FEATURE

The National Strategic Plan for the Prevention and Control of NCDs 2022–2027: Assessing Policy Priorities to Address Unhealthy Diets

Paula Knipe, Aisosa Jennifer Omoruyi and Ebenezer Durojaye

South Africa is a largely unequal society, one in which the legacy of apartheid remains visible in lack of access to healthy and nutritious food. Inequality has exacerbated the problems of access to nutritious food, problems which are amplified by actors such as the food industry itself. At present, the prevalence of diet-related non-communicable diseases (NCDs) is worryingly high, accounting for 51% of the country's annual deaths (WHO 2018).

Unless the relevant preventative measures are taken, the burden of NCDs is predicted to increase substantially over the next decade (SMRC 2018). As things stand, obesity, high blood pressure and high blood glucose are responsible for the highest number of deaths and disabilities (Institute for Health Metrics and Evaluation 2021).

The metabolic risks for developing NCDs can be linked in large to the fact of unhealthy diets. These involve the excessive consumption of processed and ultra-processed foods which are high in sodium, fat, sugar, and which are also energy-dense and micronutrient-poor.

The prevalence of unhealthy dietary patterns can be attributed to a complex web of environmental and systemic drivers. These include food insecurity (FAO 2021); an unhealthy food environment (Igumbor E et al. 2012); and the failure to prioritise healthy nutrition in government initiatives aimed at addressing food insecurity (Spires M et al. 2016).

The increasing incidence of NCDs has been described as the result of a global economic system in which health comes second to wealth creation. The food industry is exemplary in this regard (Kickbusch, Allen & Franz 2016). The rise in diet-related NCDs can in large part be attributed to the commercial determinants of health, that is, it is the direct product of the corporate activities of the food industry in promoting food products and choices that are detrimental to health. The increasing consumption of unhealthy products is made possible by the wide availability, affordability, palatability and convenience of unhealthy processed foods (Puras 2020).

It is, that is to say, the product of the intense marketing strategies deployed by the food industry (advertising, sponsorships, and promotions), as well as of the growth

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and development of extensive supply chains that magnify the negative health impact of the processed food industry (Kickbusch, Allen & Franz 2016).

Not surprisingly, the food and beverage industry stands in opposition to nutrition-related health policies and fiscal interventions, while actively engaging in corporate social activities that seek to mask its bad reputation (Claasen, Van der Hoeven & Covic 2016).

The prevention of diet-related NCDs by ensuring access to adequate nutritious food is a public health and human rights challenge. Addressing this challenge requires high-level political commitment. The government needs to take a holistic approach to the problem of unhealthy food consumption patterns, and the proper regulation of the food industry forms a necessary part of this.

Simply expecting self-regulation from an industry which actively profits by damaging public health is not enough. Rather, what is needed are legal, policy and fiscal measures to curtail the activities of a food industry that works to influence the availability and consumption of unhealthy foods and drinks (WHO 2013; WHO 2015).

There is evidence for the effectiveness of upstream regulation of the food industry in improving the nutritional quality of the food supply as part of a broader government food and nutrition strategy (Mozaffarian D, 2018). Aspects of this strategy include placing limits on the salt and trans-fat content of processed foods; setting standards on labelling and advertising; and adopting a variety of fiscal measures, such as taxation of sugar-sweetened beverages (WHO 2017).

These measures are recommended in the WHO guidelines on priority and cost-effective interventions for low- and middle-income (LMIC) countries for the prevention of NCDs (WHO 2017). It is estimated that South Africa could save 67,000 lives by 2025 by implementing the WHO recommendations for controlling unhealthy diet and reducing the consumption of salt, sugar and fat (WHO 2018).

South Africa has taken a number of steps to respond to diet-related NCDs, partly under the influence of various international commitments. A key initiative was the South African Declaration on the Prevention and Control of Noncommunicable Diseases in 2011. This was an outcome of the South African Summit on the Prevention and Control of Non-Communicable Diseases held in Gauteng from 12–13 September 2011, hosted by the Minister of Health.

The summit was prompted by the growing mortality and burden of NCDs in South Africa, and aimed at creating partnerships between the National Department of Health and key stakeholders to develop comprehensive and intersectoral interventions.

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In terms of prevention, the declaration makes a commitment to evidence-based interventions. These include using the WHO framework to address risk factors (and notably its Global Strategy on Diet, Physical Activity and Health) and improving the quality of food available to South Africans by means of intersectoral collaboration.

The main goals are, by 2020: to reduce the relative premature mortality rate (i.e., deaths under 60 years of age) by at least 25%; to lower the mean population intake of salt to less than 5 grammes per day; to reduce the number of obese and/or overweight people by 10%; and to reduce the prevalence of people with raised blood pressure by 20% through lifestyle and medication.

The targets of this declaration informed the objectives set in the National Strategic plan for the Prevention and Control of NCDs 2013–2017 (NSP 2013–2017) and set the stage for other legal and policy measures for addressing diet-related NCDs in South Africa. Following

the expiration of the NSP 2013–2017, the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022–2027 (NSP 2022–2027) was recently approved by the Department of Health.

In this article we assess the objectives of the NSP 2022–2027 in terms of addressing unhealthy diets in comparison with clinical prevention. A comparison is also made with the NSP 2013–2017 in terms of targets aimed at regulating the food environment in a bid to highlight shortcoming in the policy priorities of the new NSP. In doing so, we compare the targets and strategies of both NSPs with the aim of assessing the extent to which progress made under the preceding NSP influences the new NSP.

The NSP 2022–2027

The recent strategic plan provides directives on the actions to be undertaken between 2022 and 2027 across health and other sectors to address and reverse the growing threat posed by NCDs in South Africa. A key feature of the new NSP is to ensure that such actions are defined and implemented so as to achieve Sustainable Development Goal (SDG) 3.4 by 2030 (this aims to reduce by one-third premature death and disability from NCDs through prevention and treatment, as well as promoting mental health and well-being).

The policy objectives are guided by human rights principles, equity, universal health coverage, integration, a life-course approach, and engagement with, and empowerment of, people and their communities.

This strategic plan is aligned with the global approach used to target the five major groups of NCDs (cardiovascular diseases; cancer; chronic respiratory disease; diabetes; and mental health, including neurological conditions), as together these are the largest contributors to NCD morbidity and mortality rates.

The plan also draws insight from the several UN and WHO guidelines which seek to achieve comprehensive prevention and control of NCDs through a multisectoral approach. As such, South Africa's policy emphasises the importance of combining 'health-in-all-policies' (HiAP), 'whole-of-government' and 'whole-of-society' approaches to address the threat of NCDs.

Goal 1 aims to raise the profile of NCDs as a priority group in need of prevention and control, and calls for the gathering of the data necessary for resourcing equitable and cost-effective interventions. The NSP states that Goal 2 aims to promote and enable health and wellness across the life course. This requires the engagement of non-health sectors and non-state actors to address the social and commercial determinants of health and behaviour change needed to tackle the five major shared and modifiable risk factors (NSP 2022–2027 vii).

Similarly, Goals 3,4 and 5 highlight the importance of strengthening the capacity of individuals and populations to adopt healthier behaviours and lifestyles. Here, the NSP 2022–2027 emphasises the role and mandate of the national, provincial and district health departments in implementing this strategy alongside a range of other partners and stakeholders (NSP 2022–2017 viii).

While the strategies for intervention at a primary level target the general population, with particular regard to unhealthy diet, the plan seeks to promote healthy nutrition in certain prioritised settings (such as workplaces, schools, and early childhood development centres (ECDs)), as well as support healthy food options in public institutions. The plan also aims to provide regular screening for, and promote awareness of, obesity in both adults and children.

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There are, however, no clear or measurable targets or objectives for improving the food environment as a whole as a major driver of unhealthy diet, albeit that the plan does set clear targets regarding the clinical

prevention of certain NCDS. Goal 3 aims to improve people-centred services for the prevention and control NCDs. The NSP targets a 90/60/50 care model to be applied to blood pressure and glucose levels as a first step to improving early detection and treatment.

This cascading approach draws from lessons learnt from the care model adopted in South Africa's response to the HIV/AIDS crisis. A target is set to ensure that, by 2030, 90% of people over the age of 18 will know whether they have hypertension and/or raised blood glucose; 60% of people with raised blood pressure or blood glucose will receive intervention; and 50% of people receiving interventions will be monitored. For the duration of this NSP, evidence and data will also be gathered to support and analyse this care model, with a view to learning from it and applying its lessons to other NCDs.

While the 2013–2017 NSP set concrete goals and targets for addressing diet-related NCDs (especially in relation to obesity and salt content in food), the recent strategic plan lacks clear targets for addressing unhealthy diet as a risk factor, although it does set these with regard to clinical prevention and control.

NSP 2013–2017

As mentioned, the NSP 2013–2017 drew from the targets set in the Declaration on the Prevention and Control of Noncommunicable Diseases (2011) and so set the stage for other legal and policy measures for addressing diet-related NCDs in South Africa. The policy had 10 targets, which were focused on both prevention and treatment of NCDs. Various measures were taken in regard to clinical prevention.

The policy targeted a 20% reduction in the prevalence of people with raised blood pressure by 2020 (through lifestyle and medication). It directed that every woman should be screened three times for cervical cancer in her lifetime (as was the practice with HIV-positive women), while every woman with an STD should be screened for cervical cancer every five years. In addition, the number of people tested for mental disorders should be increased by 30% (NSP 2013–2017 37).

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A number of the policy's targets focused on diet-related risks. By 2020, the policy sought a reduction in the mean intake of salt to less than 5 grammes per day; a 10%-reduction in the obesity/overweight category; and a 20%-reduction in the number of people suffering from high blood pressure (through a combination of lifestyle and medication) (NSP 2013–2017 33).

The policy drew its measures from the global framework on the prevention of diet-related risk factors for NCDs. It acknowledged that the drive to ensure a healthy diet in South Africa needs to include cost-effective measures such as taxes, amendments to food labelling and advertising regulations, and public campaigns (NSP 2013–2017 37).

The policy noted that the key dietary changes needed in South Africa include a decrease in the consumption of salt, of all fatty foods, of snacks, sugary foods and drinks, and an increase in the consumption of lean proteins and low-fat dairy products, whole grains, legumes, fruits, and vegetables. Achieving this would mean sensitising all role-players (including government departments, NGOs, food producers and the public) to the need for this; legislating for a better food environment; and ensuring the availability of healthy food options to all at affordable prices (NSP 2013–2017 43).

The policy emphasised the importance of reduced salt intake; the introduction of food taxes on unhealthy food (those high in trans-fat and sugar); and subsidising healthy foods such as fruits and vegetables. Together, these would result in a modest to large positive impact on the nation's health (NSP 2013–2017 37).

With regard to salt consumption, the policy stated that regulations will be passed on salt content in processed foods, as well as the monitoring of salt content in food through public campaigns. It sought to achieve the

lowering of national overweight and obesity levels by increasing healthy eating habits in the population and disincentivising the consumption of unhealthy foods (NSP 2013–2017 62).

The NSP 2012–2017 set clear targets for diet-related NCD prevention, and notable progress was made between 2012 and 2018. Legislation included the sodium reduction regulations (Regulations Relating to the Reduction of Sodium in Certain Foodstuffs and Related Matters, 2013) and proposed amendments to food labelling and advertising regulations.

The latter included a restriction on health claims, prohibited certain statements, required nutritional information, and imposed a ban on advertising unhealthy food and a ban of advertising through cartoon characters, celebrities, and sports stars (Regulation R429). In addition, the Health Promotion Levy (HPL) imposed a tax on sugar-sweetened beverages (Health Promotion Levy 2018).

Despite some shortcomings in these regulations (and the fact of the backlash against them organised by the food industry), they certainly indicate the government's determination to actively address the growing burden of diabetes, obesity, and related diseases.

The NSP 2022–2027's strategies for addressing unhealthy diet

The prevention of diet-related NCDs is a human rights imperative, one that highlights the relationship between the right to food and the right to health (access to adequate nutrition is recognised as a key determinant of the right to health ((CESCR General Comment 14, para 11)). The right to food is guaranteed in various international and regional human rights instruments, such as the International Covenant on Economic, Social and Cultural Rights, the African Charter on Human and Peoples' Rights, and the African Charter on the Rights and Welfare of the Child.

Section 27 of the South African Constitution similarly guarantees the right of access to food, while sections 28 and 35 specifically guarantee the right to food of children and of persons in detention. The government has the obligation to respect, protect and fulfil the right to food through reasonable legislative (as well as other) measures.

Besides addressing the systemic failures (such as poverty, inequality, and unemployment) which produce food insecurity and force low-income individuals and households into unhealthy diets, the government also has an obligation to take steps to protect people (through appropriate legal, regulatory, policy or fiscal measures) from the activities undertaken by food industry players to drive unhealthy diets.

> **"...the government also has an obligation to take steps to protect people..."**

South Africa has several legal and policy frameworks that are relevant to the prevention of diet-related NCDs; nevertheless, access to nutritious food remains a significant challenge.

While human rights are among the guiding principle of the NSP 2022–2027, this policy falls short in its obligations in respect of the right to food and health in so far as the latter relates to the prevention of diet-related NCDs. This is particularly evident in the policy's failure to set clear targets for addressing unhealthy diet, especially in relation to the food environment.

The decision to implement healthy nutrition policies in workplaces, schools, and ECDs and public institutions is admirable but confusing, given that the threat to health arising from the consumption of unhealthy food extends far beyond these specific areas, and is perhaps best understood at the level of the household. There is also a general lack of specificity around how policy should be engaged in the given settings. If children are understood to be a priority group (as is suggested by the focus on schools and ECDs), surely improved regulation of the advertising which directly targets children should have featured as a policy priority?

In general, the policy objectives fail to consider the unhealthy food environment linked to overweight, obesity and diet-related NCDs, despite the acknowledgement of the need for multisectoral action to address the commercial determinants of health (NSP 2022–2027 vii). The government is therefore failing in its obligation to take reasonable steps to protect people from the food industry and the damage it does to the citizen's enjoyment of the right to food and the right to health.

Both NSPs appear to suffer from a lack of a clear vison on the part of the Department of Health with regard to addressing unhealthy diet as a major risk factor for NCDs. Moreover, there is a lack of connection and continuity between the strategies and objectives of the NSPs. The NSP 2022–2027 makes no reference to the previous plan, or how it informs the new targets, despite its insistence that the guiding principles of the new NSP were identified after a careful review of the NSP 2013–2017 (NSP 2022–2027 24).

To have highlighted any specific challenges in implementation or any specific shortcomings in the previous plan would have provided useful insights into the raison d'être of the new policy priorities.

Similarly, stating what informed the priority given to schools, workplaces, ECDs and public institutions for healthy nutrition intervention would have helped to explain how the Department of Health determines those considered most vulnerable to diet-related NCDs. In this regard, the new plan appears to stand completely independent from the previous plan and does not seek either to build on its achievements or to address its failures.

Thus, the new plan fails to articulate specific targets or outcomes in relation to addressing unhealthy diets. It deals neither with the issues of labelling and advertising, nor with the question of strengthening the implementation of other relevant policies and regulations, such as expanding the reach of the sodium regulation as well as the HPL (the HPL could benefit from an increase in the tax imposed from the current 11% to the initial 20% recommended).

All in all, while the NSP 2022–2027 appears to prioritise prevention, it maintains a treatment-focused approach through integrated people-centred health services. As such, underlying factors such as deep-rooted inequity are largely disregarded and reflected only in relation to the fact of unequal access to health care and management. No consideration is given to the underlying inequities that continue to perpetuate the NCD burden through exposure to risk factors such as unhealthy diet.

We believe it is imperative to find the right balance between prevention and treatment, and this should be based on a careful analysis of the dynamics of the national context.

Cost-effective preventive measures to decrease population-level risk have always been championed as a viable means for low- and middle-income countries to address the growing burden of NCDs while at the same time maximising resources for treatment (WHO 2017). In addition to not requiring significant funds for implementation, regulatory intervention of the food environment can result in significant health-care savings (Manyema et al. 2016). Early diagnosis and treatment are the focus of clinical-preventive measures, but upstream intervention aims at controlling the risk factors and aim at the prevention of disease (Maher & Ford 2011). Clinical prevention does involve interaction with the health system, which in countries like South Africa, is already overburdened (and still trying to recover from the COVID-19 pandemic).

In sum, adequate regulation of the food industry is a very cost-effective intervention for the prevention diet-related NCDs when compared with clinical prevention. It needs to be given proper attention if the South African government is to maximise resources for the treatment of NCDs. The comparison between clinical prevention and upstream strategies to address unhealthy diets is not meant to suggest that the former is unimportant; rather, it seeks to underline the importance of setting clear targets to address these challenges.

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Conclusion

This article has provided a brief account of the current and preceding national strategic plans on the prevention and control of NCDs in South Africa, and an assessment of the existing approaches to diet-related risk factors. While NCDs are complex, the focus on diet-related risk factors helps to provide some insight into the government's approach to NCD prevention.

The approach of the most recent NSP appears to prioritise clinical prevention measures over upstream ones. This is a matter of concern in the national context of a rapidly expanding NCD burden amidst an increasingly unhealthy food environment and a severely constrained health system.

We argue that it is now imperative for targeted, cost-effective, and integrated prevention strategies to be prioritised, along with ensuring effective implementation and accountability mechanisms, even with the shortcomings of the NSP. Several policies and regulations are already in place and could be strengthened and integrated into South Africa's response to address the growing burden of diet related NCDs. There remains an opportunity to develop follow-up national plans and actions on how best to ensure the implementation of the current diet-related NCD framework.

Paula Knipe is a doctoral researcher in the Socio-economic Rights Project at the Dullah Omar Institute.

Aisosa Jennifer Omoruyi is a postdoctoral researcher at the same organisation.

Ebenezer Durojaye is the head of the Socio-economic Rights Project at the Dullah Omar Institute.

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