

Challenges in Advocacy for PA in Developing Countries

Workshop on Global Advocacy for National
Physical Activity Plans
San Diego, December 11, 2006



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Objective of presentation

- Lessons from tobacco advocacy experience are relevant to advocating for PA
- Identify some challenges from the TC experience in developing countries
- The role of civil society has to be strengthened to succeed



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Lessons from Tobacco Control

- A small group of dedicated, persistent, media-savvy and politically-astute leaders and activists
- Broad-based, well networked coalitions
- Comprehensive approaches get greater impact and synergy
- Address issue of individual responsibility vs. environmental action early and often – “Healthy choices need to be the easy choices”
- Evidence of harm is necessary but not sufficient for policy change
- Fully implement interventions known to be effective
- Addressed needs and concerns of developing countries – a global approach
- Modest, well-spent funds can have massive impact
- It takes decades of effort

Adapted from: Yach D et al (2005;BMJ, 330:898-900)



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How is physical activity different to Tobacco Control and other health issues

- The “enemy” is less overt
- Physical activity has many potential allies
 - Professional allies
 - Community allies
- Connection with other causes and political priorities
 - Environment
 - Transport
 - Social policy
 - Economy
- A cross-community issue with many partnership opportunities (not just a health issue).
- More ++++ than ‘- -’



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Challenge 1: Weak Civil Society

- Ineffective NGO leadership (Ex. Mexico)
 - Did not attract leaders or advocates
 - All deferred to ineffective leader and did not want to challenge him
- Fragmentation—not wishing to work together (Ex. Chile), personalities
- Everyone wants to be the star (Ex. Argentina), undermining each other’s efforts
- Lack of independence from government (Ex. Mexico SMSP, Peru) – who can speak up then?
- Too weak to defend positive gov’t action (Ex. Brazil)
- Potential advocates think they have to be experts
- Thinking that this issue is the property of health



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Different Roles of Government and NGOs

Government

- Power of the state
- Limited by political changes
- Possible changes in priorities
- May apply large financial resources if there is political will
- May lose financial resources
- Government employees have to present official position only
- Gov’t networks

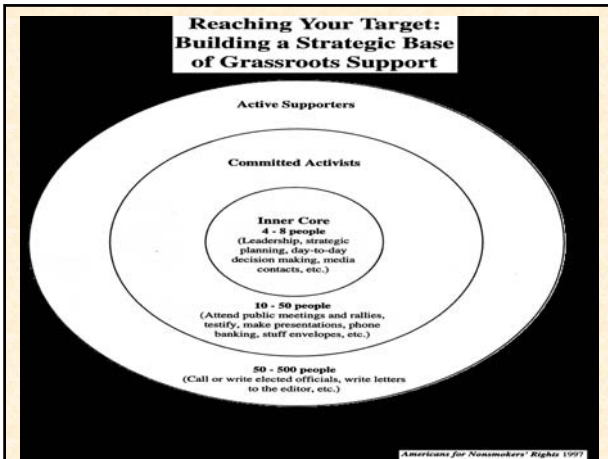
NGOs

- Independent of gov’t
- Greater freedom to act
- Altruistic mission towards common good
- Greater consistency—not as influenced by political winds
- May support and pressure gov’t from the outside
- Other networks (scientific, businesses, etc.)
- Expert volunteers
- Relation to media
- May bring further funding to cause



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Challenge 3: Focus on measures known to be less effective

- Known and comfortable over new and effective
 - Academic symposia
 - Only health professionals
 - Talks to school children
- Overly focused on national level, instead of state/provincial, community levels

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Work on what is known to be effective (e.g., Shilton's 10 points)

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Challenge 4: Lack of consistency and continuity

- Inconsistent message
- Sporadic response to media, gov't

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**Key people meet regularly to review and adjust message.
Communicate to network.**

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Challenge 4: Lack of media attention

- Complicated message, not well understood
- Not considered news, no urgency
- Issue not framed adequately for audience

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**Usually should look at ourselves and reformulate media strategy (Ex. Mexico)
Get PR firm**

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Conclusion

- There are many lessons that are applicable from the experience in TC
- PA advocacy is likely to be less confrontational and more positive
- Civil society is crucial to any advocacy effort and should be strengthened

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T1 TestUser, 11/12/2006

T2 TestUser, 11/12/2006