

Non-communicable diseases, injuries, and mental ill-health in Africa: the role of the Africa Centres for Disease Control and Prevention



The Africa Centres for Disease Control and Prevention (Africa CDC) was established in 2017, after the west Africa Ebola virus disease outbreak. Upon creation, the role of Africa CDC was to mandate strengthening of the capacity of public health institutions in Africa to prevent, detect, and respond to disease threats, based on science, policy, and data-driven interventions and programmes, as envisaged by the Abuja Declaration.¹ The inaugural strategic plan was focused on building health systems for emergency preparedness and response. However, from its inception, the organisation recognised the concomitant need to comprehensively strengthen systems to prevent and manage non-communicable diseases (NCDs) and injuries, and to face the neglected issue of mental health disorders. The division dedicated to these issues was conceptualised, but operationalisation was deferred to a future date.

In September, 2020, in an important phase of the African continental response to the COVID-19 pandemic, Africa CDC began operationalising the institutional mechanisms to address the growing threat of NCDs, injuries, and mental health disorders. The development of a strategy to support health systems strengthening in African Union member states for NCD and injury prevention and control, and mental health promotion was prioritised. This process was catalysed by the COVID-19 increased risks of morbidity and mortality for groups living with these conditions and the need for stronger health systems to prevent and manage both communicable and non-communicable diseases during complex emergencies.

The urgency to scale up improvements in prevention and management of NCDs, injuries, and mental health disorders is growing in Africa; the proportion of years of life lost due to NCDs, injuries, and mental health disorders is predicted to triple between 1980 and 2040.² Africa has the highest rate of road-traffic injuries compared to other WHO regions.³ An estimated 85% of premature adult deaths due to NCDs occur in low-income and middle-income countries.² In an estimated 90% of countries, including many African

Union states, people have a higher risk of dying prematurely from NCDs than from communicable, maternal, perinatal, and nutritional conditions combined.⁴ The pandemic has magnified this issue and had a negative effect on mental health,⁵ which reasserts the duality of health equity and security.^{6,7}

In a world increasingly beset by scarce resources and increasing costs of living, the focus on the pandemic has further shifted health spending and attention away from chronic diseases in many countries, which were already grappling with failing health systems. This shift results in a potential sharp increase in morbidity and mortality due to NCDs, injuries, and mental health disorders on the horizon, following waves of COVID-19.^{8,9}

In its first action, Africa CDC defined its strategic role in the management and prevention of NCDs, injuries, and mental health disorders through an extensive evidence-based process using consultation, research, and partnerships, advocating for a strong focus on multisectoral and upstream prevention. As an institution driven by its member states, priority areas were explicitly shaped to align with the states' needs, implementation gaps, and national NCD plans. Africa CDC elicited views of global partners, African Union departments (including those outside health), continental academics and practitioners, people living with NCDs, injuries, and mental health disorders, and civil society.

A three-phased approach involving desk-based evidence reviews, member state consultation (including a continent-wide survey), and wider engagement with continent-based academics, experts, and civil society progressively refined and consolidated priority areas from an initial long list. Africa CDC used an adapted version of the WHO essential public health functions as a framework,¹⁰ which allowed for a comprehensive public health approach to prevention and care. This process was undertaken with the UK Health Security Agency, the London School of Hygiene & Tropical Medicine, and CBM Global Disability Inclusion, which

shows a dedication to collaboration, partnership, and advancing global public health.

The final six Africa CDC strategic priorities form a broad framework to focus activities across the continent.¹¹ The organisation champions: (1) enhancing member states' capacity to develop, integrate, and implement policies to prevent, protect, and manage NCDs, injuries, and mental health disorders; (2) political advocacy; (3) strengthening multisectoral action; (4) a trained, strong, and stable workforce; (5) sustainable continental funding mechanisms for implementation, activities, and research on NCDs, injuries, and mental health disorders; and (6) access to essential technologies, medicines, and diagnostics. These priorities align with the African Union's New Public Health Order.¹² This initiative underlines the strengthening of public health institutions, local production of commodities, investment in health workforce, and respectful partnerships as a way of guaranteeing Africa's health sovereignty. Through the implementation of these new strategic priorities for NCDs, injuries, and mental health disorders with member states and partners, Africa CDC will set the benchmark and pace for real change, exactly where it is needed, and systems to cope with future social, demographic, and environmental challenges. Explicitly weaving health systems, NCDs, injuries, and mental health through existing Africa CDC divisions and the broader African Union will consolidate the already important work on universal health coverage to strengthen the systems that safeguard the health of Africa's populations. Africa CDC invites member states, partners, and researchers to come together in support of these priorities.

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- 1 Africa Centres for Disease Control and Prevention. Abuja Declaration 2013. Nov 16, 2017. <https://africacdc.org/download/abuja-declaration-2013/> (accessed 15 Nov, 2022).
- 2 Foreman KJ, Marquez N, Dolgert A, et al. Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016–40 for 195 countries and territories. *Lancet* 2018; **392**: 2052–90.
- 3 WHO. Global status report on Road Safety 2018. 2018. <https://www.who.int/publications-detail-redirect/WHO-NMH-NVI-18.20> (accessed Nov 15, 2022).
- 4 NCD Countdown collaborators. NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4. *Lancet* 2018; **392**: 1072–88.
- 5 Semo BW, Frissa SM. The mental health impact of the COVID-19 pandemic: implications for sub-Saharan Africa. *Psychol Res Behav Manag* 2020; **13**: 713–20.
- 6 Jailobaeva K, Falconer J, Loffreda G, Arakelyan S, Witter S, Ager A. An analysis of policy and funding priorities of global actors regarding noncommunicable disease in low- and middle-income countries. *Global Health* 2021; **17**: 68.
- 7 WHO. Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond: WHO position paper. 2021. <https://www.who.int/publications/i/item/WHO-UHL-PHC-SP-2021.01> (accessed Nov 15, 2022).
- 8 Clark A, Jit M, Warren-Gash C, et al. Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020: a modelling study. *Lancet Glob Health* 2020; **8**: e1003–17.
- 9 Yadav UN, Rayamajhee B, Mistry SK, Parsekar SS, Mishra SK. A syndemic perspective on the management of non-communicable diseases amid the COVID-19 pandemic in low- and middle-income countries. *Front Public Health* 2020; **8**: 508.
- 10 WHO. 21st century challenges: can the essential public health functions make a difference?: WHO discussion paper. 2022. <https://www.who.int/publications/i/item/9789240038929> (accessed Nov 15, 2022).
- 11 Africa Centres for Disease Control. Non Communicable diseases, injuries prevention and control and mental health promotion strategy (2022–26). <https://africacdc.org/download/africa-cdc-non-communicable-diseases-injuries-prevention-and-control-and-mental-health-promotion-strategy-2022-26/> (accessed Nov 15, 2022).
- 12 Nkengasong JN, Tessema SK. Africa needs a new public health order to tackle infectious disease threats. *Cell* 2020; **183**: 296–300.