

**NON-COMMUNICABLE  
DISEASES, INJURIES  
AND  
MENTAL HEALTH**

**Multi-Sectoral  
Engagement, Coordination  
and Action towards  
Burden Reduction.**

**AFRICAN UNION COMMON POSITION**



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Africa CDC is a continental autonomous health agency of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats.



## **Safeguarding Africa's Health**

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## 1. Title:

African Union Common Position on Multisectoral Engagement, Coordination and Action (MECA) for Control and Prevention of Non-Communicable Diseases, Injuries, and Mental Health Conditions and Risk Factors.

## 2. Legislation Background

As protected in Article 2.1 of the Statute of the Africa CDC, the Africa CDC has been established as an autonomous health institution of the African Union (AU) charged with mandate to prevent and control diseases in Africa.<sup>1</sup> Founded in January 2016 by the 26th Ordinary Assembly of Heads of State and Government Decision AU/Dec.499 (XXII) and officially launched in 2017, Africa CDC enhances Member States' capability to detect, prevent, and respond rapidly to disease threats and outbreaks using science-based, and policy-driven strategies.

As enshrined in Article 3 of the Statute of the Africa CDC, the Africa CDC is mandated to support Member States in "promotion and disease prevention through health systems strengthening, by addressing communicable and non-communicable diseases, environmental health and Neglected Tropical Diseases".

## 3. Rationale for Effective Multisectoral Engagement, Coordination and Action (MECA)

In alignment with this continental strategic commitment, and as articulated in the recommendations of the Africa Union-Africa CDC Multisector Taskforce meetings held in Cape Town, South Africa (November 2023) and Nairobi, Kenya (November 2024), the Africa Union has developed this Common Position on MECA to guide Member States in addressing complex health challenges due to the growing burden of uncontrolled Non-communicable Disease, Injuries and Mental Health (NCDIMH).

- (a) **Statute of Africa CDC Article 3 (f)** outlines the functions of the Africa CDC: "Coordinating and supporting Member States in health emergencies response particularly those which have been declared Public Health Emergencies of Critical Significance or Public Health Emergencies of International Concern as well as health promotion and diseases prevention through health systems strengthening, by addressing communicable and non-communicable diseases, environmental health and Neglected Tropical Diseases (NTDs)";
- (b) **As stipulated in the Africa CDC Strategic Plan**, under "Priority 1: Strengthen integrated health systems to prevent and control high-burden diseases, Objective 2 calls for aligning Member States and Regional Economic Communities (RECs) to establish, strengthen, and coordinate multi-sectoral actions and One Health approaches. This includes setting up a continental, multisectoral coordination mechanism for the prevention and control of high-burden diseases.

*Furthermore, Enablers E and F underscore the importance of advancing coordinated, respectful, and action-oriented public health partnerships, as well as strengthening engagement with multisector stakeholders and communities to effectively respond to public health needs!"<sup>2,3</sup>*

<sup>1</sup> Statute of the Africa Centers for Disease Control and Prevention (Africa CDC), p.3

<sup>2</sup> Africa Centres for Disease Control and Prevention. Non-Communicable Diseases, Injuries Prevention & Control and Mental Health Promotion Strategy (2022- 2026).

<sup>3</sup> Africa Centres for Disease Control and Prevention (Africa CDC). Strategic Plan 2023 – 2027, p.16, 18, 54

- (c) Aligned with landmark African and global strategies, the **African Union’s Agenda 2063**, the **Lusaka Agenda**, and **World Health Assembly** resolutions on NCDs, Injuries and Mental Health. The African Union’s Agenda 2063 “*The Africa We Want*,” underscores that a healthy and productive population is essential for sustainable development, economic growth, and social well-being across the continent<sup>4</sup>;
- (d) **The Lusaka Agenda** calls for countries to make bold strategic shifts and rethink strategies to better address the rising burden of diseases and mobilize domestic resources to fund culturally sound and sustainable initiatives.<sup>5</sup>
- (e) **The Africa Health Strategy (AHS)** (2016 - 2030) further identifies the critical role of a “multi-sectoral partnerships addressing socio-economic, commercial and environmental determinants of health and enabling better health sector performance inter-sectoral action for health should engage other ministries, levels of government and non-state actors in a manner that demonstrates broad stewardship by ministries of health towards all actions conducive and necessary for health. (“Whole of Government” and “Health in All Policies” approaches).”<sup>6</sup>
- (f) **Article 26 of the Abuja Declaration** commits AU Member States to increase their health budgets to at least 15% of their total annual spending.<sup>7</sup>
- (g) **The African Road Safety Charter**, adopted by the African Union Heads of State on January 30, 2016, provides a comprehensive legal and policy framework to reduce road crash injuries and fatalities across the continent. It aims to strengthen national and regional road safety policies, improve coordination, and engage businesses and civil society in road safety initiatives.<sup>8</sup>
- (h) Complementing the Charter, the African Road Safety Action Plan 2021–2030 seeks to halve road traffic deaths and injuries by 2030, aligning with the United Nations’ Second Decade of Action for Road Safety.<sup>9</sup> Developed by the African Union Commission (AUC) and the United Nations Economic Commission for Africa (UNECA), this plan builds on the 2011–2020 framework and addresses ongoing challenges through evidence-based strategies.

## 4. Global Context on Non-communicable Diseases, Injuries and Mental Health

Published evidence has shown the growing burden of non-communicable diseases (NCDs), injuries, and mental health challenges, and the global community has recognized the burden of NCDIMH and passed resolutions concerning non-communicable diseases (NCDs), injuries, and mental health.

**The World Health Assembly (WHA) resolutions:** WHA66.10: *Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, which calls for accelerated national responses to NCDs; WHA57.10: *Road Safety and Health*, which emphasizes the need for effective measures to prevent road traffic injuries; WHA57.16 which emphasizes on health promotion and healthy lifestyles; and WHA66.8: *Comprehensive Mental Health Action Plan 2013–2020*, that aims to integrate mental health services into primary healthcare;

**The United Nations General Assembly (UNGA):** The UNGA enabled critical legislation and policy

<sup>4</sup> <https://www.nepad.org/publication/agenda-2063-second-ten-year-implementation-plan-2024-2033>.

<sup>5</sup> Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process, 12 December 2023.

<sup>6</sup> African Health Strategy (2016-2030), p. 21

<sup>7</sup> Africa Union, The Abuja Declarations, 2001, p. 5

<sup>8</sup> African Union. (2016). African Road Safety Charter. Available at: [https://au.int/sites/default/files/treaties/37309-treaty-0052\\_road\\_safety\\_charter\\_e.pdf](https://au.int/sites/default/files/treaties/37309-treaty-0052_road_safety_charter_e.pdf)

<sup>9</sup> United Nations Economic Commission for Africa (UNECA) and African Union. (2020). Strategic Directions for the Post 2011-2020 Decade of Action for Road Safety & African Road Safety Action Plan for the Decade 2021-2030. Retrieved from <https://repository.uneca.org/handle/10855/50155>

and political resolutions on non-communicable diseases (NCDs) control, including the **2030 Agenda for Sustainable Development (SDG 3.4)**.<sup>10</sup> The **Sustainable Development Goal 3, Target 3.4** further aims to reduce premature death from NCDs by one-third by 2030 through health promotion, prevention, and therapeutic activities, and engagement of multisector partnership to tackle NCDs as a critical component of sustainable development and improving quality of life.<sup>11</sup> UNGA convenes High-Level Meetings on NCDIMH and declares global health priorities, and promotes the adoption of NCD strategies, and monitors progress via the **UN Inter-Agency Task Force on NCDs**.

**The World Health Organization (WHO):** the WHO encourages member states to engage individuals with lived experience (ILE) in formulations of legislation, policies, and program designs.<sup>12</sup>

## 5. Public Health Significance: The health problems related to Non-Communicable Diseases, Injuries, and Mental Health are rising rapidly in Africa, leading to more deaths and disabilities:

**Recognizing that the burden** of Non-Communicable Diseases, Injuries, and Mental Health (NCDIMH) issues in Africa is growing rapidly. Non-Communicable Diseases are public health threats driving a silent epidemic amid competing infectious and other public health priorities;<sup>13</sup> NCDs alone represent 74% of Africa's disease burden, and account for over 37% deaths, with hypertension affecting as high as 30% of adults in some countries.<sup>14;</sup>

**Acknowledging the fatalities of injuries**— including road traffic crashes, burns, falls, drownings, and poisonings— as a major developmental and public health issue in Africa, that cause significant mortality, disability, and economic strain.<sup>15</sup> Africa has the world's highest road traffic fatality rate (19 per 100,000).<sup>16,17</sup>

**Admitting mental health risks** poses a growing yet underprioritized health challenge in Africa, and that some mental health conditions (major depression, suicide, substance abuse), intra/post conflicts/wars stress and socioeconomic inequality are among the leading causes of disability and loss of economic productivity. The WHO estimates that **1 in 7 Africans (14%) experiences a mental health condition**, yet the region has the lowest mental health workforce globally—only **1.4 mental health workers per 100,000 people** compared to the global average of 9 per 100,000.<sup>18</sup>

**Alarmed by the fact that**, despite being a major public health and development threat, NCDs programs receive less than 2% of health financing worldwide, and many countries in Africa depend on External Health Funds.<sup>19;</sup>

**Concerned that**, while infectious diseases have historically dominated Africa's health agenda and funding landscape, major NCDs (cardiovascular disorders, cancer, diabetes, chronic obstructive pulmonary diseases) alone account for 74% of deaths in Africa, and NCDs are set to overtake infectious, maternal and newborn diseases as the leading cause of disability and mortality by **2030**.<sup>20.</sup>

10 United Nations General Assembly. (2015). Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1). <https://sdgs.un.org/2030agenda>.

11 Non-Communicable Diseases Countdown 2030 collaborators NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. *Lancet*. 2020; 396:918–934. Doi: 10.1016/S0140-6736(20)31761-X.

12 World Health Organization (WHO) framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

13 World health statistics 2022: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

14 Ditto: Invisible numbers: the true extent of noncommunicable diseases and what to do about them. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

15 Road traffic crashes and injuries in Africa are estimated to cost countries about 3% of their GDP each year, with some sources suggesting this number exceeds their annual aid inflows (ODA).

16 World Health Organization (WHO). (2018). Global Status Report on Road Safety 2023. Geneva: WHO.

17 Peden, M., et al. (2022). Injury Prevention and Environmental Health (3rd ed.). In D. T. Jamison et al. (Eds.), Disease Control Priorities. World Bank.

18 World Health Organization (WHO). (2022). Mental Health Atlas 2022. Geneva: WHO.

19 Non-Communicable Diseases Countdown 2030 collaborators NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. *Lancet*. 2020; 396:918–934. Doi: 10.1016/S0140-6736(20)31761-X.

20 Global Burden of Diseases 2015 Risk Factors Collaborators. Global, regional, and national comparative risk assessment of 79 behavioural, en-

## 6. Social and Economic Impact: NCDIMH is causing unbearable loss of human capital and resultant loss of productivity and reversing gains from past investments:

**Recognizing** that the drivers and risk factors of NCDIMH conditions (e.g. unhealthy diets, lack of physical activity, smoking, alcohol use, economic stressors, urbanization and environmental pollution) are largely determined by sectors beyond health, such as agriculture, trade, environment, law enforcement, education, labor, urban planning, and transport, amongst others;

**Acknowledging** that a multisectoral approach is crucial for successfully addressing this growing health burden. Key sectors must join forces as the continent becomes more interconnected, the opportunities and challenges presented by these developments must be carefully managed through a whole-of-government and whole- of -society approach, to ensure a healthier and more resilient Africa.

**Deeply concerned** that the burden of NCDIMH hinders productivity and exacerbate poverty which undermines sustainable development, weakens social cohesion, and prevent Africa from realizing its vision of a prosperous and healthy population as envisioned in the African Union’s (AU) Agenda 2063<sup>21</sup>, “The Africa We Want”.

## 7. A ‘Health in All Policies: an effective whole-of-government approach is crucial for building multisectoral capabilities to build resilient systems to control and prevent modifiable risk factors and NCDIMH conditions.

**As stipulated in the** Africa Health Strategy (AHS) 2016-30<sup>22,23</sup> and the Africa CDC Strategic Plan (2023–2027), which call for concerted efforts across different sectors to effectively and efficiently tackle the high burden diseases on the continent. Specifically, Africa CDC’s NCDIMH Strategy<sup>24</sup> highlights a strong need to create alignment across regional economic communities (RECs) and partners to strengthen the MECA for NCDIMH.

**Internalizing** that a multisectoral engagement, coordination and action (MECA) is critical for scaling up proven evidence-based NCD interventions (for instance, the WHO-recommended Best Buys), and acknowledging that the major cardiometabolic risk factors and other causes of NCDs and injuries fall outside the scope of the health sector (e.g., regulation of foods and beverages, animal health, road traffic safety, climate change, etc.), mobilizing non-health sectors and multiple disciplines are crucial to control and prevention of NCDIMH risks successfully.

**Recognizing** the Africa CDC is the health institution of the Union charged with the responsibility of prevention and control of diseases in Africa, focuses on coordinating efforts to tackle the determinants of health, address injuries, and mental health stigma; and that the Africa CDC bears the responsibility in providing coordinated and integrated solutions to address gaps in health legislations and policy, infrastructure gaps, critical workforce shortages, surveillance system efficiency, and public health leadership capabilities in African Union Member States.

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vironmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet* 2016; 388: 1659–724.

21 <https://au.int/en/agenda2063/overview>

22 [https://au.int/sites/default/files/pages/32895-file-africa\\_health\\_strategy.pdf](https://au.int/sites/default/files/pages/32895-file-africa_health_strategy.pdf)

23 Africa Calls for New Public Health Order: <https://africacdc.org/news-item/africa-calls-for-new-public-health-order/>

24 Africa Centres for Disease Control and Prevention (Africa CDC). Strategic Plan 2023 – 2027.

**Further recognizing** the role of the African Union Commission in ensuring synergy across various AU Organs/Agencies and Regional Economic Communities (RECs); as enshrined under Article 22 of the Africa CDC Statute, collaborate with the Africa CDC in establishing and strengthening the African Union Multisectoral Taskforce on NCDIMH.

**Reaffirming** the importance of a minimum set of road safety data is essential for effectively analyzing injuries. Clearly identifying the necessary data is critical for informed road safety analysis and decision-making, as it ensures accurate insights into injury patterns, risk factors, and potential interventions. In this regard, collaboration with the African Road Safety Observatory (ARSO), launched in 2018 under the African Union, is planned to address Africa's road safety injury crisis by fostering data-driven decision-making and harmonizing road safety indicators across the continent.

## 8. Conclusions and Recommended Actions:

- (8.1) **STRONGLY RECOMMEND** that the endorsement of the Common Position, and, with utmost sense of urgency, **pass a resolution or political declaration on an integrated multisectoral approach** to accelerate ongoing prevention and control efforts for reducing the burden of NCDIMH conditions and associated risk factors.
- (8.2) **COMMIT RESOURCES** to enacting, enforcing, and monitoring existing legislation and policies and disseminating knowledge on best policy actions among member states. **ADOPT** innovative domestic financing strategies for mobilizing additional healthcare resources.
- (8.3) **CREATE SYNERGY** across disease control and prevention efforts by the African Union Organs, Member States, Africa Centres for Disease Control and Prevention, World Health Organization and other UN Agencies, Civil Society Organizations, Private Sector, international NGOs and relevant Partners.
- (8.4) **TRUST** that the policy actions noted in this document are evidence-based and attainable before the end of the Africa CDC Strategic Plan in 2027, and contribute toward transforming Public Health and foster economic development across the continent; we therefore **RECOMMEND** that the Common Position, possibly Political Declaration, passed and further endorsed at the Assembly of the African Union Heads of States in February 2026.
- (8.5) **INSTITUTE** effective monitoring and learning systems for tracking the multisectoral action plan and foster accountability for multisectoral action through sharing of cross-sector performance data or trends using digital monitoring dashboards and periodic reports.
- (8.6) **AUDIT INCLUSIVENESS** of policies, coordination platforms, and implementation strategies to ensure that the needs and preferences of beneficiaries and communities are well integrated and strategies are just and inclusive, including for gender, physical and other limitations, youth and conflict affected and other vulnerable communities.
- (8.7) **CALL FOR** key stakeholders to recognize and reinforce the recommended actions and stakeholders
- (8.8) **CONTINUALLY ENGAGE** key stakeholders and **PROMOTE** the critical role of sectors beyond health in mitigating the growing NCDIMH risks, explore ways to better engage stakeholders (see Table 1).

## 9. Key Stakeholders, Recommended Actions and Potential Roles

Recommended actions and potential roles for key stakeholders are shown below, Table 1.

Table 1: Key Stakeholder, Actions and Roles

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**African Union Member States**

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**Recommended actions and potential roles**

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- Set up national multisectoral taskforces and inter-ministerial councils to improve collaboration between the health sector and other sectors and stakeholders.
- As part of a national multisectoral engagement, coordination and actions, develop/ review governance, policies, and legislation to enforce NCDIMH legislation and policy actions that ban or limit the risk factors of NCDIMH.
- Prioritize an integrated health system strengthening approach that provides high-quality NCDIMH care at different levels of health tier.
- Invest in strengthening surveillance, data analytics and research to better understand the bottlenecks, and socioeconomic and cultural determinants.
- Set up an Africa Union data monitoring and evaluation taskforce to support member states and monitor also the progress of multisectoral action plans. Establish a digital data repository for sharing performance data and best practices among member states to facilitate knowledge exchange,
- Develop effective regulations on the marketing and use of unhealthy products reinforced by law enforcement tools at all levels.
- Honor commitment to adequate funding for the health sector, as highlighted in the 2001 Abuja declaration, and reduce dependence on external funding focusing on the development of sustainable healthcare infrastructure, and medicines.
- Develop mechanisms for monitoring and evaluating the effectiveness of NCDIMH multisectoral frameworks and facilitate peer-to-peer learning.
- Develop and implement innovative and sustainable financing mechanisms for NCD control (e.g. tax and levies on tobacco and alcohol, unhealthy diet control, and market ban, etc.).
- Develop regulations to address key socio-economic and commercial determinants of NCDIMH by strengthening public health in global and regional trade processes to avoid commercial practices that misuse or overuse unhealthy products
- Develop/strengthen policies/regulations that safeguard health governance and policymaking processes through transparent and accountable systems, from conflicts of interest and undue influence from health-harming industries to ensure that private interests do not override public health goals
- Advance research and innovation to improve access to quality and affordable medicines, medical equipment, medical supplies and technologies.

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## Africa Centres for Disease Control and Prevention (Africa CDC)

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### Recommended actions and potential roles

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- Support the development and operationalization of multisector action plans at the continental level through setting up multisectoral coordination mechanisms, and coordinate the design, implementation, monitoring and documentation of activities regarding multisectoral action on NCDIMH in Africa
- Assist Member States in the health and other sectors to develop and execute plans for mainstreaming the NCDIMH policies, and actions in their workplace.
- Work with relevant AU organs and other stakeholders to support Member States to design/ strengthen integrated care models that address both the physical, psychological and mental health needs of populations.
- Promote cross border collaboration on NCDIMH, including on development of robust surveillance and data collection systems as well as Member States' data sharing, reporting and dissemination on the continent, to inform multisectoral action.
- Support Member States to develop/adopt, enacting, enforcing and evaluate legislation, policy, frameworks, and regulatory instruments on modifiable risk factors of NCDIMH (including, but are not limited to, tobacco control, alcohol consumption, ultra processed unhealthy diet, foods), and other interventions that prevent and reduce the burden of NCDs, injuries, and mental health disorders (road safety, occupational health and safety, and mental health care).
- Monitor and evaluate progress towards implementation of evidence-based strategies, policies and guidelines for NCDIMH prevention and control. Prepare report on the status of implementation of NCDIMH policies and strategies, including best multisectoral practices.
- Support Member States to innovate and mobilize domestic funds for NCDIMH prevention and control work and ensure sustainability of financing mechanisms in collaboration with continental and international partners, funding agencies and employing innovative financing models, such as public-private partnerships.
- Advance research and innovation to improve access to quality and affordable medicines, medical equipment, medical supplies and technologies.

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## AU Commission, Organs and other relevant Agencies

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### Recommended actions and potential roles

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- Apply "Health in All Policies" to better integrate the NCDIMH solutions in the sectors' legislation, policy, and workplace operations.
  - Mobilize different sectors and affiliated continental institutions including *health, education, agriculture, trade and industry, finance, social affairs, customs, transport, among others*.
  - Support Member States to develop, adopt, enact, enforce and evaluate legislation, policy, frameworks, and regulatory instruments on modifiable risk factors of NCDIMH (including, but are not limited to, tobacco control, alcohol consumption, ultra processed unhealthy diet, foods), and other interventions that prevent and reduce the burden of NCDs, injuries, and mental health disorders (road safety, occupational health and safety, and mental health care).
  - Support the development and operationalization of multisector action plans at the continental level by establishing a multisectoral coordination mechanism to align the design, implementation, monitoring and documentation of activities regarding multisectoral action on NCDIMH in Africa
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- Assist Member States in the health and other sectors to develop and execute workplace wellness and safety interventions.
  - Support resource mobilization initiatives to finance capacity building interventions aimed at improving NCD Policies at national, sub-national, and institutional levels.
  - Provide technical assistance and advisory support to assess competencies, develop and implement capacity strengthening strategies and materials relevant for effective multisectoral collaboration.
  - Create synergistic collaboration among AU specialized organs and agencies to advocate for, and strengthen multisectoral action plans for NCDIMH prevention and control and.
  - Strengthen the AU-Africa CDC Multisector Taskforce and similar technical accountability platforms to enable coherent, accountable, and sustainable Multisectoral Action Plan.

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### Regional Economic Communities (RECs) & Health Organisations

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#### Recommended actions and potential roles

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- Promote 'Health in All Policies,' and prioritize the integration of NCDIMH services into broader health policies and strategies.
- As part of the *Health in All Policies*, support the development and execution of a multisector plan and assist sectors to execute plans that aim to mainstream NCDIMH policies, and evidence-based solutions in their workplace and target beneficiary communities.
- Foster stronger collaboration across different sectors, such as health, education, transport, agriculture, labor, and urban planning and facilitate high-level intergovernmental and cross-sectoral oversight of NCDIMH actions.
- Support Member States to develop/adopt, enacting, enforcing and evaluate legislation, policy, frameworks, and regulatory instruments on modifiable risk factors of NCDIMH (including, but are not limited to, tobacco control, alcohol consumption, ultra processed unhealthy diet, foods), and other interventions that prevent and reduce the burden of NCDs, injuries, and mental health disorders (road safety, occupational health and safety, and mental health care).
- Lead high level advocacy on increased investment in health, particularly for addressing NCDIMH, through innovative financing mechanisms like the Public Private Partnership.

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### World Health Organization and other United Nation Agencies

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#### Recommended actions and potential roles

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- Support the development of evidence-based multisectoral policies, and implementation strategies and guidelines for disease prevention and control in Africa.
  - Build capacity on monitoring, evaluation and generating evidence-based strategies, legislation policy, and frameworks and guidelines for NCDIMH prevention and control.
  - Develop guidelines to assist Member States better integrate NCDIMH into PHC.
  - Provide platforms for collaboration and knowledge sharing.
  - Co-create strategies for resource mobilization for developing resilient NCDIMH system, especially the development of human resources for health, technical and research capacity
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- Support Member States to implement all the WHO technical packages that reinforce an integrated multisectoral approach toward control and prevention of modifiable risk factors of NCDIMH (including, but are not limited to, tobacco control, alcohol consumption, ultra processed unhealthy diet, foods)
  - Scaleup evidence-based Best Buys on mental health, road safety, and occupational safety.

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### Development Partners, International NGOs, and Policy Advocates

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#### Recommended actions and potential roles

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- Support the generation of evidence on effective interventions and best practices for NCDIMH prevention and control, policy advocacy, and multisectoral approaches.
- Support Member States in capacity building work, including training, peer-to-peer reviews, and supportive supervision on NCD care, mental health, and injury prevention activities.
- Support regional health agendas through the African Union (AU) to co-create and rollout frameworks that facilitate multisectoral engagement, coordination and action.
- Support the execution of the Multisectoral Action Plan and mainstreaming the NCDIMH policies, and legislation in their workplace and community interventions.
- Strengthen the collection of data define and monitor key road safety performance indicators including evidence-based targets for non-fatal injuries, to inform the execution of the African Plan for the Decade of Action for Road Safety 2021–2030.

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### Community Health Organization, Coalition of Individuals with Lived Experience, Faith-based and other Civil Society Organizations

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#### Recommended actions and potential roles

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- Support policy advocacy work by Africa CDC and Member States on NCD care, mental health, and injury prevention activities.
- Participate during policy formulation, program design and application of human-centered design applications
- Participate during the development and execution of the Multisectoral Action Plan and assist health and other sectors to develop and execute plans for mainstreaming the NCDIMH policies, and legislations in their workplace and community interventions.

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### Private Sector, Traditional and Alternate Medicine Institutions in Africa

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#### Recommended actions and potential roles

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- Support research and development, and innovation around services and products for prevention and control of diseases and risk factors.
  - Collaborate on policy advocacy work by Africa CDC and Member States on local manufacturing, pricing structures and regulatory affairs.
  - Participate during policy formulation, and enforcement of regulatory instruments
  - Collaborate in reducing barriers for policy action and industry resistance for taxation and regulation of unhealthy products (tobacco, alcohol, sugar sweetened beverages, and artificial trans-fat).
  - Engage through public private partnership mechanisms.
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## 10. Coordination Mechanisms and Resources:

- 10.1) REINFORCE the functionality of Stakeholders' Coordination Mechanisms:** This includes, but is not limited to, the African Union-Africa CDC Multisectoral Taskforce on NCDIMH established in Cape Town, South Africa (November 2023) chaired by the AUC, and coordinated by the Africa CDC. Such platforms will shape this Common Position and similar continental agenda advanced by recognized bodies, share feedback, and support consultation processes with Member States.
- 10.2) CO-LEAD the development of a Multisectoral Action Plan:** The Africa Union-Africa CDC Multisectoral Taskforce will assist Ministry of Health in all Member States to develop a Multisectoral Action Plan by mobilizing health and non-health ministries and agencies (*education, agriculture, trade and industry, finance, social affairs, customs, transport, among others*) and oversee the performance of the Multisectoral Action Plan using continental and regional Monitoring Scorecard and feedback loop.
- 10.3) PROVIDE support to Ministry of Health in Member States:** Africa Union and Africa CDC will strengthen the Africa Union's multisector taskforce on NCDIMH and will continue to assist the Ministry of Health and other sectors to develop continental Multisectoral Action Plan. AU Organs, and Africa CDC and development partners will mobilize resources and avail technical experts.
- 10.4) MOBILIZE financial and technical resources to build capacity:** Africa CDC and other development partners will create strategies to co-create sustainable funds to support capacity building activities in all Member States, document and disseminate good implementation practices and research outputs.
- 10.5) GENERATE evidence on priority research agenda** and innovative approaches to strengthen multisectoral approaches, and policy actions toward control and prevention of diseases and risks. The Africa CDC will collaborate with key stakeholders in prioritizing continental and regional research agenda and create mechanisms to publish good policy implementation practices and recommend evidence-based solutions customized to the ambitions and context of Africa.





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