

Review of: "Noncommunicable Diseases Prevention Policies and Their Implementation in Africa: A Systematic Review"

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Invited Commentary: Noncommunicable Diseases Prevention Policies and Their Implementation in Africa: A Systematic Review

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The escalating non-communicable disease (NCD) burden globally, including in Africa, led to the adoption by heads of state and government of the United Nations political declaration on the prevention and control of NCDs in 2011 (resolution A/RES/66/2) (1). To follow on the commitments made in the United Nations declaration, the World Health Organisation (WHO) Global Action Plan for the Prevention and Control of NCDs 2013–2020 was developed and cost effective NCD ‘best-buy’ policies adopted (2, 3). The latter was endorsed by all WHO member states in 2013, and in 2015, in a rare focus on health, United Nations members unanimously agreed to reduce premature NCD mortality by a third by 2030, in accordance with achieving Sustainable Development Goals (3, 4). NCDs inflict far reaching socioeconomic and public health consequences with substantial negative effects on sustainable development and exacerbate poverty (5). The raising of international awareness by the United Nations on the magnitude, and socioeconomic and developmental impacts of NCDs signified a pivotal shift in the battle against NCDs.

This global focus on NCDs and the concerted efforts by the WHO to encourage member states to address this growing burden likely motivated the review conducted by Kassa and Grace (6). In their review, “Noncommunicable Diseases Prevention Policies and Their Implementation in Africa: A Systematic Review”, the authors aimed to examine existing NCD policy practices, policy equity and gaps in policy implementation for NCD prevention in Africa. A small body of literature of 21 studies in the English language was identified; studies in other languages such as French, which is spoken widely in Africa, and unpublished literature were excluded, with this acknowledged as a limitation of this review. The search strategy also excluded an evaluation of African NCD policy documents per se, a key source of information, which is

a major oversight. Further, the searches were restricted to studies published from April 2013 onwards while awareness and actions on NCDs in Africa had commenced more than a decade earlier (7). The review of such policy documents over a longer period would have been invaluable to provide a more accurate, comprehensive and insightful overview of NCD prevention strategies in Africa.

Nevertheless, this review reiterates some established shortcomings in NCD policies in Africa (6, 8) which, unfortunately, have not been addressed almost a decade after the launch of the NCD Global Action Plan (2, 9). The authors highlight inadequate policy development, implementation and equity, together with an absence of the necessary surveillance data on NCD prevalence, morbidity and mortality to inform policy decisions in Africa (6). A similar sentiment is frequently echoed in the literature with inadequate attention paid by African policymakers to population level interventions that target tobacco use, alcohol misuse, unhealthy dietary habits, and physical inactivity (10). These lifestyle risk factors are the main modifiable behaviours that contribute to the development of NCDs such as cardiovascular diseases, diabetes, cancers and chronic obstructive pulmonary disease.

The failure to develop and implement comprehensive and effective NCD policies in Africa may be on account of the complexity and cross-cutting nature of NCDs but may also be because of inadequate political leadership at global and national levels (11). Despite providing technical leadership for NCDs, the WHO lacks the political authority and governance to mobilise intensive action by the wide range of global stakeholders. Additionally, African governments have not provided a sustained response with political commitment; policymakers on the continent need to acknowledge their primary role and responsibility in fighting NCDs. They need to allocate considerable scarce resources to preventing and treating NCDs because these are excellent economic investments (12). Current efforts in Africa to address NCDs are not commensurate with the scale of the challenge (12, 13).

The finding by Kassa and Grace (6) that tobacco control is the most frequent target of existing policies is unsurprising and likely reflects the influence of the WHO Framework Convention on Tobacco Control (WHO FCTC) where the WHO used its legislative powers to target the high global consumption of tobacco (14). In contrast, the absence of a WHO Framework Convention on Alcohol Control, despite a longstanding call for such an initiative (15), likely contributed to fewer policy initiatives relating to curbing alcohol misuse, as described by Kassa and Grace (6). Nevertheless, measures are currently underway by the WHO to develop a WHO Alcohol Action Plan 2022-2030 with a draft action plan to be discussed at the 75th World Health Assembly in May 2022 (16). Such an initiative will hopefully pave the way for concerted policy efforts in Africa and globally to reduce alcohol related harm.

Seeing that obesity, a key risk factor for many NCDs, is rising in Africa (13), it is unfortunate that few measures to curb this global epidemic have been introduced on the continent. Kassa and Grace underscore the paucity of policies on diet and physical activity (6), which are the main population-level targets to curb obesity, diabetes and hypertension, among other NCDs. The WHO has provided guidance on designing fiscal policies to address unhealthy food products such as taxation of sugar-sweetened beverages and other foods and beverages high in sugar, salt and fats (17). The formulation,

execution and monitoring of such policies requires expertise and capacity that is, unfortunately, lacking in many African countries. It is important that the international community assist African nations in building such capacity, so they can generate effective responses to the NCD epidemic.

Kassa and Grace did not differentiate strategies and policies targeting lifestyle behaviours at the population-level versus those specific to the healthcare sector for the management of NCDs (6). While the former primarily targets the primordial prevention of NCDs, the latter involves caring for patients with NCDs. The NCD Action Plan advocates a comprehensive approach for the prevention and control of NCDs that can be achieved through a combination of complementary and synergistic strategies, targeting the whole population and those with disease or at high risk of developing disease (9). These include developing national policy frameworks, establishing programmes, building capacity for effective responses, monitoring and evaluation at different levels, and research promotion (12). Kassa and Grace alluded to some of the challenges in the provision of NCD care (6); greater detail on the barriers to optimal NCD management and their potential solutions have been elucidated in the literature (12). Together with the overarching influence of inadequate NCD healthcare policies, barriers to optimal care occur at the healthcare service, healthcare provider and patient levels. Consequently, a multilevel approach is required to target the prevention, detection, treatment and control of NCDs.

In conclusion, despite suboptimal NCD policy development and implementation in Africa, NCDs have been acknowledged and positioned resolutely as a development, and not only a health, issue (18), with the greatest negative impacts most likely felt among African nations. Hence, there needs to be concerted efforts by African governments and policymakers to champion and change the course of the NCD epidemic. Comprehensive population-based strategies targeting tobacco and excessive alcohol use, unhealthy diets, and physical inactivity in Africa are vital. Simultaneously, high-risk individuals must be identified and targeted through primary healthcare systems using cost-effective and integrated approaches (12, 19). Otherwise, the consequences of inaction on the continent are bound to be devastating across socioeconomic, developmental and health spheres.

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