CONCEPTUALIZING GOVERNANCE OF NON-COMMUNICABLE DISEASES

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BACKGROUND

40 million deaths per year
38% of NCDs deaths occur prematurely
About half of these NCDs premature deaths occur in low- and middle-income countries

MANY ACTORS WITH DIFFERENT PRIORITIES
• Lack of a convening figure
• Uncoordinated responses among actors

COMPETITION OF RESOURCES
• Between health and non-health priorities
• Between communicable and noncommunicable diseases

METHODOLOGY

Study Identification
• Identified published and unpublished studies from database inception to Dec 2017
• Searched nine electronic databases including Medline, Global Health, and websites of international organisations involved in NCDs

Eligibility Criteria and Study Selection
We adhered to a set of eligibility criteria for study selection. See Table 1.

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 Worrell, 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 studies.

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 multi-interventional 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.

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.

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

Population
We include adult population, including general populations, populations receiving treatment, and populations of NCD patients at the community, primary, secondary or tertiary care levels will be included.

Intervention
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.

Comparator
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
We include all types of study designs and publication types.

Types of studies to be included:
• Only articles which discussed frames or framings of NCDs;
• Studies 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;
• Studies which do not discuss the impact of NCDs.