

WEB ANNEX. EXAMPLES OF COUNTRY LEVEL ACTIONS FOR NCD RISK REDUCTION

Advocate for every child's right to health (applies to all contexts)	
Support data capture, evidence generation and use	<ul style="list-style-type: none"> • Work with government to synthesize data and develop disease burden profiles • Use disaggregated data to inform programs and resource allocations • Identify data gaps and strengthen mechanisms for data collection and monitoring within and across sectors
Engage with partners	<ul style="list-style-type: none"> • Use existing country coordination mechanisms and frameworks to build cross-sectoral linkages for NCD prevention (across government sectors and among development partners e.g. UN agencies, Scaling Up Nutrition partners etc.) • Facilitate dialogue on accountability between stakeholders including private sector, academia and civil society organizations • Collaborate with existing networks (e.g. NCD Child) that advocate for inclusion of NCDs in national policies and budgets
Expand available resources	<ul style="list-style-type: none"> • Advocate for increased domestic financing for NCDs prevention
Influence government policy (applies to every context)	
Support evidence-based policymaking and financing	<ul style="list-style-type: none"> • Support laws and policies that protect children and adolescents from exposure to NCD risk factors (e.g. control of availability, sales and marketing of tobacco and alcohol, unhealthy food and beverages) • Support government to review over-nutrition and obesity (causes, effects, intervention effectiveness) and develop and implement related policies
Promote scale-up of effective interventions / innovations	<ul style="list-style-type: none"> • Convene stakeholder round-table meetings to review the evidence base around existing programs as a basis for recommendations on scale up • Support development and implementation of action plans to integrate NCD prevention in existing health, education and other sectoral plans
Share knowledge & promote south-south exchange	<ul style="list-style-type: none"> • Organise study tours to learn about best practices from other settings • Disseminate global and regional best practices and lessons learnt
Strengthen service delivery (may not apply to all contexts)	
Build capacity of management and health providers	<ul style="list-style-type: none"> • Support government led efforts to develop guidance and tools on MCH care including re nutrition and early childhood development, and their links with NCD prevention
Support programs, in particular at community level and in emergencies	<ul style="list-style-type: none"> • Support development of multi-component interventions that target behaviour risk factors across multiple platforms (e.g. health care, schools, childcare settings, homes). • Support programs that address poor nutrition, e.g. micronutrient supplementation
Empower communities	
Engage civil society for social and behaviour change	<ul style="list-style-type: none"> • Facilitate national and sub-national dialogue to address social and behavioural norms that contribute to NCDs • Use information and communications technologies to improve healthy lifestyles, e.g. eating behaviours, tobacco and alcohol consumption • Support multimedia, mobile technology and social media strategies to prevent NCDs
Generate demand	<ul style="list-style-type: none"> • Increase knowledge of caregivers, children and adolescents on healthy alternatives (e.g. healthy eating choices)
Strengthen accountability	<ul style="list-style-type: none"> • Ensure communities' engagement and participation in planning, implementation and monitoring of interventions