

National Strategic Plan for the prevention and control of non-communicable diseases in South Africa

Non-communicable diseases (NCDs) and mental health disorders are leading causes of mortality, morbidity and disability in South Africa (SA), and carry huge costs to patients, families, communities, the health system and the economy at large. The Statistics SA Mortality Report (2017)^[1] demonstrated that NCDs accounted for 57.8% deaths in 2017. The SA government recognised this and included NCDs+ in its commitments to health-system strengthening in the 2019 National Health Insurance (NHI) Bill^[2] and in the Presidential Health Compact.^[3] Furthermore, in June 2022, the SA Department of Health launched the 5-year National Strategic Plan for the Prevention and Control of Non-Communicable Diseases, 2022 - 2027 (NSP),^[5] which aims to move SA closer to Sustainable Development Goal (SDG) 3.4.

One of the unique aspects of this NSP is the introduction of a cascading strategy, similar to the 90-90-90 approach for HIV/AIDS and TB. The specific goals for this NSP are: (i) to prioritise prevention and control of NCDs+; (ii) to promote and enable health and wellness across the life course; (iii) to ensure that people living with NCDs+ receive integrated, people-centred health services to prevent and control NCDs+; (iv) to promote and support national capacity for high-quality research and development for the prevention and control of NCDs+; and (v) to monitor strategic trends and determinants of NCDs+ to evaluate progress in their prevention and control. This NSP highlighted and reinforced the role and mandate of the provincial departments of health and districts in implementing this strategy, as well as the importance of health and non-health stakeholders in achieving SDG 3.4 and the goals of this plan.

Our experiences of previous NSPs related to HIV and maternal, newborn, child and women's health and nutrition in SA demonstrated the need for a dedicated workforce at district levels (such as district clinical specialist teams for maternal, child and women's health) for successful implementation, especially for provision of an integrated

approach encompassing primary healthcare and hospital care, in both the public and private sectors. The current structure of NCD management at a district level includes an assistant director who might not be able to cover all the areas under this NSP. In view of that, districts should consider deploying change agents consisting of a dyad of a public health specialist physician and a nurse, who would not only be responsible for implementation of the plan but also ensure clinical and data governance associated with the plan. Public health specialist physicians are well equipped to address the various strategic objectives based on their unique skills of data clinical governance, practice of preventive and curative medicine, population health and primary healthcare and hospital care. Together with a primary healthcare-trained nurse, they could become the fulcrum of implementation of this NSP. A number of districts have already employed them, and they could be redeployed to manage this programme.

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