CONCEPTUALIZING GOVERNANCE OF NON-COMMUNICABLE DISEASES

Given the

complexity of

NCDs, there is a need for

better

framing of

NCDs.

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BACKGROUND

40 million deaths per year Equivalent to 70% of all deaths worldwide

38% of NCD deaths occur prematurely. About half of those NCDs premature deaths occur in low- and middle-income countries

- · Between health and non-health
- Between communicable diseases and noncommunicable diseases





Complex nature in preventing and

MANY ACTORS WITH

DIFFERENT PRIORITIES

· Lack of a convening figure

Uncoordinated responses

among actors

managing NCDs Multi-intervention components, ranging from policies to primary care models and to behaviour

SILO FOCUS IN

MANAGING DISEASES

Aim & Objectives

Research questions:

- "What is known from the existing literature about the policy discourses on NCDs?"
- "What is known from the existing literature about the governance of NCDs?"

The aim of this study is to conceptualise governance of NCDs using historical analysis and explore the policy discourses of NCDs.

The study objective is to develop a framing for NCDs using a historical perspective.



Table 1: Eligibility criteria and study selection

METHODOLOGY

Study Identification

- Identified published and unpublished studies from database inception till Dec 2017.
- Searched nine electronic databases including Medline, Global Health, and websites of international organisations involved in NCDs.
- We adhered to customized search strategy for each search database. Our search strategy combines three concepts: "NCDs" AND "Governance" AND "Policy".

Eligibility Criteria and Study Selection

We adhered to a set of eligibility criteria for study selection. See Table 1.

Search and Retrieval

- Two reviewers pilot screen 10% of articles extracted.
- Periodic discussions after completion every 10% of the pilot screening
- Revise inclusion or exclusion criteria iteratively until ambiguity is minimized and with concurrence from third reviewer



Intervention

Comparator

populations receiving treatment, and populations of NCD patients at the community, primary, secondary or tertiary care levels will be included. We include, but not limited to,

studies that examine any global or national policies and/or programs that were put in place to prevent and control NCDs in the population.

We do not include or exclude studies based on the presence of a comparator or control group.

Outcomes Not applicable

Study design and **Publication type**

be included:

Only articles which discussed

and publication types

We include all types of study designs

Types of studies to frames or framings of NCDs; and Sudies that focused on the four main types of NCDs (Cardiovascular Diseases, Type 2

> Diabetes, Cancer, Mental Health) and risk factors (tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol).

Types of studies to be excluded

Studies that do not discuss frames or framings of NCDs;

Data Synthesis

Findings will be assigned into the relevant policy frames that emerge from the included studies. We use the six constituents (see Table 1) adapted and modified from Wernli, D. et al (2017).

Quality Assessment

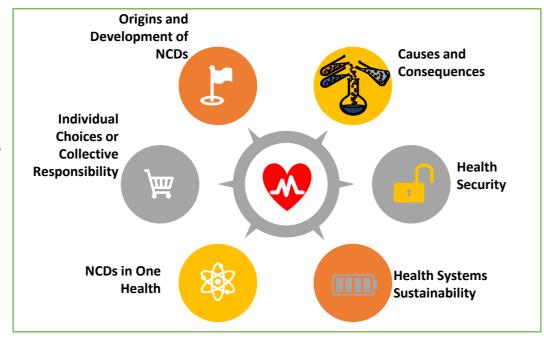
To address the methodological quality of evidence, we adapted the Joanna Briggs Institute Critical Appraisal Checklist for Text and Opinion Papers to be used as a form of quality assessment on the included

MAJOR FINDINGS

FRAMING OF NCDs

We identified six frames in the governance of NCDs. Here, we discuss the preliminary findings and key messages:

- Higher prevalence of NCDs increases the potential of expediting the rate of infections in the population during outbreaks. Achieving a sustainable people-centered health system requires a horizontal approach that synergise the different diseases, such as NCDs and infectious diseases. Importantly, the different agendas in each disease offer a complementary effect
- Prevention, treatment, and management of NCDs are complex due to the multiinterventional components involved. Sustainability in terms of funding and partnerships are key to prioritising NCDs.



Understanding how equity and social determinants of health in NCDs policies are of importance. To address the health status of the population, there is a need for policies to include the concept of equity in its aims as well as consider the vulnerable populations.

PRISMA Flowchart Identification Records identified through database searching (n = **8,143**) Records after duplicates removed (n = 6,095)Records screened Records excluded (n = **6,095** (n = **3,867** Full-text articles assessed for eligibility (n = 2,228)Studies included in qualitative synthesis

Findings from this study contribute towards understanding how NCDs are framed and how these frames contribute towards shaping NCDs policies and

understand the gaps in coordination between actors at each level.

We will conduct network analysis of key actors at global and national levels to

POLICY RECOMMENDATIONS

- 1. Each frame of NCDs is siloed, yet the complexity of managing NCDs spells the need of integrating all domains driven by multi-sectoral collaborations between actors.
- 2.Strong partnerships between actors are instrumental in influencing the broad social determinants in a globalising world, building upon principles such as accountability and leadership.
- 3. Overall, these findings highlighted the iterative dependencies between these frames and concepts in the multi-sectoral nature of NCDs within health agenda and emphasized the need for accelerated political commitment and action both at global and health systems levels.

FUTURE PLANS

programmes.