

## Multisectoral and multistakeholder approaches to tackling noncommunicable diseases (NCDs)

### ABOUT THIS REPORT

This is a summary report of an in-depth review of global experience on multisectoral and multistakeholder approaches to NCD programmes. The review was commissioned in response to a request from National Department of Health (NDoH) for research and documentation to support implementation of the National Strategic Plan (NSP) for Noncommunicable Diseases 2020 – 2025. (May 2020 version).

The literature on NCD risk factors and implementation of NCD programmes was found to be patchy, hence the full report examines other non-NCD health initiatives that engaged across sectors and with multiple stakeholders. These include initiatives to address HIV, TB and STIs in South Africa, whole-of-society approaches to health, case studies of intersectoral action, and approaches to support Health in All Policies. The full report has an extensive reference list that includes academic and grey literature on multisectoral and multistakeholder approaches to a range of NCDs and other topics in South Africa and in high-, low- and middle-income countries across the globe.<sup>1</sup>

This report suggests how to make multisectoral and multistakeholder approaches work, rather than what those approaches should attempt to do.

► [The full report is available here ...](#)

<sup>1</sup> Case studies and examples are drawn from the following regions and countries: south-eastern Europe, Caribbean, UK, Malta, Montenegro, Slovenia, Portugal, Norway, Canada, Brazil, Mexico, Iran, Philippines, Kenya, Ghana, Zambia, Nepal, Pakistan and India.

### BACKGROUND

In South Africa, NCDs account for a high percentage of the disease burden and are the main cause of death for people over the age of 40. The most prominent NCDs are cardiovascular disease, Type 2 diabetes, cancer and chronic lung disease. The prevalence of NCDs in South Africa continues to rise due to an increase in risk factors such as an ageing population, unequal access to healthcare services, poverty, and a lack of quality education.

According to the Global Burden of Disease Study, 2017, NCDs accounted for 39% of South Africa's total burden of disease measured by disability-adjusted life years (DALYs). NCDs are not only detrimental to the health of the population, they also threaten the country's development and economic growth. It is estimated that losses from diabetes, stroke and coronary heart disease cost the South African government approximately R26 billion between 2006 and 2015. In addition to this, the cost of loss of productivity – largely due to NCDs – amounted to 6.7% of GDP in 2015; it is estimated that this will increase to 7% of GDP by 2030.

The National Strategic Plan (NSP) for Noncommunicable Diseases (2020 – 2025), which is currently being finalised by the NDoH, recognises that achievement of its strategic objectives depends largely on multisectoral and multistakeholder approaches that will address the increase in multiple morbidities and the burden of NCDs. This report draws on lessons from other countries with the aim of supporting the successful multisectoral and multistakeholder implementation of the South African NSP.

## MULTISECTORAL APPROACHES TO NCDs



BHPSA engaged a team of academics to review global experience of managing NCD policy and programming



### WHAT WORKED?

- Including all government departments, the private sector, civil society and other partners
- Different coordinating mechanisms for different issues and stakeholders
- Low-level operational plans for joint implementation and engaging local structures
- Strategies to avoid or manage stakeholders with a conflict of interest
- Targets and a joint monitoring process
- Monitoring and reporting against global NCD indicators

### OTHER SUCCESS FACTORS

- High-level political leadership of the national coordinating mechanism
- Independence of government
- Accountability of partners
- A common vision
- Trust between stakeholders

## WHAT WE LEARNED

An examination of the experiences of other countries suggests several principles and factors that may be considered to strengthen the NCD response. The key lessons are summarised below.

### 1. A multisectoral approach

- There is a need to work with government and nongovernmental stakeholders beyond the health sector. This is because noncommunicable diseases arise from many factors outside the control of the health sector alone.
- The broader South African Government (SAG) has the potential to function as a regulator and catalyst to shape the national NCD effort and stakeholder involvement.
- There is a need to broker relationships and manage power differentials between stakeholders; significant time and resources must be committed to forming and leading new context-specific arrangements of partnership and collaboration.
- A key task is building and maintaining consensus across stakeholders to agree on a shared vision.

### 2. Stakeholders

The three main stakeholder groups that need to be part of the formal NCD response are:

- **Government sectors outside the NDoH:** These include other government ministries, such as the Department of Basic Education (DBE), the Department of Social Development (DSD), the Department of Agriculture, Land Reform and Rural

Development (DALRRD) and the Department of Trade, Industry and Competition (the dtic). This sector should also include parliamentarians and parliamentary committees, for example, the Portfolio Committee on Health. Some government ministries, however, may have conflicting views on economic growth versus social goals. The NDoH should endeavour to shape NCD health goals to address other sectoral goals.

- **Civil society groups (CSOs):** CSOs play an important role in advocacy, accountability and other functions like promoting gender equality and social inclusion. Although civil society groups are likely to be strongly incentivised to engage with the national NCD effort, some may face challenges in terms of their capacity and remit.
- **Private sector:** Many private sector stakeholders produce and sell products that drive and exacerbate NCDs. So, although private sector engagement is essential, it is important that individual stakeholder interests align with those of the NDoH, and stakeholders must be motivated to engage constructively. Some private sector organisations may have too much invested in commercial determinants of health to be constructive partners.

### 3. National coordination mechanisms

- Countries studied have used a variety of mechanisms for multisectoral engagement – from consultation to full partnership in formal structures.
- A range of different mechanisms across different issues and groups of stakeholders may be necessary to implement the NSP.
- Successful joint working arrangements used in other countries consider the characteristics of stakeholders, their motivations and mutual dependencies.
- High-level political leadership could be mobilised to sit above sectors and guide the response.
- Deliberate efforts are needed to create successful joint working arrangements and build trust between stakeholders.
- Successful countries tend to adopt a measured, step-by-step approach to developing lasting, well-managed and coherent institutional arrangements.

### 4. Common planning

- Efforts should be made to engage all stakeholders in building a common vision for tackling NCDs.
- It is necessary to develop costed, lower-level operational plans that can be implemented jointly with other sectors, levels of government and groups of stakeholders.
- Action plans must be realistic and have defined, concrete and measurable steps towards achieving their objectives.

### 5. Conflict of interest

- The experiences of other countries reveal that conflict of interest is a major issue and should be anticipated and planned for. A common example is accepting sports sponsorships from the fast-food industry.
- A systematic approach will assist in identifying stakeholders whose conflicts of interest can be managed and stakeholders that should be avoided.
- Stakeholders should be expected to sign up to the transparent strategies that are developed to manage conflicts of interest.
- The government must be independent of interest groups.

### 6. Local coordination mechanisms

- Local structures are essential to the response because they have knowledge of local needs and potential interventions.
- Local coordination mechanisms should be designed for meaningful participation and should have sufficient powers and resources to function properly.

### 7. Accountability

- Accountability mechanisms must be negotiated up front with all stakeholders to guide implementation and behaviour.
- Plans must identify the responsible partners, and must also specify the financial commitments, timelines and expected results.
- High-level leadership beyond that of the NDoH may be required to ensure accountability from other sectors.

### 8. Monitoring implementation and impact

The draft NSP (May 2020) has a national monitoring framework of 30 targets with 36 associated indicators and detailed implementations plans with associated outputs, indicators and activities. The experiences of other countries suggest that further engagement with stakeholders on the content of the monitoring framework might be needed. Refinements include:

- **NSP monitoring framework** could include targets, output indicators and lead agencies for each strategic objective.
- A **joint monitoring process** should operate horizontally and vertically and facilitate data flowing up and down the system to keep all levels and stakeholders engaged and informed.
- The framework should enable **monitoring and reporting against global NCD indicators** of the World Health Organization.