of the public and policy-makers. Today thousands of people benefit from services that include hospital beds and specialized outpatient clinics.

From the beginning, raising awareness about diabetes has been a priority. On the anniversary of DAB’s founding (28 February), the anniversary of the death of DAB founder Professor M. Ibrahim (6 September) and World Diabetes Day (14 November) there are rallies, seminars, radio and television discussion programmes, and articles in the print media. Special issues of the bimonthly Bengali newsletter, Kanti, are published, as are posters and leaflets for countrywide distribution. www.dab-bd.org



HOW TO ESTABLISH GOOD MEDIA RELATIONS

Dealing with the media is a symbiotic process. As an advocate on chronic disease, you want to get your news out, while journalists want stories.

Developing an understanding of what drives and motivates the media, and what affects their decisions to report a story, is one vital part of effective media relations work – which in turn ensures that you and your concerns are presented in the best possible way.


DO'S AND DON'TS OF GOOD MEDIA RELATIONS


DO

- » Communicate efficiently and to deadline to retain credibility. Respond positively to media calls.
- » Get the timing right. Set things up as far in advance as possible and consider media deadlines when you issue news releases.
- » Know your media and target them carefully. Who is their audience? What is their agenda? When do they go to print?
- » Cultivate contacts.
- » Ensure that you have a list of credible spokespeople armed with the facts and evidence, who are prepared to talk to the media.

DON'T

- » Exaggerate, lie, mislead, overstate your case or speculate. If you do not know or cannot provide the answer, say so.
- » Issue press releases that are poorly written or lack news value – or your materials may be ignored in the future.
- » Forget that you are not speaking as an individual if you are representing an organization.
- » Ever be unpleasant to a journalist – negative media coverage can be very damaging. But if a journalist makes a mistake or misquotes you, tackle the matter sensitively – unless you think that it is in the interest of a long-term relationship to ignore it.
- » Expect the media to cover a story just because you offer it.

 Remember that when you speak to the media, you are speaking to the public. But the degree to which journalists process your information can vary – having strong, clear messages is crucial.

 If you have a story that you think has global relevance, be sure to flag it to international wire agencies such as Reuters, AFP or AP. These agencies distribute news to media outlets worldwide, and if they run your story it can result in significant global coverage.



ADVOCACY IN ACTION

An analysis of media coverage of *Preventing chronic diseases: a vital investment* showed that personal contact with journalists, including through briefings, teleconferences and interviews, was more likely to result in a published or broadcast story than simply issuing materials by e-mail and fax – and also resulted in better quality reporting.

Pre-launch activities, which included virtual press briefings to selected reporters in the UK and the USA via teleconference, showed that well-coordinated telephone and electronic communications can be cheap and effective.

If you can meet reporters or decision-makers, your enthusiasm and energy will win through. Even better, try to put them in contact with people affected by chronic disease – for example, through visits to hospitals or schools.

HOW TO COMMUNICATE YOUR STORY TO THE MEDIA

WHEN PRODUCING A STORY YOU NEED TO DECIDE:

- » What do you want to achieve?
- » Who do you want to target?
- » What is your message?
- » What would be a good news “hook”?
- » How to communicate or “sell” the story to the news desk.
- » How to follow-up and sustain momentum.

METHODS OF COMMUNICATING YOUR STORY INCLUDE:

- » sending a press release, information note or letter to the editor about what you are doing;
- » letting broadcast media know what you do and that you are happy to give interviews; journalists need good interviewees – and usually need them at very short notice;
- » issuing invitations to events; arrange a photo opportunity or send in your own photos of events with a covering press release.

Press releases are a standard and widely used way of issuing news to the media. They are one of the best ways to alert journalists to a story, and to give them enough information to report on it.

A GOOD PRESS RELEASE SHOULD BE NEWSWORTHY AND INCLUDE THE FOLLOWING:

- » a punchy, informative headline;
- » the “pyramid principle”, which means that the most important information is at the top and more general information is lower down – who, what, why, where, when should be in the first paragraph;
- » a good quote by your most senior spokesperson;
- » your contact details.

Video news releases containing broadcast-quality footage can be produced for television outlets.

ARRANGING VISITS AND FIELD TRIPS

- Journalists value field trips, because they almost guarantee good stories and provide genuine insight. When organizing such a trip:
- » Explain the logistics and relevant cultural information to journalists beforehand, including details on what can or cannot be videotaped or recorded.
 - » Ensure that journalists do not become tied up in unnecessary meetings with officials when they would prefer to see what is happening on the ground and to speak to the main players, including ordinary people.
 - » Organize a debriefing to elaborate on issues discussed, answer follow-up questions, address any misunderstandings and encourage appropriate coverage.



WHO produced a video news release on chronic disease, which is included in the CD/DVD information pack and which can also be obtained from chronicdiseases@who.int. The video news release can be viewed online at www.who.int/chp/chronic_disease_report/media/footage/en/index.html



For WHO's most recent media materials, visit www.who.int/mediacentre

ADD YOUR OWN COMMENTS AND IDEAS



ADVOCACY IN ACTION

The United Kingdom's "Feed Me Better" school meals campaign, started by celebrity chef Jamie Oliver in 2005, increased national awareness about the need to improve food choices in school cafeterias in the UK. The campaign was the subject of a major television series and generated broad media coverage and public interest. Subsequent to this campaign, a major budget increase for school meals is being instituted nationally, coupled with new national standards for school meals that will require that children obtain approximately one third of their dietary fibre and protein from school lunches, with mandated maximum levels for sugar, fat and salt. Consumption of vegetables and fruit will be a priority, and junk food will be banned from schools. All new standards and rules will be mandatory by late 2006.

www.feedmebetter.com





“YOU DON’T HAVE TO KNOW WHERE YOU ARE TO BE THERE, BUT IT IS HELPFUL TO KNOW WHERE YOU ARE IF YOU WISH TO BE SOMEPLACE ELSE.”

WILLIAM H. FOEGE
EMERITUS PRESIDENTIAL DISTINGUISHED PROFESSOR OF INTERNATIONAL HEALTH
EMORY UNIVERSITY GATES FELLOW, BILL AND MELINDA GATES FOUNDATION

MONITORING, EVALUATION & USEFUL TOOLS

MONITORING AND EVALUATION

For many advocates, time is limited and resources are few, making it difficult to monitor and evaluate advocacy work; yet doing so allows you to assess whether your work is having an impact and to modify your efforts accordingly. This can save you time and effort in the future and ensure that your work is effective.

An evaluation at the conclusion of your campaign may generate recommendations for the future.

HOW TO EVALUATE PROCESS

Take some time to note useful lessons learnt. Discuss what has or has not worked and share ideas.

Ask yourself:

- » Are your techniques working? How effective are they?
- » Are you reaching your target audience?
- » Are you still sure that your target audiences, messages and communications channels are the most appropriate for achieving your objectives? Be prepared to review and revise these crucial parts of your campaign.

HOW TO EVALUATE IMPACT

Evaluating impact can be extremely difficult and can be more time-consuming than evaluating process. Reliable indicators of success can be difficult to find, because a wide range of circumstances and events are often responsible for social change. Nevertheless, evaluation is possible.

- » Set your goal and decide how you will measure it. For media coverage, you might want to set a goal like “international media coverage” and decide to measure it by counting the number of targeted news outlets that covered your story.
- » Other ways of measuring impact will depend on the nature of your target audience, and often rely on inside knowledge about who is taking key decisions, when they are doing so and on what basis.
- » Consider whether there is firm or anecdotal evidence that your target audiences have changed their attitudes or behaviour. Market research and opinion surveys can be a useful, if expensive, way of measuring the effectiveness of a public education campaign.



USEFUL TOOLS CONTAINED IN THE WHO ADVOCACY TOOLKIT

- Preventing chronic diseases: a vital investment – Overview**
Available in French and English.
www.who.int/chp/chronic_disease_report/en/
- Information sheets**
Information on chronic disease risk factors, prevention, and the economic impact of chronic diseases. Available in French and English.
www.who.int/chp/chronic_disease_report/media/information/en/index.html
- Posters**
“Face to face with chronic disease” in a selection of display posters. Available in French and English.
www.who.int/chp/chronic_disease_report/media/posters/en/index.html
- Policy briefs**
Overview of policy options available for responding to chronic disease.
- Media features**
A selection of packaged media features covering areas such as the myths surrounding chronic disease, the obesity crisis and the poverty cycle.
- CD-DVD multimedia pack**
Containing a range of tools, including the following:
- Preventing chronic diseases: a vital investment – full report and Overview**
Available in multiple languages.
www.who.int/chp/chronic_disease_report/en/
- Report overview: slide presentation**
Summary of *Preventing chronic diseases: a vital investment* in presentation slides. Available in multiple languages.
www.who.int/chp/chronic_disease_report/presentation/en/index.html
- Region-specific and country-specific information sheets**
Facts and figures on the predicted growth of chronic disease by regions and countries.
www.who.int/chp/chronic_disease_report/media/impact/en/index.html
- Technical papers**
Working paper on data sources, methods, results for projections of mortality and burden of disease for 2005, 2015, 2030.
www3.who.int/whosis/menu.cfm?path=evidence,burden,burden_proj,burden_proj_results&language=english
- Video on chronic disease**
Seven-minute video tackling some of the misunderstandings surrounding chronic disease.
www.who.int/chp/media/Video_gallery/en/

Video news release

Commentary to accompany footage, for media use.

www.who.int/chp/chronic_disease_report/media/footage/en/index.html

Photo stories

Stories of people living with heart disease, stroke, cancer and other chronic diseases.

www.who.int/features/2005/chronic_diseases/en/index.html

www.who.int/chp/chronic_disease_report/cancer_case_studies/en/index.html

Photos of people living with chronic disease around the world

www.who.int/chp/chronic_disease_report/media/photos/en/index.html

Facts about chronic disease

Some startling facts about chronic disease. Check your knowledge.

www.who.int/features/factfiles/chp/01_en.html

Text of WHO Global Strategy on Diet, Physical Activity and Health

www.who.int/dietphysicalactivity/en/

Text of the WHO Framework Convention on Tobacco Control

www.who.int/tobacco/framework/download/en/index.html

Text of The Bangkok Charter for Health Promotion in a Globalized World

www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf

ANNEX 1

AUDIENCES AND CONSIDERATIONS

AUDIENCE

Ministers of health and their deputies.

CONSIDERATIONS

Ministers of health can become powerful advocates for action on chronic disease, informing other policy-makers about the issue. They will need to know the scale and cost of tackling chronic disease and the cost-effectiveness of interventions.

Presidents and prime ministers.

Enormously influential. Along with their own views and personal experience, they may draw on the advice of ministers or other leaders, and on the views of experts, including their personal physicians.

Budgetary decision-makers (e.g. cabinet, ministers of finance and planning). Ministers of related sectors and their deputies (e.g. ministers of education, transport and agriculture).

Require sophisticated information and detailed arguments. Depending on their area of responsibility, they will want to know how making changes in health policy will affect other areas, such as the economy, education, transport or tourism.

Donors/funding agencies for low and middle income countries.

Will want to assess the return on their investment. May need information on chronic disease and the impact they could achieve with relatively little investment.

Will want to see that their investment will help the poorest members of society.

Private sector employers, such as national and local businesses and business associations, and multinationals.

Motivation may be a healthy workforce or desire to be good employers. Can implement cost-effective actions on workplace health, such as smoking bans and physical activity opportunities.

Community leaders.

Include local government bodies, city councils, mayors and prominent members of civil society, such as religious leaders. They often want what is best for their community but need information and suggestions for specific actions that they can take.

Opinion leaders within the health-care profession.

Often scientists and academics. Extremely influential with strong understanding of the issues. Powerful advocates once convinced of the need for action.

Potential allies such as UN agencies and NGOs, including disease-specific charities.

Require compelling arguments about why they should get involved, along with facts, figures and messages. Some NGOs will be emotionally motivated, and focused on the need to generate funds. Consumer/patient groups working at the community level are often very motivated, but will probably require information on the issues.

ANNEX 2

WHO MESSAGES THAT CAN BE TAILORED TO SPECIFIC AUDIENCES

The following messages, together with talking points and statistics, were used by WHO at the launch of *Preventing chronic diseases – a vital investment*.

- » These messages broadly outline the problem and the solution.
- » They are provided here for guidance. You will need to adapt them and create your own secondary messages to suit your own needs and circumstances.

CORE MESSAGE

Stop the global epidemic of chronic disease.

Variations:

- » The global epidemic of chronic disease is largely invisible and the global response is largely inadequate.
- » The epidemic is rapidly evolving, the threat is growing, but the response is not keeping pace.
- » More and more people are dying too early and suffering too long from chronic disease. We know what to do to prevent most of it and so we must act now.

THE PROBLEM

More and more people are dying too early and suffering too long from chronic disease.

Statistics:

- » 6 out of 10 deaths worldwide are due to chronic diseases.
- » 4 out of 5 chronic disease deaths are in low and middle income countries.
- » Half of all chronic disease deaths are premature (people aged under 70 years).
- » One quarter are in people under 60 years of age.
- » Half of all cases of chronic disease are in women.
- » 35 million people died of chronic disease in 2005, 17 million prematurely.
- » Predicted in report: 388 million will die from chronic disease in the next 10 years without urgent action.

Talking points:

- » In all but the least developed countries the poor are the worst affected: they have highest exposure to risk factors, lowest access to preventive measures or health care, highest rates of premature death, and experience the greatest personal impact.
- » People with chronic diseases and at high risk are often not getting the necessary treatment, although many cost-effective interventions exist.

RISK FACTORS

The three major risk factors are: **an unhealthy diet, physical inactivity and tobacco use.**

Talking points:

- » We are seeing rapid increases in these risk factors worldwide.
- » Increasingly unhealthy diet. Processed foods high in salt, fat and sugars are more widely available than ever.
- » Decreasing physical activity as urbanization increases and life becomes more sedentary.
- » More tobacco use due to aggressive marketing and lack of regulation of tobacco products.

SOLUTIONS

The solution is prevention. We can have an impact immediately.

Talking points:

- » It is not necessary to wait years to see the benefits of prevention and control.
- » We know the solutions. Many are simple, cheap and cost-effective.
- » The major causes of chronic diseases are known. If these risk factors were eliminated, at least 80% of premature heart disease, stroke and type 2 diabetes would be prevented. Over 40% of cancer would be prevented.
- » Examples: reduce salt in processed food, increase tobacco taxes, improve school meals, improve and increase access to walking and biking paths.
- » Many of these solutions have been proven to have immediate impact and rapid health gains.
- » People at high risk of and those living with chronic diseases also need to obtain treatment; much can be done cost-effectively.
- » No one sector of society has the resources or necessary reach to implement all the solutions alone.
- » Everyone has a role to play in the solution: governments at all levels must take a leadership role, but there are also important measures to be taken by private industry, communities and schools, international organizations, NGOs, charities and advocacy groups.

MACRO
ECONOMIC
IMPACT

The costs to national economies will run into billions of dollars. Governments should invest in prevention now, or pay the rising costs later.

Talking points:

- » The cost of chronic disease can be measured in: lives lost; lost productivity and earning power (people are often afflicted in the prime of life); health care costs to individuals, families, countries; burden on the health-care system, often on top of infectious diseases; lost national income.
- » For example, lost national income in the coming decade due to heart disease, stroke and diabetes for China: \$ 558 billion; India: \$ 237 billion; Russian Federation: \$ 303 billion (figures in international dollars).
- » Chronic disease and poverty are locked together in a vicious cycle, which can become a downward spiral into deeper poverty and worsening illness for individuals and their families.

THE 2%
GOAL

If we can reduce global chronic disease death rates by an additional 2% over the next 10 years, we can prevent 36 million people dying from heart disease, stroke, cancer and other chronic diseases.

Talking points:

The effects of the 2% goal:

- » Averting 36 million deaths from chronic disease in the next 10 years.
- » Huge economic gains. For example, over 10 years, China will gain \$ 36 billion, Russian Federation \$ 20 billion, India \$ 15 billion (figures in international dollars).

ANNEX 3
POTENTIAL MESSENGERS
FOR SPECIFIC AUDIENCES

Target audience	Messenger
General public – when you want to illustrate the human cost of chronic disease.	An individual who suffers from a chronic disease, or a family member who has lost a relative to a preventable condition.
A minister of finance – when you are arguing that investment in chronic disease prevention and control is not only cost-effective but could also provide economic benefits.	A leading international or national economist, or a finance minister from another country, who is able to argue convincingly for the economic benefits of action.
A prime minister considering supporting legislation.	Ministers; current and former aides; political leaders in his or her political party; respected religious and community leaders; leading businesspeople; financial supporters.
General public – when you are seeking to educate and motivate.	Physicians, scientists, academics. Sports figures and celebrities may also be effective messengers for education and motivation.
Physicians – when you are educating about the need for an integrated approach to chronic disease.	Internationally or nationally respected physicians, or physicians who have institutional or economic influence within the medical community. As well as professional contact with their colleagues, such people are often used as expert commentators within the popular or professional media.
Trainee physicians	Medical school professors and lecturers.
Journalists – when you are seeking media coverage of an issue.	Individuals who have personally suffered from chronic disease. If someone from your organization is to be interviewed, it is usually best to have someone who can speak from their own experience – someone who works directly on the issue – as long as (s)he is a good communicator.

