

# Toolkit

for developing a  
**multisectoral action plan  
for noncommunicable  
diseases**



Module 2.

**Establishing  
stakeholder engagement  
and governance mechanisms**



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# 1. Introduction

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Noncommunicable diseases (NCDs) are the leading cause of death globally, killing more people each year than all other causes combined. Contrary to common perceptions, available data show that nearly 80% of NCD-related deaths occur in low- and middle-income countries. Moreover, recent decades have witnessed a steady increase in such deaths, with vulnerable population groups often worst affected, and yet many of the dire human and social consequences could be prevented by implementing cost-effective and feasible interventions.

The *Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2011) (1)* recognizes the scale of the NCD crisis and the urgent need for action. The *Global action plan for the prevention and control of NCDs 2013–2020 (2)*, recently extended to 2030, provides a vision and a road map to scale up action for the prevention and control of NCDs.

The global epidemic of NCDs is widely acknowledged as a major challenge to development in the 21st century and is a significant threat to achieving the United Nations Sustainable Development Goals. In addition, globally, the main NCDs represent the greatest cause of death in people aged under 70 years, imposing years of disability on those affected and their families. The *Global status report on noncommunicable diseases 2014 (3)* highlights the need to intensify national multisectoral action to meet the global targets that governments have agreed upon and to protect people from cardiovascular diseases, cancers, diabetes and chronic respiratory diseases.

Countries, including some that are low income, are showing that it is feasible to make progress and reduce premature deaths from NCDs. But that progress, particularly in low- and middle-income countries, is insufficient and uneven. The global status report of 2014 reveals a distressing gap in our ability to achieve Sustainable Development Goal target 3.4 of reducing, by one third, premature deaths from NCDs by 2030, and outlines the disparities in progress on preventing NCDs worldwide.

This toolkit is a “how to” guide for developing, implementing and evaluating a multisectoral action plan for prevention and control of NCDs. It is targeted at policy-makers, planners and programme managers, and is intended to help countries, provinces and cities meet the requirements for achieving global and national NCD targets and the Sustainable Development Goals.

The toolkit takes the user through a series of actions related to the development of a multisectoral action plan (“MSAP development actions”), and provides forms and a template framework for users to complete as they undertake these actions.

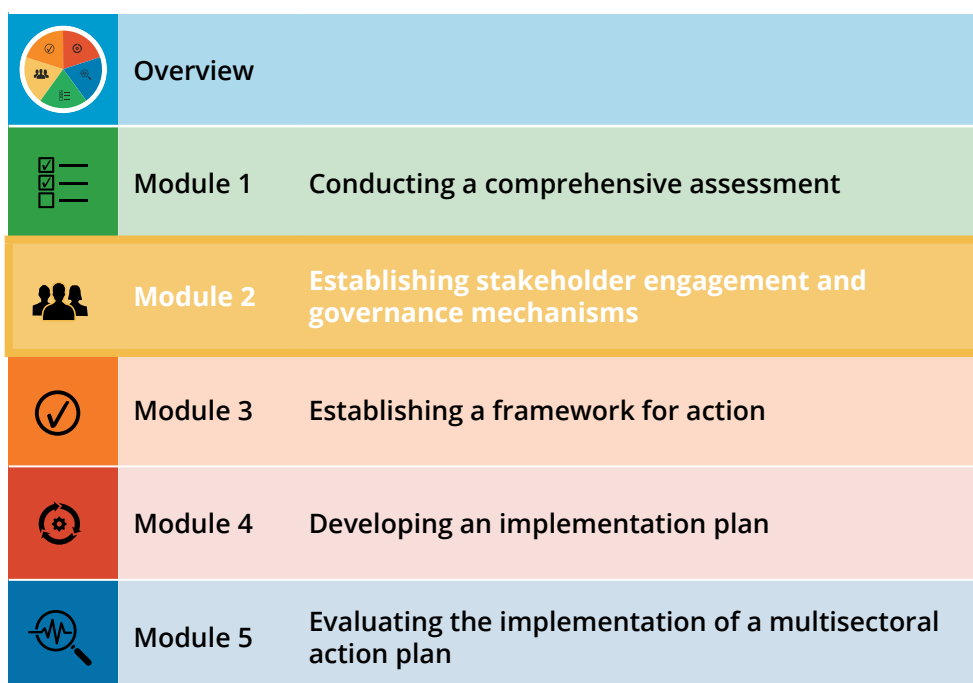
Developing a multisectoral action plan involves establishing health needs and engaging relevant stakeholders before determining the actions to take, identifying and prioritizing interventions, deciding on ways to address

NCDs while establishing support and resources for prevention and control, and evaluating progress in implementing the plan.

Using the toolkit is an inclusive and participatory process that involves engaging relevant stakeholders before determining the actions to take. The toolkit focuses on the main NCDs and wider determinants of health and aims to reduce the premature mortality from NCDs and the negative impacts of these determinants on health and health inequalities.

This work entails an array of competencies, such as situation analysis, advocacy, planning, mobilizing, implementing interventions and evaluating them, and disseminating the results of the evaluation. Users can refer to programme theory and logic modelling to guide the development of their action plan. The structure of the toolkit is set out in Fig. 2.1.

**Fig. 2.1 Structure of the toolkit for developing a multisectoral action plan for noncommunicable diseases**



This section considers two complementary aspects:

- **Stakeholder engagement:** identifying the stakeholders to be involved in the development of national NCD policies and programmes and choosing the best methods for engagement.
- **Options for multisectoral governance mechanisms:** examples of the types of mechanism and structure that can be used to ensure clear leadership, ongoing stakeholder engagement and effective implementation of a national multisectoral NCD strategy or action plan.

## 2. Establishing stakeholder engagement

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To maintain a structured and well-organized implementation plan it is important to have a lead agency or sector. The ministry of health or a similar authority in government will be critical in facilitating development and implementation of the multisectoral action plan. The ministry of health can facilitate multisectoral action through:

- coordinating multiple agencies;
- engaging relevant sectors and optimizing meaningful participation;
- organizing committee meetings;
- following up on decisions made by the coordinating bodies;
- identifying implementation gaps and proposing measures to implement new strategies; and
- preparing consolidated reports.

The roles and responsibilities of the ministry of health and relevant sectors in implementing the plan should be identified and discussed in collaboration with relevant sectors.

A national response to NCDs cannot come from the health sector alone. The Political declaration of the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases of 2011 (1) calls for the strengthening and facilitating of multisectoral action for the prevention and control of NCDs through effective partnership. It is critical for Member States to establish a high-level national multisectoral mechanism for planning, guiding, monitoring and evaluating the enactment of a national NCD policy. Due to the complex nature of NCDs and their risk factors, agreement on concepts and solutions from such a diverse range of stakeholders is rarely straightforward. Ensuring that actions included in a multisectoral action plan are clearly linked to a responsible agency or department is also important. The implementation of the strategy needs to be overseen by a body capable of holding the agencies responsible to account.

This section provides the tools and further resources necessary for working out whom to engage with and how to do it. Exactly which stakeholders are engaged, how many there are, and the most successful methods of engagement will depend on the type of policy or programme.

### *What is a stakeholder?*

A stakeholder is a person, group or organization with some interest or influence in the strategy or action plan. Primary stakeholders or beneficiaries are those who are ultimately affected, such as the community. Secondary stakeholders are people or organizations involved in the implementation of the plan, such as public health practitioners, officials of the ministries of health or education, or employees of nongovernmental organizations.

### *Why is stakeholder engagement important?*

Stakeholder engagement is as an organization's effort to understand and involve stakeholders and their concerns in its activities and decision-making processes. This is important because it has real benefits for the level of sustainable outcomes, ownership, participation and the achievement of the plan's goals. Plans and programmes that do not engage with stakeholders run the real risk of not achieving their goals.

A fundamental question when considering stakeholder engagement is: why should stakeholders wish to become involved in the prevention and control of NCDs and the promotion of health and well-being? Stakeholder involvement can result from a mixture of altruism, investment, compulsion or the desire to maintain market position with competitors, or to gain from the potential benefits offered by involvement. Once engaged, it is important to maintain a high level of stakeholder participation and motivation.

## 2.1 Identifying stakeholders

The involvement of a broad range of stakeholders in the planning process is critical to promoting multisectoral action for NCD prevention and control. The level to which stakeholders are engaged and the type and methods of engagement can vary in practice. However, in summary, stakeholder identification aims to:

- identify and define the characteristics of key stakeholders;
- assess the manner in which they might affect or be affected by the programme/project outcome;
- understand the relationships between stakeholders, including an assessment of real or potential conflicts of interest and expectation between stakeholders; and
- assess the capacity of different stakeholders to participate.

### *Who are the key stakeholders in NCD prevention and control?*

Key stakeholders include individuals and organizations within health and other sectors whose work is related to broader health issues but who could become partners in NCD prevention and control. Other potential subgroups and members come from national or regional steering committees that support inter-programme and intersectoral work.

### *Stakeholder subgroups*

Some of the key stakeholders will be representatives from the government sector, the private sector and civil society (see Table 2.1).

**Table 2.1 Stakeholder subgroups**

<b>Public sector stakeholders</b>	<b>Private sector stakeholders</b>	<b>Civil society stakeholders</b>
Ministers and advisors (executive)	Corporations and businesses	Media
Civil servants and departments (bureaucratic)	Business associations	Churches/religious institutions
Elected representatives (legislative)	Professional bodies	Schools and universities
Courts (judicial)	Individual business leaders	Social movements and advocacy groups
Political parties	Financial institutions	Trade unions
Local government councils		National nongovernmental organizations
Military		International nongovernmental organizations
Quangos and commissions		
International and development bodies (UN, World Bank)		

### *Capacities and resources of the stakeholders*

The capacities and resources of the stakeholders should be itemized, such as the skills, time available, information, finances and experience.

### *Roles and responsibilities of the stakeholders*

The role of the stakeholders in regard to NCD prevention and control will depend on their interest and level of influence, and how this may impact the programme and other stakeholders.

Table 2.2 provides examples of stakeholders and their possible roles within the framework of NCD prevention and control.

**Table 2.2 Examples of stakeholder roles and responsibilities\***

<b>Stakeholders</b>	<b>Possible roles</b>
Ministry of Health	Coordinate, advocate and facilitate the contribution of other ministries, government agencies and stakeholders; lead and facilitate development of national NCD policy, plans and programmes.
Ministry of Agriculture	Ensure national food and agricultural policies promote and protect public health.

Ministry of Education	Develop school health policies and programmes that promote healthy diets, physical activity and smoke-free environments.
Ministry of Transport	Develop transport policies that promote walking and non-motorized options.
Ministry of Finance	Ensure finance is available to support NCD policy implementation; encourage use of fiscal and taxation policies that promote and protect public health.
Ministry of Sports	Develop policy for promoting physical activity.
Department of Revenue/Customs	Ensure the collection of taxes levied on tobacco and alcohol to achieve the objectives of public health and public finance; ensure the prevention of illicit trade of tobacco and alcohol and other substance abuse that impacts NCDs.
Ministry of Commerce/ Departments of Trade, Investment etc.	Ensure the adoption of multilateral and bilateral trade and investment instruments that are compliant with all global health laws and keep the health of citizens as a priority.
Ministry of Consumer Affairs/ Information and Broadcasting/ Public Affairs	Ensure the dissemination of relevant public health information to all stakeholders through appropriate means, including through packaging and labelling of products and public service announcements.
Ministry of Labour/ Employment	Ensure the adoption of labour laws that encourage public health measures promoting healthy lifestyles at workplaces; ensure the generation of alternative livelihoods to workers engaged in tobacco growing or in related enterprises that are likely to be impacted by the full implementation of public health policies on NCDs.
Ministry of Urban Development	Ensure the development of building codes and town plans that keep a public health focus.
Ministry of Foreign Affairs	Negotiate, analyse and ensure adoption of normative international agreements and frameworks that may be directly linked to public health-related issues.
Nongovernmental organizations	Advocate action to prevent NCDs, mobilize community support, organize information and education campaigns and deliver NCD services.
Civil society	Create expectations for government and the private sector to take action.
Academic institutions	Provide expert advice on public health, NCD risk factors and cost-effective interventions.
Health professionals	Advocate action, provide clinical and public health information, and support policy and planning processes; assist in implementation of plans and programmes.
Media	Provide sustained news coverage of chronic disease prevention to help raise awareness, promote discussion and facilitate change; journalists can be key stakeholders for advocacy and public education in NCD prevention.

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<p>The private sector when there is no conflict of interest and excluding the tobacco industry</p>	<p>Take measures to implement the WHO recommendations to reduce the impact of the marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies.</p> <p>Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans fat content.</p> <p>Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans.</p> <p>Work towards reducing the use of salt in the food industry in order to lower sodium consumption.</p> <p>Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs.</p>
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\* Adapted from Global action plan for the prevention and control of NCDs, Appendix 5 (2).

### *Networks*

Networks are important because each stakeholder may be part of several networks related to NCD prevention and control or other non-NCD programmes. Networks also help to strengthen the participant- and resource-base and to build the knowledge, skills and competencies of its members. Networks offer both individuals and organizations the opportunity to better access complementary resources and expertise, and their development can be facilitated through agencies.

### *Timeframe*

The timeframe required for stakeholder identification and analysis depends on the speed of information gathering and the selection of the new stakeholders. Adequate time should be allowed for the preparatory stage in order to understand the stakeholder dynamics and to identify the key groups and institutions to be included as a priority.

## **MSAP DEVELOPMENT ACTION 2: Draw up a list of stakeholders**

## **MSAP DEVELOPMENT ACTION 3: Assess the relative importance of stakeholders**

### 2.2 Engaging with stakeholders

#### *Establishing an engagement strategy*

The first step is to develop a strategy for how best to engage with the different stakeholders and to maintain participation and motivation for NCD prevention and control programmes. Key questions to ask are as follows:

- Are the interests of all partners represented?
- Among the stakeholders, are various disciplines represented, e.g. NCDs, risk factors, health service delivery, biomedical sciences, economics, other social sciences, education, public health?
- Are policy-makers adequately represented?
  - If so, at what level of representation?
  - Are you happy with the quality of representation? Top decision-makers are generally too busy to act as representatives and their replacements are often less effective in the role.
  - If the quality of representation is not satisfactory, what mechanism is in place to ensure credible representation from the top?
- Are the private sector and NGOs adequately represented? It may be necessary to obtain a listing of all private sectors, including private health-care providers and NGOs working in health, to ensure adequate representation. However, tobacco, alcohol and food industries and pharma are not part of policy-making in order to avoid conflicts of interests.
- Is there sufficient community representation? It is important to avoid accrediting an elite minority that ignores the needs of the poor, illiterate, women, children and other disadvantaged groups.

#### *Methods for engaging stakeholders*

Many methods and tools exist for engaging stakeholders, including public meetings, focus groups, workshops, one-on-one interviews, telephone interviews and questionnaires, and websites.

## **MSAP DEVELOPMENT ACTION 4: Engage stakeholders**



### 3. Establishing a governance mechanism

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It is critical to establish a high-level multisectoral mechanism at national and local levels for planning, guiding, monitoring and evaluating the enactment of national policy with the effective involvement of sectors outside health. Engagement of stakeholders does not stop with the approval of a national strategy. It is crucial to consider what type of governance mechanisms or structures will be required to ensure that the activities and objectives of the strategy can be put into practice.

This section describes some of the options for governance mechanisms and structures, to ensure clear leadership, ongoing stakeholder engagement and effective implementation of a national multisectoral NCD strategy or action plan.

Under the coordination mechanism, a scientific committee and working group should be considered to provide advice and manage day-to-day implementation of the multisectoral action plan.

A variety of mechanisms and structures can be used for NCD prevention and control activities that involve a range of stakeholders.

- **Ministerial linkages** – This refers to working together at cabinet level, through a variety of structures and processes. Ministerial linkages can vary in intensity and duration and encompass activity beyond the regular joint decision-making at cabinet level. They can comprise all, or a select number of, ministers and may focus on a single policy issue or the entire government portfolio. Leadership may reside either with the prime minister or another minister.
- **Cabinet committees and secretaries** – Some governments may use more informal mechanisms to facilitate cross-departmental engagement. Cabinet committees are recognized for being able to facilitate dialogue and reach agreement on shared policy issues. Cabinet secretariats coordinate and facilitate collective decision-making on behalf of all government ministers.
- **Parliamentary committees** – Parliaments can contribute to multisectoral action on NCDs through the formation of parliamentary committees. All-party parliamentary committees encourage a more consensual approach. They can enhance the potential influence of findings and support the longevity of an issue as a political priority, despite a change of government.
- **Interdepartmental committees and units** – These operate at the bureaucratic level and aim to re-orient ministries around a shared priority. Both interdepartmental committees and units usually comprise civil servants. The appeal of such committees and units is that they provide a unique forum for problem solving and debate, which, in turn, lowers implementation costs by involving affected departments in decision-making.

- **Joint budgeting** – Whether mandatory or voluntary in nature, joint budgeting involves some kind of pooling of government financial resources. This is particularly attractive within the context of engaging action for health in departments which do not have a dedicated budget for cross-cutting health issues. Many joint budgeting initiatives to date have focused on addressing the needs of easily identifiable population groups.
- **Delegated financing** – This is an example of financing beyond government, usually secured by legislation and distributed to a semi-autonomous statutory body, for example a health promotion agency. Delegated financing can provide funds for intersectoral programmes and projects.
- **Public engagement** – Public engagement is often used against a backdrop of dissatisfaction at traditional policy-making, particularly in some of the complex public health debates.
- **Stakeholder engagement** – This is a collaborative governance action initiated by public agencies or institutions and formally includes non-state actors directly in decision-making.
- **Public-private partnerships (PPPs)** – The establishment of PPPs as governance structures creates relationships between industry and the public sector. This can include the establishment of PPPs which combine industry, government and civil society interests (e.g. the European Union platform for action on diet, physical activity and health). PPPs often develop to meet a particular health challenge and generally seek to improve some aspect of health infrastructure.

Subnational and local coordination mechanisms are also important to support and supervise implementation of a multisectoral action plan.

Countries will need to consider the suitability of these models in their own national context. Multiple options can be pursued simultaneously. More detailed information can be found in the Resources section. In some countries, the mechanisms may need formal support in the form of a law or regulation regarding the composition and functioning of the mechanism, to facilitate the processes of decision-making, collaboration and coordination. A budget will also be required for its work.

Developing a coordination mechanism where there is no existing structure to build on involves the health authority initially convening a cross-sectoral steering group with the capacity to both influence responses from the health sector and other sectors, and for monitoring and evaluation. The steering group can also make recommendations for national or regional structures, as well as for processes to be developed and outcomes to be expected.

After a mechanism has been established, its success depends on its capacity to convince decision-makers of the benefits of pursuing comprehensive and integrated approaches to NCD prevention and control. This can be facilitated by giving support to the steering group in the form of “political will” and “financial flexibility”.

In some countries, the main structures for NCD prevention and control commonly include:

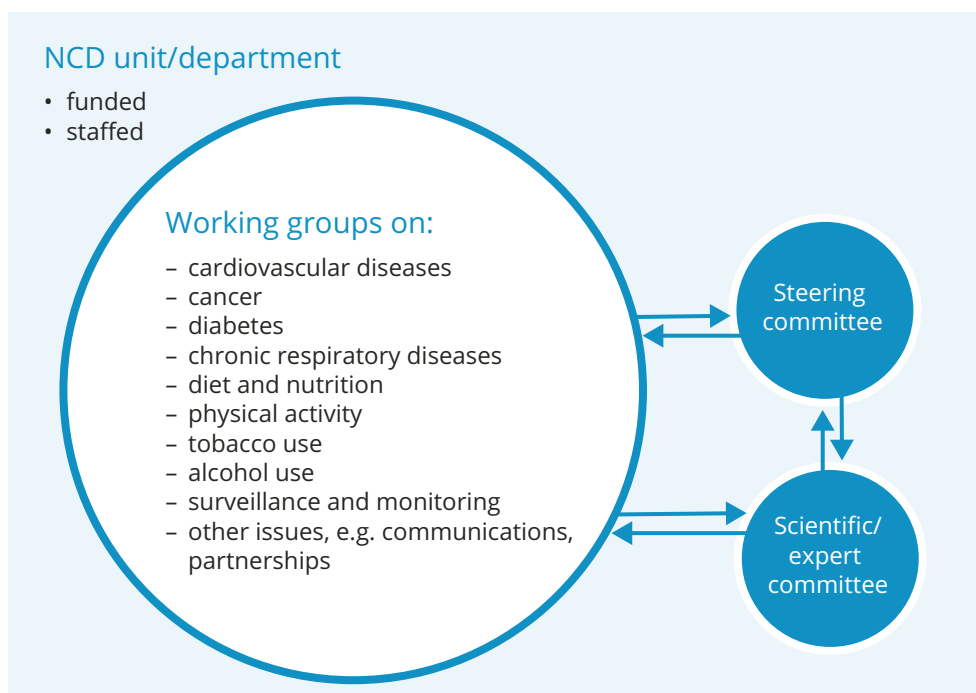
- an NCD unit/department (usually in the MoH);
- technical working groups/taskforces;
- a steering committee (either chaired by the MoH or higher level of government, such as the department of the prime minister); and
- a scientific or expert committee.

**An NCD unit or department** can be responsible for advancing the development or revision of NCD prevention and control policies, plans or programmes. These responsibilities include:

- leading, overseeing and coordinating the process;
- providing technical and secretarial support;
- developing background information to inform the planning process, e.g. the situation and response to NCDs in the country;
- coordinating, networking and mobilizing other ministries and agencies; and
- establishing implementation, dissemination and evaluation mechanisms.

An example of a structure for national NCD control and prevention is set out in Fig. 2.2.

**Fig. 2.2 An example of an NCD prevention and control structure**



**Working groups or taskforces** are technical groups formulated to perform specific tasks relative to the development and implementation of policy, plans and programmes. For example, groups may be formed for the development of a national cancer control programme or for the drafting of a national obesity control action plan.

**A steering committee**, with multisectoral membership, requires terms of reference such as: purpose, objectives, roles and responsibilities, and a declaration of any conflicts of interest among members. The committee may be chaired by a high official of the MoH, or from an office above the ministry level (e.g. the department of the prime minister or deputy prime minister). Functions of the committee include:

- setting national goals and objectives for NCD prevention and control;
- guiding the process of policy, plans and programme development;
- selecting national strategies for NCD prevention and control;
- identifying operational and other resource requirements, and setting priorities;
- guiding and approving the work plans of working groups;
- ensuring the full engagement of partners as well as broad advocacy and communication;
- overseeing the optimal use of existing resources and undertaking resource mobilization for programme implementation and research;
- monitoring progress of the partnership towards established goals (the impact and coverage of cost-effective interventions).

While considering membership of the steering committee, it is important to think about the range of key players who know and care about the NCD problem. Membership could include:

- other government sectors and regulatory agencies, such as agriculture, transportation, education finance, trade and industry, justice, education, employment, environment, housing and social welfare;
- other professions, for instance legal professions, social workers, community development professionals, health economists, media professionals, administrative staff;
- health care administrators, such as hospital and clinic managers of the public and private sector responsible for screening and providing clinical care to those with established chronic disease;
- advocacy groups representing the interests of people with established chronic disease or disadvantaged population groups;
- nongovernmental organizations, such as disease and risk-factor organizations; and
- operational and front-line staff.

**Scientific or expert committees** typically include individuals from service sectors and academic institutions who have expertise in the specific subject under consideration. Membership should be balanced to include experts from medical and social science backgrounds as well as research, individuals relevant to NCDs and their determinants. For example, members of a scientific/expert committee on a national diabetes prevention and control programme could comprise:

- NCD coordinator (NCD unit)
- clinical experts in diabetes management from major hospitals

- social scientist
- health researcher
- psychologist
- podiatrist from secondary hospital
- general practitioner with interest in diabetes
- schools representative.

Public health institutes should play key roles in providing technical support and implementing, monitoring and evaluating policy, plans and programmes relating to NCD prevention and control.

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## Key messages

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- To maintain a structured and well-organized implementation plan, it is important to have a lead agency or sector.
  - Primary stakeholders or beneficiaries are those who are ultimately affected, such as the community.
  - Secondary stakeholders are people or organizations involved in the implementation of the plan.
  - Stakeholder engagement is an organization's efforts to understand and involve stakeholders and their concerns in its activities and decision-making processes.
  - The involvement of a broad range of stakeholders in the planning process is critical to promoting multisectoral action for NCD prevention and control.
  - It is crucial to consider what type of governance mechanisms or structures will be required to ensure that the activities and objectives of the strategy can be put into practice.
  - Under the coordination mechanism, a scientific committee and working group should be considered to provide advice and manage day-to-day implementation of the multisectoral action plan for NCDs.
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## Resources

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## Annex. MSAP DEVELOPMENT ACTIONS

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❖ Download the MSAP template and forms [here](#).

### ACTION 2: Draw up a list of stakeholders

#### ❖ Step 1: List potential stakeholders

- Use the collective experience of your group/team to draw up a list of potential stakeholders, their sector and their possible roles in developing an MSAP.
- Refer to Appendix 5 of the *Global action plan for the prevention and control of noncommunicable diseases 2013–20* [<https://apps.who.int/iris/handle/10665/94384>] for guidance on which sectors to involve to address which risk factors.
- Consider those in the health sector and those outside it.
- Enter the details of potential stakeholders in Form 2.1.
- Do not worry at this stage about the efficacy of these stakeholders. You will assess each stakeholder in the next MSAP development action.

### ACTION 3: Assess the relative importance of stakeholders

This will enable you to assess which of the stakeholders you have identified will be of most use in the task of developing and implementing your MSAP.

#### ❖ Step 1: Assess the potential of each stakeholder

- Review the list of potential stakeholders listed in Form 2.1. Through a group discussion assign each stakeholder a score of “low”, “medium”, or “high”, according to the group’s assessment of their capacity and resources – e.g. skills, time available, information, finances and experience.
- Enter the consensus assessment in the final column and sort the table according to that column.
- Those assessed by the majority of the group to have low capacity or resources might not be suitable for further consideration, although you should bear in mind the need to have representatives from a wide range of sectors in your team.

#### ❖ Step 2: Assess remaining stakeholders’ effectiveness in preventing and controlling NCDs

- Focus on the stakeholders assessed as having medium or high capacity. Copy their names/sector/possible roles into Form 2.2.
- As a group, you now need to consider their:
  - role and interest in NCD prevention and control;
  - level of influence; and
  - the impact this may have on the NCD prevention and control programme and on other stakeholders.

- Use an analysis matrix (see Fig. A.1) in which “influence” and “importance” are the two variables used to assign each stakeholder to one of four groups. Those that fall into boxes A, B and C will be the key stakeholders of your project.

**Fig. A.1 Assessment of relative importance of stakeholders**

		Importance of stakeholder	
		Little/no importance	Medium or significant importance
Influence of Stakeholder	Medium or significant influence	C	A
	Little/no influence	D	B

The implications of each box are summarized below:

#### **Box A**

These are stakeholders who appear to have a high degree of influence on the project and who are also of high importance for its success. This implies that the implementing organization will need to construct good working relationships with these stakeholders, to ensure an effective coalition of support for the project. Examples might be senior officials and politicians or trade unions.

#### **Box B**

These are stakeholders of high importance to the success of the project, but with low influence. This implies that special initiatives will be required to protect their interests. An example would be traditionally marginalized groups (e.g. Indigenous people, youth, seniors), who might be beneficiaries of a new service, but who have little “voice” in its development.

#### **Box C**

These are stakeholders with high influence, who can therefore affect the project outcomes but whose interests are not necessarily aligned with the overall goals of the project. They might be financial administrators who can exercise considerable discretion over funding disbursements. This conclusion implies that these stakeholders may be a source of significant risk, and they will need careful monitoring and management.

#### **Box D**

The stakeholders in this box, with low influence on, or importance to, the project objectives, are of low priority.

### **❖ Step 3: Enter each stakeholder’s scores in Form 2.2**

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## ACTION 4: Engage stakeholders

Filling in Form 2.3 will help you to decide in what capacity you might engage stakeholders. This process can be used, for example, to engage stakeholders to sit on a national taskforce, a steering committee, an expert committee – at different stages in the development, implementation and evaluation of the MSAP.

### ❖ Step 1: Rank key priorities and define activities involved

Work with a group to make a list of key priorities for initiating the multisectoral action plan.

- Enter the priorities (including a timeframe where possible) in column 1 of Form 2.3.
- In column 2 enter the activities needed to complete the action in the timeframe.

### ❖ Step 2: Identify potential stakeholders

- In column 3 consider the roles and responsibilities of the people needed for the activities in column 2.
- In column 4 consider which sector to turn to for stakeholders to fulfil each role.
- In column 5 ask the group for suggestions of individuals to approach.

Table A.1 includes an example priority in the first column. The questions to consider when deciding how to engage with stakeholders to fulfil the priority are listed in subsequent columns.

**Table A.1 Information needed to engage stakeholders to meet a specific priority**

Example priority action	Activities involved	Stakeholder roles and responsibilities	Sectors from which to engage stakeholders	Potential individual stakeholders
<b>To set up a national taskforce within six months</b>	<i>What activities are needed to achieve the priority action?</i>	<i>What roles are people required to perform? What might their responsibilities be?</i>	<i>From which sectors might it be appropriate to engage stakeholders?</i>	<i>If possible, identify a particular person or organization to approach from those listed in Form 2.2.</i>

## CHECKLIST

- ❖ Use the Checklist available [here](#) to make sure you have completed all the necessary steps before moving on to the next module.

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