AFRICA CDC NON-COMMUNICABLE DISEASES, INJURIES PREVENTION AND CONTROL AND MENTAL HEALTH PROMOTION STRATEGY (2022-26)

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EXECUTIVE SUMMARY

Non-communicable diseases (NCDs) & injuries and mental health conditions constitute a serious impediment to achieving the vision of Agenda 2063 to build an integrated, prosperous, and peaceful Africa driven by its own citizens. Each year, these conditions cause millions of premature deaths and disabled lives across Africa. These conditions also lead to annual economic loss of multiple billion US-Dollars. Their burden both in terms of disease morbidity/mortality and socio-economic impact is increasing. Often misleadingly construed as diseases of the affluent, evidence has shown higher prevalence and death rates from NCDs & injuries and mental-ill health among persons classified as having low socio-economic status. The effect of the above burden on the health indicators of the continent and the likely impediments through NCDs & injuries and mental health conditions to achieving the health aspirations of Agenda 2063 makes it necessary to significantly increase attention to their prevention and control across Africa. Such investments offer high returns for citizens and states from both an economic and health perspective.

Though the focus of public health policymakers in Africa is overwhelmingly on communicable diseases, premature deaths and disability from NCDs and mental health conditions, and their overall share of the disease burden, is increasing rapidly. The burden of non-communicable diseases (NCDs) in sub-Saharan Africa alone grew by 67% between 1990 and 2017 (measured as disability adjusted life years – DALYs) reflecting a significant rise in the proportion of total DALYs attributable to NCDs from 18% to 30%. The burden of NCDs among African Union Member States is higher than the global average. Meanwhile a significant burden of injuries endures. This led to the postulation that Africa has a triple burden of communicable and NCDs as well as injuries. The NCDs mostly responsible for the increase in the burden of disease in Africa include mental health conditions, cardiovascular diseases and neoplasia. The rise of NCDs & injuries and mental health conditions are projected to accelerate: they are estimated to cause more premature deaths on the continent than all other conditions combined by 2030 and, by far, most death and disability by 2063. NCDs & injuries and mental health should no longer be neglected in Africa and must be prioritized on health and development agendas especially by continental, regional and national public health institutes.

While cardiovascular diseases and cancers cause most premature deaths, less prominent conditions ranging from digestive diseases to sickle cell disease add considerable death and disability. Mental health conditions, especially depression and anxiety continue to account for a significant proportion of the burden of NCDs on the continent. Injuries cause about as much burden (measured in DALYs) as cardiovascular diseases. Paradoxically, some of the NCDs are due to infectious diseases (eg cervical cancer from Human Papilloma Virus). The COVID-19 pandemic has had a negative effect on the prevention and control of NCDs & injuries and on mental health demonstrating the links between these reinforcing epidemics. Increased prevalence of hypertension, diabetes mellitus and other metabolic syndromes and their risk factors account for a significant percentage of the increase in the burden of NCDs. In addition to low physical activities and unhealthy diet, environmental pollution, smoking, alcohol and substance use are on the rise on the continent. The continent perhaps may be unique in having a double burden of obesity and undernutrition in a significant proportion among its citizens compared to other regions of the world. The drivers of these risk factors lie in systems outside the health sector, such as Africa's trade, labor, education and transport systems. Conflict and environmental instability add important risks, especially for injuries and mental health.

As African integration deepens through deliberate polices like the Single African Market and the continental free trade agreements, so does the interdependence of its risk factors, burdens, and public health needs. Continent-wide interventions can create synergy, innovation, and capital in a joint response to the public health needs of the continent. Based on the need for a continent-wide policy to address these issues, Africa CDC developed this framework titled "AFRICA CDC NON-COMMUNICABLE DISEASES & INJURIES PREVENTION AND CONTROL AND MENTAL HEALTH PROMOTION STRATEGY (2022-26)". The strategy recognizes that Member States, the African Union Commission and indeed global institutions have previously set health goals to decrease the burden of disease including NCDs & injuries and mental health on the continent. The

strategy, therefore, in a catalytic and not duplicative way, seeks to bring all these policies together in a set of strategic actions to support Member States in their implementation of activities for the prevention and control of NCDs & injuries and mental health promotion. It will draw on existing opportunities and adopt a multi-sectoral approach that is adequately resourced and accountable through monitoring and evaluation of the whole process. Documents widely consulted in the strategy development process include the following:

- Agenda 2063, the Africa we want

- Africa Health Strategy (2016 - 2030)

- Africa CDC Strategic Plan (2017 - 2021)
- Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030
- All Africa CDC strategic documents
- African Union policy documents of its divisions and organizations outside the health sector that are relevant to NCDs & injuries and mental health
- Global and regional World Health Organization strategies on NCDs & injuries and mental health
- WHO Eastern Mediterranean Region's Essential Public Health Functions (EPHF) model (2017)
- Sustainable Development Goals

In considering the unique requirements of the African continent, this Strategy remains cognizant of the variation in disease burden within and across Member States of the African Union. Each Member State has unique needs and includes population groups who carry a heavier burden of disease than others. This Strategy seeks to support Member States to address their specific country-level needs with an emphasis on where support is most needed while creating a framework to systematically address NCDs & injuries and mental health across the continent.

Africa CDC will support its Member States in developing a new public health order for non-communicable diseases & injuries and mental health on the continent. It will consist of empowered public health institutions, a grown public health workforce, stronger local production, procurement as well as effective multisectoral, interdisciplinary partnerships to prevent and control them. Africa CDC will help Member States strengthen health systems. It will align non-communicable diseases & injuries prevention and control and mental health promotion with existing Africa CDC public health initiatives. Africa CDC will support Member States with the implementation of the prevention and control of these conditions. It will support Member States to create systems for health. Africa CDC will work across the African Union and support Member States against upstream drivers of these diseases through multi-sectoral action. Africa CDC will use its convening power as an autonomous health agency of the African Union to mobilize resources and policy spaces for NCDs & injuries and mental health. Highly responsive to Member States, with committed partners, harnessing African knowledge and networks, Africa CDC will collaborate intensely and coordinate a strategic continental response to the threat to economic and human development that NCDs & injuries and mental health conditions pose.

ABBREVIATIONS AND ACRONYMS

Africa CDC	Africa Centres for Disease Control and Prevention
AHS	Africa Health Strategy
AU	African Union
DALY	Disability-adjusted life year
MoH	Ministry of Health
NCD	Non-communicable disease
NPHI	National Public Health Institute

BACKGROUND – Need for a Continental Strategy

Non-communicable diseases (NCDs) & injuries and mental health conditions create a long-term public health and development challenge for Africa that requires a well-coordinated continental and global response for effective prevention and control. NCDs and mental health conditions are leading to significant burden in terms of morbidity/mortality and socio-economic burden but often ignored or neglected. Africa CDC – an autonomous health agency of the African Union (AU) – has a mandate 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.

Impact of non-communicable diseases & injuries, and mental health conditions

The human loss from NCDs & injuries and mental health conditions across Africa is significant. Estimates[1] suggest NCDs and mental health conditions caused over 2.1 million (m) premature deaths (< 70 years) and over 204 m disability-adjusted life years (DALYs) across Africa in 2019. This compares to 4.1 m premature deaths and 330 m DALYs from communicable, maternal, and nutritional diseases (Group I). Injuries caused an estimated 0.6 m premature deaths and 41 m DALYS across Africa in 2019, mental health condtions 20 m DALYs.
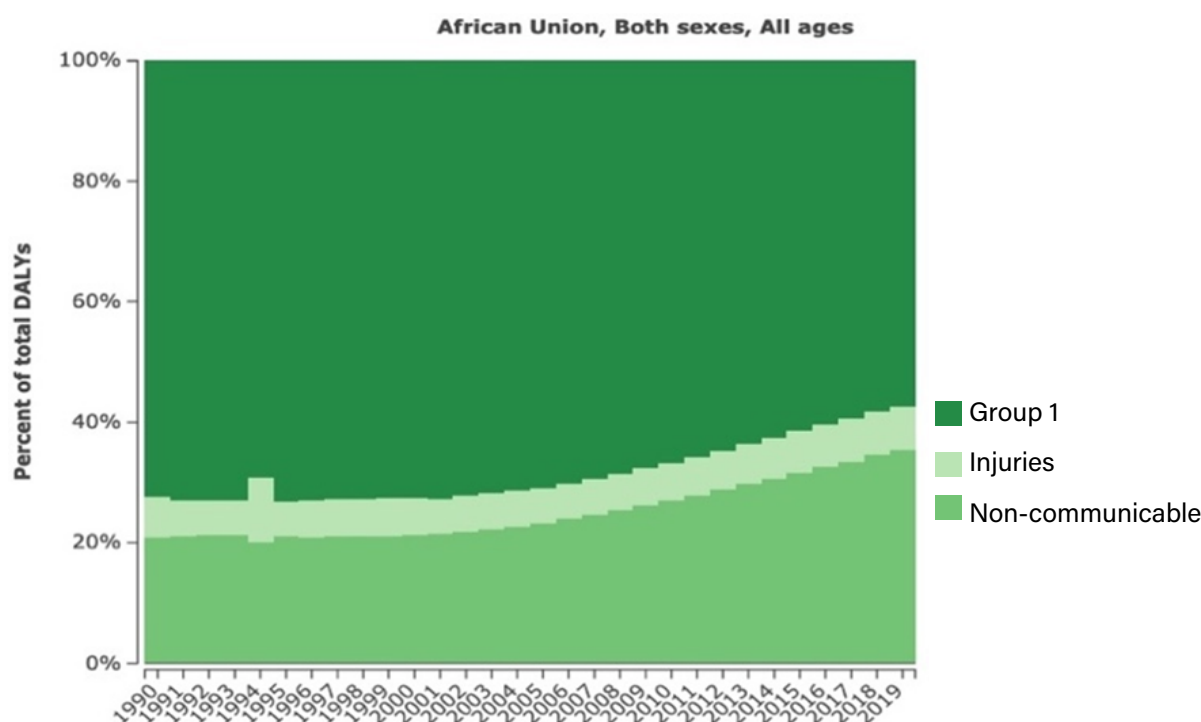
Figure 1: Share of African disease burden by disease group 1990 to 2019

Group 1 diseases include infectious, maternal and nutritional disease. Reproduced from the IHME under the Creative Commons Attribution-Noncommercial-No Derivatives 4.0 International License.

NCDs cause an increasing share of Africa's disease burden and premature deaths. Figure 1 illustrates this for the past three decades with rising DALY shares from NCDs and relative decreases from

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1   All estimates are based on the Global Burden of Disease 2019 data published by the Institute of Health Metrics and Evaluation unless otherwise indicated.

Group I diseases (Infectious, Maternal and Nutritional Diseases). Premature deaths follow a similar trend. In sub-Saharan Africa alone the disease burden from NCDs increased by 67% between 1990 and 2017[2].

Disease trajectory modeling suggests that the relative impact of NCDs & injuries and mental health conditions in African countries will further grow[3]. The World Health

Organization (WHO) estimates yearly premature deaths from these conditions to increase to 3,8 million in 2030, or 51 % of premature mortality, in sub-Saharan Africa alone[4]. For the entire region of the African Union, the total number of deaths due to NCDs & injuries and mental health conditions is expected to at least triple by 2063 to 16,6 million per year, 89 % of all deaths[5].

African economies lose billions each year and risk demographic dividends because NCDs & injuries and mental health conditions provoke direct health care costs and impede productivity. Though analyses of the economic impact of these conditions in Africa are scarce, existing evidence suggests it has a high negative impact. Cardiovascular diseases (CVD) alone cost sub-Saharan Africa an estimated 12 billion US-Dollar in 2010, of which 5 billion was due to productivity loss[6]. In Zambia, the annual economic costs of four NCD groups (cancers, diabetes, CVD, and chronic respiratory disease) amounted to an estimated 7.5 % of the country's annual gross domestic product (GDP)[7]. Continent-wide estimates of this kind are not yet available, but this country case study indicates a likely high impact of the socio-economic burden from NCDs & injuries and mental health conditions on the continent. Productivity losses through these conditions also threaten the labor force- and savings-dividend. Out-of-pocket payments on NCDs & injuries and mental health conditions further compromise this, leaving populations poorer and with less opportunity to save and invest money back into the economy. Investments in coordinated action on NCDs & injuries and mental health provenly offers high value for money. Such investments will not only prevent from premature death and disability in many citizens but save billions of US-Dollars which can be reinvested into the health system.

On top of the rapidly increasing human and economic costs from NCDs & injuries and mental health conditions, COVID-19 has exacerbated NCDs and vice versa, a syndemic[8] that adds to the need for urgent attention. Across the African Union (AU) Member States, NCD health services were among the most disrupted health services due to the pandemic[9], during which high prevalence rates of depression were also registered[10]. At the same time, NCDs increase the risk of severe illness and death from COVID-19[11]. The harmful synergy of COVID-19, NCDs and mental ill-health in producing a worse public health and clinical outcome when they occur simultaneously in the same population underscore the need for a coordinated approach to their prevention and control.

Africa CDC's mandate on non-communicable diseases & injuries and mental health

Africa CDC, an autonomous health agency of the African Union (AU) has a mandate 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. A continental strategy for the prevention and control of NCDs & injuries and mental health promotion

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2   Gouda HN, Charlson F, Sorsdahl K, Ahmadzada S, Ferrari AJ, Erskine H, Leung J, Santamauro D, Lund C, Aminde LN, Mayosi BM, Kengne AP, Harris M, Achoki T, Wiysonge CS, Stein DJ, Whiteford H. Burden of non-communicable diseases in sub-Saharan Africa, 1990–2017: results from the Global Burden of Disease Study 2017. The Lancet Global Health. 2019;7(10):e1375-e87.

3   Foreman, K.J., 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. The Lancet, 2018. 392(10159): p. 2052-2090.

4   WHO. Projections of mortality and causes of death, 2016 to 2060. [cited 2019 24 July];

5   Moyer, J.D., Bohl, D.K., Hanna, T., Mayaki, I. and Bwalya, M., Africa's path to 2063: Choice in the face of great transformation. 2018, Frederick S. Pardee Center for International Futures, NEPAD Planning and Coordinating Agency: Denver, CO Midrand, Johannesburg.

6   Bloom, D.E., et al., The global economic burden of noncommunicable diseases. 2012, Program on the Global Demography of Aging.

7   Prevention and Control of Non-communicable Diseases in Zambia The Case for Investment. 2018, Ministry of Health of Zambia, United Nations Development Programme, World Health Organization.

8   A syndemic, or synergistic epidemic, refers to the idea that a virus (or a disease) does not act in isolation, It is often accompanied by co-morbidities, such as obesity, diabetes and heart disease, that compound the damage. Obesity, for example, is a risk factor for developing diabetes and heart disease. But pair any, or all, of them with COVID-19, and a patient and the health system is plunged into syndemic territory.

9   Partnership for Evidence-Based Response to COVID-19 (PERC), Disruption to essential health services in Africa during COVID-19. 2020.

10   Chen, Jiyao, et al. "Mental Health during the COVID-19 Crisis in Africa: A Systematic Review and Meta-Analysis." International Journal of Environmental Research and *Public Health* 18.20 (2021): 10604.

11   Tessema, S.K. and J.N. Nkengasong, Understanding COVID-19 in Africa. Nature Reviews Immunology, 2021. 21(8): p. 469-470.

will complement existing national plans for these activities through provision of direct technical support, advocacy for increased funding and use of peer review mechanisms for cross cutting learning and monitoring and evaluation. This Strategy can also contextualize global strategies for prevention and control of NCDs & injuries and mental health promotion to the African context taking into account the level of health system development on the continent and its unique socio-economic situation.

NCDs and mental health conditions have common characteristics such as chronicity, risk factors and stigmatization. For example diabetes and depression, often interact biologically, under similar socioeconomic and cultural circumstances[12]. Direct links between these conditions exist too, for example between substance abuse disorders and violence which represents a major cause of injuries. Health system performance problems related to NCDs & injuries and mental health conditions have common and interacting causes. System-level interventions, like improving public purchasing of essential medicines, can increase performance and lead to improved outcomes for multiple NCDs & injuries and mental health conditions, such as reducing premature CVD mortality, providing better financial protection from the impacts of diabetes, and increasing satisfaction with mental health services. Monetary and political capital is too scarce for vertical, uncoordinated health reforms targeted at one NCD, injury or mental health condition at a time.

Despite their differences, African nations can join forces to effectively combat the threat from NCDs & injuries and mental health conditions. The relative importance and the specifics of various interventions to curb these conditions depend on countries and population subgroups. However, African nations share substantial epidemiological, public health, and economic characteristics embedded in joint history as well as strong political ties. Several NCDs & injuries and mental health interventions will be of high priority across African Union (AU) Member States, who will also share challenges in implementing these in their health systems. Member States can learn from each other and capitalize on one another's experiences and successes throughout the difficult process of bolstering prevention and control measures of these conditions. For example, on aspects of national priority-setting, policy design, prototyping, scale-up, or evaluation. Continent-wide interventions as envisioned by African leaders can create synergy, innovation, and capital in the joint response to public health problems.

The Agenda 2063 directs the integration and transformation of the continent by an African-led response including towards the aspiration of "a prosperous Africa based on inclusive growth and sustainable development" with a high standard of living, sound health, and well-being, food security, and development of human capital.

The **Africa Health Strategy** (2016-2030) lays out the continental mission for health improvement to which this Strategy seeks to contribute. The Africa Health Strategy's (AHS) guidance for addressing the triple burden of communicable diseases, NCDs and injuries provides the policy context for this Strategy. The AHS recommends health systems strengthening and multi-sectoral actions that involve state and non-state actors beyond the health sector, making use of "Health in All Policies" mechanisms and "improving intercountry collaboration to achieve efficiencies". Its objectives are to i) "achieve universal health coverage by fulfilling existing global and continental commitments which strengthen health systems and improve social determinants of health" and to ii) "reduce morbidity and end preventable mortality from communicable and non-communicable diseases and other health conditions" in Africa. These objectives are reiterated in Africa CDC documents.

The **Africa CDC** Statute and the first Africa CDC Strategic Plan (2017-2021) point out that "strengthening health systems to significantly reduce non-communicable disease and injury and trauma" is one of the organization's core functions. With the **New Public Health Order** framework Africa CDC responds to this "set of linked health problems that interact synergistically" to boost health systems and systems for health through four pillars: i) Strong African Institutions, ii) Local Production of Vaccines, Medicines and Diagnostics, iii) Public Health Workforce, and iv) Trusted and respectful Partnerships[13]. On the pursuit of this mission, African Heads of States elevated Africa CDC's status to **an autonomous health agency of the African Union** in February 2022.

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12   Mendenhall, E., et al., Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations. The Lancet, 2017. 389(10072): p. 951-963.
13   Nkengasong, J. N., & Tessema, S. K. (2020). Africa needs a new public health order to tackle infectious disease threats. Cell, 183(2), 296-300.

This bolsters the expectations placed on the organization – and its opportunities for coordination against continental disease threats.

Against this background of i) the massive and rapidly increasing continental costs from NCDs & injuries and mental health conditions across Africa, ii) the vitality of addressing these conditions jointly in national reforms and across African nations and iii) the strong institutional policy context and demands to respond, Africa CDC will work towards fulfilling this broadened mandate. There are complementary reasons that compel Africa CDC to do so: i) NCDs & injuries and mental health conditions and their determinants manifest uniquely on the African continent and require contextualized solutions ii) there are large gaps in national public health capacities for NCDs & injuries and mental health across Africa, and iii) AU Member States demand Africa CDC to act now for improved prevention and control of these conditions.

In September 2020, Africa CDC operationalized the Division of Disease Control and Prevention (DCP) to strengthen Africa's health systems in the prevention and control of communicable and non-communicable diseases. As this division was not considered for operations during the development of Africa CDC's first Strategic Plan (2017-2021), priority interventions on NCDs & injuries, and mental health were not developed for it. To meet up with the timeline for the development of the new Africa CDC Strategic Plan (2022-2026), the Division started a strategy development process for NCDs & injuries and mental health immediately after its establishment. This second Africa CDC Strategic Plan (2022-2026) will provide the overall direction for the agency's contribution to continental action on NCDs & injuries and mental health.

The objective and expected use of this document, the AFRICA CDC NON-COMMUNICABLE DISEASES & INJURIES PREVENTION AND CONTROL AND MENTAL HEALTH PROMOTION STRATEGY (2022-26), is as follows: It is expected to guide Africa CDC programs in support of Member States' prevention and control of NCDs & injuries and mental health promotion for the next five years. It is the product of a highly evidence-based and consultative process which was driven by Member States. The document communicates support principles and priorities, explaining how Africa CDC will contribute and align resources for optimal results to serve Member States. This roadmap intends to ignite a strengthened coalition against the continental threat of NCDs & injuries and mental health conditions between Africa CDC and Member States as well as partners. Two detailed implementation plans outlining specific activities will complement it. One implementation plan is for NCDs & injuries. As requested by Member States, for emphasis and appropriate attention to a particularly neglected issue, another implementation plan focuses on mental health. By clarifying Africa CDC's support commitments, this document and the implementation plans will also be used to hold the organization accountable.

After establishing the continental problem of NCDs & injuries and mental health conditions and Africa CDC's rationale for action, the rest of the document is structured as follows: The second section explains the processes, methods and data used for strategy development, which included a unique, but linked process for mental health. The third section summarizes the findings of this process in a situational analysis on NCDs & injuries and mental health in Africa, including on the underlying epidemiology, Member States' needs and stakeholder perspectives. The fourth section presents Africa CDC's vision, mission, and overarching goal: To lay a foundation for a new public health order for NCDs & injuries and mental health on the continent. It defines six strategic objectives and lists a set of priority interventions for NCDs & injuries and a separate set for mental health. The fifth section explains their implementation, before the sixth considers resourcing while the last section closes with monitoring and evaluation (M&E).

METHODOLOGY – Evidence-Based and Consultative

Africa CDC's strategy on NCDs & injuries and mental health was developed in a highly evidence-based and consultative process. Evidence, needs, and strategic options were continuously triangulated. The process was structured in three phases from December 2020 to April 2022, as outlined in Figure 2. Phase 1 served to define functional areas for support, gather existing evidence. It validated emerging findings with over 40 Member States and elicited their demands for support. One clear request was to develop a dedicated implementation plan for mental health, which Africa CDC heeded by adding a mental health specific planning process (compare Figure 2). In Phase 2, evidence-based options for continental action on NCDs & injuries and mental health were developed, consolidated, and prioritized. Through their responses to a mixed-method survey, 39 Member states drove the prioritization. Further, consultations across Africa CDC and the African Union created valuable feedback and alignment. Phase 3 was used to engage with technical partners, researchers, civil society, and people with lived experience to share the emerging strategic direction, listen to their perspectives, avoid duplication, and create synergies and collaborations. Implementation plans, one for mental health and one for NCDs & injuries were developed in this phase as well. Member State validation and adjustment of the final strategy will close the process, expectedly providing the green light to implement a strategy firmly aligned with need, burden, and Africa CDC's unique strengths.

PHASE 1 EVIDENCE GATHERING AND MEMBER STATE NEEDS (December 2020 – June 2021)		
STEP 1 Developed a conceptual framework for supporting Member States with NCDs & Injuries and mental health.	**STEP 2 Gathered, generated evidence about NCDs & Injuries and mental health continental burden, national capacities, and needs.**	**STEP 3 Consulted with Member States to learn if emerging findings fit with experience and how to support.**
• **Seven functional areas** based on The Agenda 2063, the Africa Health Strategy (2016-30), the Africa CDC Strategic Plan (2017-21), and the WHO Eastern Mediterranean Region's Essential Public Health Functions (EPHF) model (2017), additional documents: **i. governance, ii. health promotion and protection; iii. surveillance; iv. healthcare, v. laboratories, and diagnostics, vi. workforce, and vii. research.**	• **Epidemiological review** characterized disease burden, risk factors and determinants of NCDs & injuries and mental health conditions across AU.	• **120 representatives from 40 Member States**, and from selected other organizations participated in a virtual facilitated discussion and poll, 27-28th April 2021.
• **New Public Health Order framework** and its four pillars **i. Strong African Institutions, ii. Local Production of Vaccines, Medicines and Diagnostics, iii. Public Health Workforce, and iv. Trusting Partnerships.**	• **Analysis of cross-country survey data** for baseline of national capacities for these conditions across AU and objectify support needs.	• **Evaluating if emerging findings** on epidemiology, country capacities, and challenges were consistent **with Member States' experience**.
	• **Three-country case study** to test the support framework, contextualize findings, assess implementation barriers for prevention and control.	• Evaluated **usefulness of support framework** (STEP1).
		• **Collected recommendations** for Africa CDC actions to support their NCDs & injuries prevention and control and mental health promotion.

PHASE 2 OPTIONS DEVELOPMENT AND PRIORITY SETTING (July 2021 – October 2021)		
STEP 1 Creating a long-list of potential strategic options for Africa CDC and framing the approach. • **Synthesis of evidence and recommendations** collected in Phase 1. • **Developed 'longlist' of potential actions Africa CDC could undertake** to support Member States for further consultation, based on Phase 1. • **Derived framing** for all the activities to be undertaken on NCDs & injuries and mental health by Africa CDC in support of its Member States.	**STEP 2 Consulted across Africa CDC and African Union to align and consolidate strategic options.** • With **senior Africa CDC leadership:** refined longlist and aligned approach with Africa CDC's ongoing and future work. • With multiple **AU Divisions** (meetings and written feedback): refined strategic options, especially, on coordination and for multisectoral actions. • **Identified links and opportunities for collaboration** for implementing NCDs & injuries and mental health actions across Africa CDC and AU. • **Consolidated the longlist of potential actions into nine higher-level potential priorities,** and activities under each, without excluding options.	**STEP 3 Member States assessed strategic options on priority, time frame in online survey; provided further inputs.** • **Need to further prioritize list of nine options to 5 (+/-) strategic objectives** of highest priority. • Requested Member States to **rate each of the options as either high, medium, or low priority and as short, medium, or long term**. • 39 MS participated: Member state driven priority setting and initial validation of the strategic options • **Based on these Member States inputs: consolidated list of nine strategic options into six strategic objectives.** • Learned about Member States' challenges in the implementation of NCD, injuries and prevention and control and mental health promotion strategies.

PHASE 3 ENGAGEMENT, IMPLEMENTATION PLANS AND VALIDATION (November 2021 – April 2022)				
STEP 1 Consulted partners to inform, elicit feedback to enrich and align strategy, identify areas for collaboration. • Virtual consultation with **45 representatives of international technical partners** on October 14th 2021. • Participants from **multilateral, other international public health agencies, NGOs working on** NCDs & injuries and mental health **in Africa.** • **Embraced valuable inputs for refining strategy and implementation planning**, for example involving people with lived experience. • **Touched on potential areas for collaboration**, for example on workforce development, **for further follow-up.**	**STEP 2 Shared strategic direction with academics to learn from their knowledge, perspectives and create synergies.** • Virtual consultation, October 21st 2021, with **30 experts from academic institutes working on** NCDs & injuries and mental health **in Africa.** • **Embraced feedback for strategy development and implementation,** e.g. more academic stakeholder mapping and networking. • Planned **further follow ups to learn from and collaborate with academics** and institutes with relevant expertise.	**STEP 3 Consulted people with lived disease experience to incorporate their needs, rights, and knowledge.** • Virtual consultations (for Anglo- and Francophones each), January 14th 2022, **35 people with** NCDs & injuries and mental health **lived experience and representatives from civil society organizations,** based in 15 MS. • **Africa CDC learned a lot from participants, used rich inputs,** for example on people centered care, to align with their needs, concerns, priorities, rights. • **Starting point for long-term collaboration to ensure meaningful involvement** of people with lived experience and civil society organizations .	**STEP 4: Developed Strategic Implementation Plans** • **Derived long list of potential activities** to achieve each priority, informed by a range of documents and sources of evidence • Iterated monitoring and evaluation metrics for granular activities. • Africa CDC internal consultation, such as for links with other's divisions flagship initiatives. • Developed criteria to prioritize activities. • Shared proposed activities with Member States.	**STEP 5 Validation workshop on April 25-29, 2022, Addis Ababa, Ethiopia.** • **Member States** to **adjust** and expectedly **validate** the strategy. • Member States and Africa CDC to determine **flagship initiatives,** refine **activities**, and agree **indicators.** • **Africa CDC, AU organizations, partners,** academic experts, people with lived experienced and others to discuss **implementation, coordinate and collaborate.**

Specific Mental Health Strategic Implementation Plan Development (July 2021 – April 2022)
Responding to Member States request for a specific plan with appropriate priority and substance for mental health. • **Established a Mental Health Expert Advisory Group to guide strategic implementation plan development process** and ensure that strategies are feasible, specific to the continent and act for change (July 2021) • **Desk review of continental mental health priority setting initiatives, epidemiological evidence, Member State capacities and national mental health and well-being priorities.** • **Second Mental Health Expert Advisory Group Meeting gathering feedback on emerging findings regarding pan-African priorities** and stakeholder perspectives, methods for prioritizing mental health activities and identifying mental health innovators (Nov 2021) • **Mapping synergies with global and continental commitments**, adding desk review to synthesize evidence and address evidence gaps. • **Developing framing** for the Mental Health Strategic Implementation Plan • Developing a **long list of activities and consolidating** these activities. • Third Mental Health Expert Advisory Group Meeting: Feedback on illustrative list of methods, activities, topic areas and themes on MH, **rating of activities in a virtual consensus building exercise** (December 2021) • **Dialogue with people with lived experience and representative organizations** to ensure active involvement of these groups. • Shortlisting and refining potential activities. • Sharing proposed activities with Member States (2 weeks before the strategy validation workshop)

Figure 2: Strategy development process

The process outlined above generated a considerable amount of information. Its ultimate purpose was to firmly situate Africa CDC's strategy in evidence and Member State demands. To that end, the next section provides a summary of the key findings.

AFRICA CDC NON-COMMUNICABLE DISEASES, INJURIES PREVENTION
AND CONTROL AND MENTAL HEALTH PROMOTION STRATEGY (2022-26)

SITUATIONAL ANALYSIS – Unique Challenges and Demands

This section examines the continental problem of NCDs & injuries and mental health conditions further to identify the ways in which Africa CDC can promisingly intervene. It starts with a brief epidemiological characterization before examining national public health capacities. The section then proceeds by summarizing what support Member States demand from Africa CDC for the prevention and control of NCDs & injuries and promotion of mental health. Finally, it notes the tremendous ongoing work by non-state stakeholders on the continent and heeds their situational assessment on how Africa CDC can add most value to the on-going NCDs & injuries and mental health actions.

For a tailored strategy, the underlying epidemiology must be clear. But the burden of NCDs & injuries and mental health conditions is not fully understood for many African countries because data are incomplete, indicating gaps in national surveillance systems on the continent. Data from the Global Burden of Disease Study 2019 were therefore used for estimates. NCDs & injuries and mental ill- health and their determinants manifest uniquely on the African continent. Next, this is first considered for diseases before turning to determinants.

Unique epidemiology of non-communicable diseases and injuries and mental health conditions in Africa

The five well-established NCD groups (cardiovascular diseases; cancers; chronic respiratory conditions; diabetes; mental and neurological disorders) cause about half of the disease burden (55%) and two-thirds of the premature (<70 years) mortality (68%) from NCDs on the continent[14]. Cardiovascular disease caused most NCD DALYs (21%) and premature deaths (35%). Second highest cause of premature deaths (20%) are cancers, which caused twice as many as chronic respiratory conditions (5%) and diabetes (5%) combined. Mental and neurological disorders (16%) as well as cancers (10%) each caused more disease burden than chronic respiratory conditions (5%) and diabetes (4%) combined.

Digestive, congenital, musculoskeletal, and other disorders cause the other half of the disease burden and about one-third of premature mortality from NCDs across Africa. Digestive disorders caused about 13% of premature NCD deaths and 8% of DALYs in 2019. Cirrhosis due to Hepatitis Viruses B, C, and harmful use of alcohol each rank in the top 20 causes of premature mortality due to NCDs. Congenital conditions such as heart defects caused 10% of premature NCD deaths and DALYs. Haemoglobinopathies cause about 3% of NCD burden and 2% of premature NCD deaths, sickle cell disease ranking in the top 20 causes of premature NCD deaths. Sense organ, gynecological, endocrine, and other less prevalent conditions jointly cause more than 15% of the continental NCD burden.

Figure 3 breaks the burden of NCDs down in major NCD causes across several (sub-Saharan) African subregions and shows that total age-standardized DALY rates for NCDs were higher than global rates.

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14   All estimates are based on the Global Burden of Disease 2019 data published by the Institute of Health Metrics and Evaluation unless otherwise indicated.
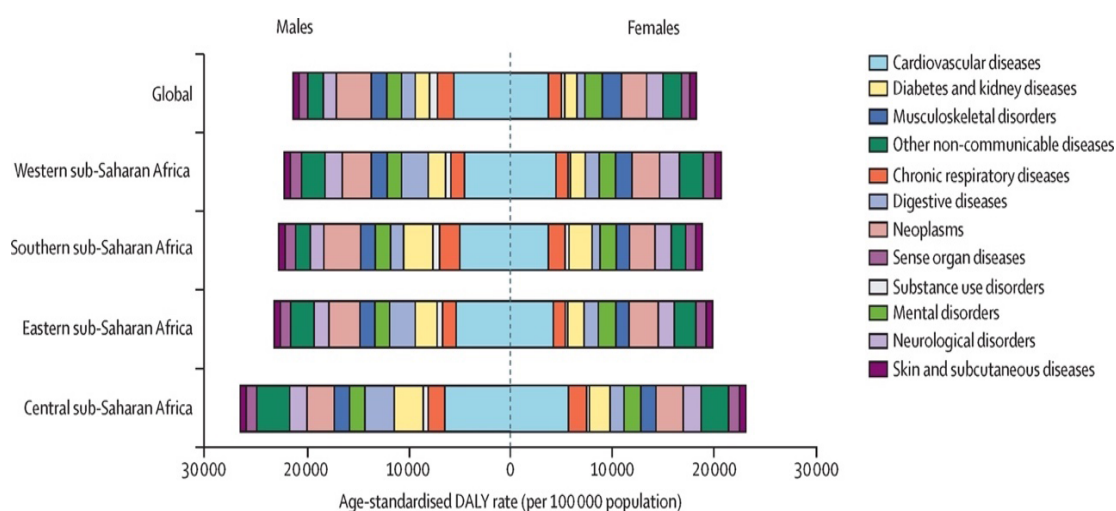
Figure 3: Age-standardised DALY rates for NCDs across different regions of sub-Saharan Africa

Gouda, H.N., et al., *Burden of non-communicable diseases in sub-Saharan Africa, 1990–2017: results from the Global Burden of Disease Study 2017.* The Lancet Global Health, 2019. **7**(10): p. e1375-e1387. Copyright © 2019 The Author(s). Reproduced under the CC BY 4.0 license.

Injuries caused about as much disability as cardiovascular disease (42 m DALYs) in 2019 and more than any other major NCD in 2019. A third of all DALYs from injuries are from road injuries. Another third are from unintentional injuries with the biggest contributor being falls, and just under a third are due to self-harm and inter-personal violence.

Mental, neurological and substance use disorders impose a large disability burden on the continent, depression and anxiety especially. The 12-months prevalence of mental, neurological and substance use disorders lies at an estimated 9 %. Severe mental health conditions include such as schizophrenia and schizoaffective and bipolar disorder often afflict life-long suffering and result in significant disability. Estimates suggest the age-standardized suicide rate on the African continent is 12,8 per 100,000 people. Mental health condition rates are increasing across Africa, even when accounting for population growth, and particularly afflicts people classified as having low socioeconomic status.

A vicious cycle between poverty and NCDs & injuries and mental health conditions affects millions of Africans. Increased risk exposure, reduced opportunity for care, promotion and prevention combines with a particularly heavy toll of catastrophic health expenditures, which risks further poverty. The world's poorest billion people have higher prevalence and death rates from NCDs in every age group, and more than half of them live in African countries[15]. One quarter of households affected by an NCD incurred catastrophic health expenditures in sub-Saharan Africa between 2000 and 019[16]. Overall, NCDs & injuries and mental health conditions risk and create a serious threat to alleviate poverty.

Metabolic, commercial, environmental factors and infections determine NCDs in specific ways on the continent[17]. Much of the NCD burden can be attributed to metabolic risks. High blood pressure, body mass index, fasting plasma glucose are each greater risks than any other individual risk factor. These risk factors are caused or exacerbated by other determinants. A significant portion of the disease burden can be attributed to air pollution, indoor more than outdoor. A double burden of malnutrition due to undernutrition and stunting alongside obesity exists on the continent with significant risks for NCDs. Unlike elsewhere in the world, almost 10 times more NCD DALYs can be attributed to dietary risks than to low physical activity on the continent. Tobacco use and alcohol <u>consumption have</u> increased in many African countries. Infections are estimated to risk even

15   Bukhman, G., et al., The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. The Lancet, 2020..

16   Paul Eze, et al., Catastrophic health expenditure in sub-Saharan Africa: systematic review and meta-analysis. Bulletin of the World Health Organization, 2022.

17   All estimates are based on the Global Burden of Disease 2019 data published by the Institute of Health Metrics and Evaluation unless otherwise indicated.

more NCDs than alcohol or tobacco use, almost 12% of the continental burden[18], such as human papilloma virus infection and cervical cancer. Occupational hazards, conflict, and environmental instability add important risks, especially for injuries and mental health.

Upstream drivers of NCDs & injuries and mental health conditions arise on the African continent because its social, food, agriculture, labor, transport, and trade systems, among others, shape in health harmful ways. Public and private organizations within these systems or sectors hold the key to making or breaking the feedback loops that uphold such unhealthy configurations. Health systems alone cannot. However, national public health institutions can stimulate and coordinate multi-sectoral action. They can also act directly to reduce the high premature mortality and burden of disease resulting from these determinants on the continent if they can address gaps in their capacities. Assisting Member States in filling these is the primary lever for Africa CDC to help improve health outcomes on the continent in other health areas. Applying this to NCDs & injuries and mental health requires a good understanding of their current public health challenges with these conditions.

Substantial public health capacity gaps for NCDs & injuries and mental health across AU Member States
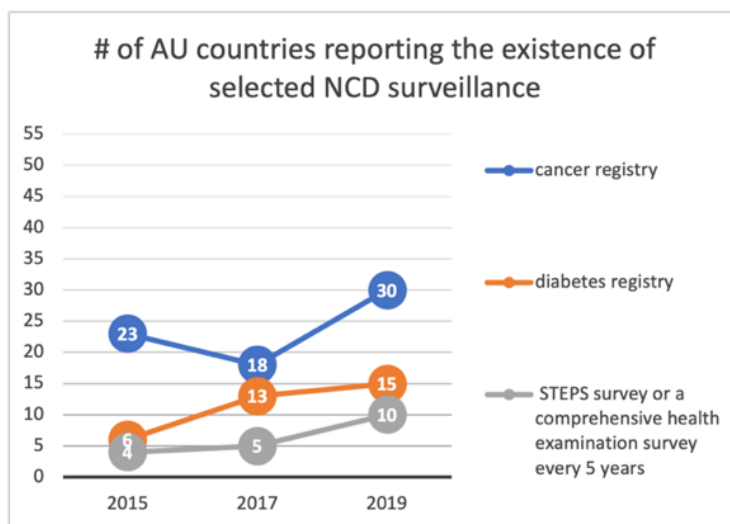

Figure 4: Reported NCD surveillance activities across AU Member States.

Based on data from WHO national NCD capacity surveys, compare footnote 19.

Cross-country survey data suggest that capacity and governance for prevention and control of NCDs and mental-ill health across Member States remains fragmented despite recent improvements[19].

On NCDs, in 2013 about one-third of AU Member States reported having a specialized unit in the Ministry of Health, in 2019 this number had increased to about two-thirds. As Figure 4 demonstrates, gaps and variations persist in NCD surveillance activities. Less than one out of five Member States reported regular, comprehensive epidemiological surveys for NCDs. Several NCD medicines, diagnostics, and services were reportedly available in only a few countries, albeit, over time, in an increasing number of countries. Less than one-third of Member States reported national primary care guidelines for NCDs. The average domestic government financing for NCDs in 2018 was only 32 US-Dollar per capita or 10% of current health expenditure in Member States with publicly available data (median 3 US-Dollar per capita and 6% of current health expenditure).

On mental health, of the surveyed Member States, 44% reported having a stand-alone mental health law and 70% a mental health policy. On average across AU Member States, there are less than two mental health nurses and less than one psychiatrist and psychologist per 100,000 people.

18   Coates, M.M., et al., Burden of non-communicable diseases from infectious causes in 2017: a modelling study. The Lancet Global Health, 2020..

19   Findings in this and the following paragraph are based on data from the following: i. World Health Organization. Assessing national capacity for the prevention and control of NCDs. 2021. Date Accessed 12 March 2021. ii.   World Health Organization. Mental Health Atlas 2021. Date Accessed 20 April 2021. Available from: https://www.who.int/mental_health/ evidence/atlasmnh/en/ iii. World Health Organization. Global Health Expenditure Database 2021. Date Accessed 6 June 2021. Available from: https://apps.who.int/nha/ data-base. iv. 2017 World Health Organization. Mental Health Atlas 2017.

Mental health expenditures range from 0,4% to 4,9% of current health expenditure across African subregions. This variation is indicative of extensive variability across AU Member States and subregions on the capacity indicators for mental health but also NCDs more broadly. Mental health financing is highly hospital-focused, in contradiction to recommended investments in primary and community-based mental health services. Despite this, the availability of mental health hospitals, as well as mental health beds and mental units in general hospitals remains very limited. Although data on mental health service utilization is scarce, all African Union regions reported lower outpatient services compared to in-patient mental health care.

COVID-19 has severely amplified public health and clinical capacity gaps for NCDs across Africa and exacerbated mental health challenges. The management of the pandemic consumed many public health resources and reduced those available for NCDs[20]. Access to NCD medicines has been hit[21]. Almost 90% of sub-Saharan ministries of health participating in a recent survey[22] reported they fully or partially redeployed NCD staff to work on COVID-19. Over 50% of these ministries reported disruptions to essential NCD primary care services and screening programs, and over 40% reported halted NCD surveys. Hypertension, diabetes and renal disease among other NCDs were strongly associated with higher COVID-19-mortality in a case control study covering two AU Member States[23].

But lockdowns have led to the suspension of community health worker visits and non-emergency outpatient clinics[24], which are particularly vital for the continuity of care for these conditions and NCDs more broadly. These lockdowns have also disrupted mental health services and put much economic pressures, isolation, apprehension, and anxiety on African populations with grave consequences for their mental health[25]. The widespread fear caused by outbreaks, the stigmatization and social exclusion of patients diseased from a rapidly spreading pathogen, exacerbates mental health conditions directly[26]. More demand for mental health has met less supply of services creating a crisis with long-term ramifications for populations on the continent. Taken together, the challenges introduced by COVID-19 make the implementation of NCDs & injuries and mental-ill health prevention and control strategies even more urgent.

The most pressing concerns with the implementation for NCDs & injuries and mental health policies across 39 participating Member States in the 2021 African Union Member State survey[27] were i) financing, ii) low levels of awareness and capacity for prevention, iii) lack of a trained workforce, iv) limited national prioritization of these conditions and v) inadequate infrastructure. Case studies in three Member States developed a more detailed understanding of the implementation challenges, but also progress and strengths of individual countries (Box 1). Each country demanded continent-wide support and voiced initial ideas on this can be achieved. Wider consultations have found a pressing need for actions as well.

20   Binder, Sue, et al. "African National Public Health Institutes Responses to COVID-19: Innovations, Systems Changes, and Challenges." Health security 19.5 (2021): 498-507.
21   Kiragu, Zana Wangari, et al. "Access to Medicines for Non-Communicable Diseases (NCDS) during COVID-19 in Kenya: A Descriptive Commentary." Health Systems & Reform 7.1 (2021): e1984865.
22   World Health Organization. "The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment." (2020).
23   Draft Report. Continental Assessment of COVID-19 Mortalitiy and Associated Co-Morbidities in Africa; Case of Ethiopia and Nigeria. Africa Centres for Disease Control and Prevention.
24   Kamano, Jemima, et al. "Maintaining care delivery for non-communicable diseases in the face of the COVID-19 pandemic in western Kenya." The Pan African Medical Journal 39 (2021).
25   Africa Centres for Disease Control and Prevention. Guidance for Mental Health and Psychosocial Support for COVID-19.
26   Mohammed, Abdulaziz, et al. "Mental health in emergency response: lessons from Ebola." The Lancet Psychiatry 2.11 (2015): 955-957.
27   African Union Member State Survey on Africa CDC NCDI and Mental Health Strategy Development. Countries were chosen against predefined criteria, incl. representation with different levels of NCD policy implementation, AU regions, population sizes.

- Case studies in Kenya, Rwanda, and Nigeria revealed shared funding and **implementation gaps for ready policy and surveillance plans**, but also **distinctive NCD strengths**. Comprehensive NCD strategies and multi-sectoral NCD prevention plans are in place in all three countries. But implementation funding and capacity for either NCDs or multi-sectoral preventative action are very limited. Plans for NCD surveillance have also been constrained by insufficient funding and country-specific information system problems.

- **Political commitment** to the regulation of unhealthy commodities is a strength in Kenya. **Civil society**, a strength in Nigeria, and community engagement, a strength in Rwanda and Kenya, play an important role in public education about NCDs and healthy behaviors. Rwanda's **decentralization of care and task-shifting model** is a strength and seems to be an effective way to address gaps for frontline health workers, together with its community-based health insurance (CBHI), it hopes to achieve **universal health coverage** (UHC) for NCDs in the near future.

- There are specific health system challenges for NCD prevention, diagnosis, and treatment in case study countries. Nigeria has a very **limited capacity for NCDs in primary healthcare** facilities, particularly in rural areas. Kenya has **challenges in integration** between different tiers of the health system, which creates **inequity in access,** especially to secondary care. **Gaps in workforce** skills and capacity exist across a range of healthcare and public health functions. **Shortages in supplies** (such as drugs, equipment, and reagents) are also important. Further **stigmatization of mental health conditions** inhibits services and care-seeking in Rwanda and Nigeria.

Box 1: Strengths and challenges in NCD & mental health policy implementation: case study findings from three countries.

AU Member States demand Africa CDC support for **NCDs & injuries and mental health**

- In the first virtual Member States consultation, NCDs & injuries and mental health focal points from the Ministries of Health (MoH) and National Public Health Institutes (NPHI) from 40 Member States signaled that these emerging findings on epidemiology and health system challenges fit with their experience. Member States demanded Africa CDC support in several public health functions to prevent and control NCDs & injuries and to promote mental health and made specific recommendations (Box 2)

- On Governance: advocate for political support and funding mechanisms for NCDs & injuries and mental health; assist MS to deal with issues of political expediency and with improved NCDs & injuries and mental health governance structures, guidance, standards, and benchmarks; should also cover the role of the private sector in the design and implementation of NCD strategies

- Support MS in increasing country-level capacity for health promotion and protection to ensure ownership, consistent delivery, and tailoring to local contexts; deliver more respective training and research.

- On surveillance: support MS in integrating NCDs into routine surveillance, in creating better epidemiological baseline data on NCDs and in classifying them as notifiable diseases.

- On healthcare, laboratories and diagnostics: provide procurement support, including standardization and the pooling of resources, support local manufacture and quality assurance for equitable access to NCD medicines and diagnostics.

- On workforce: support efforts training NCD specialists and against brain-drain; support MS in strengthening the NCD workforce suited to the systems clinicians and public health officials work in, using experiential training.

- On research: consider that most research is currently funded by external partners and not tailored to the African context; support investment in research on African-specific risk factors. MS emphasized the critical need for more mental health research baseline country-level data and that research needs to be usable by and have the attention of policy makers.

- Separate plans for mental health and the other NCDs should be considered.

Box 2: Member State recommendations for Africa CDC support on NCDs & injuries and mental health.

Member States' rich inputs served as a basis for the Africa CDC to develop a list of strategic options

to support them, which they rated as highly relevant in a consecutive survey[28]. Their responses demonstrated a strong demand for Africa CDC action on NCDs & injuries and mental health and a high correlation between suggested priorities and those of Member States. A large majority found that each of the options was a high priority to them. Most were rated high priority by more than 80 % of the 39 participating Member States. Even the lowest-rated option received a high priority rating from more than two-thirds. Member States also identified the most urgent, high-priority options by indicating in which timeframe these options should be implemented (short-/medium-/long-term). Qualitative data added valuable input and confirmed that proposed options have a high alignment with the expressed needs of Member States. Overall, the Member States survey provided an initial, strong validation of the strategic options. Implementation will depend on a coordinated coalition with other organizations who have fought against this disease threat.

Non-state stakeholders expect targeted and aligned Africa CDC contributions

A set of diverse organizations and initiatives beyond Member States ministries and National Public Health Institutes (NPHIs) have a stake in the prevention and control of NCDs & injuries and promotion of mental health on the continent. Global policies such as WHO's Global Action Plan for the Prevention and Control of NCDs, the Comprehensive Mental Health Action Plan as well as implementation frameworks such as the WHO 'Best buys' and Package of Essential NCD Interventions to support the decentralization of services to the primary care level (WHO PEN, and PEN-PLUS) are among important supranational initiatives. Excellent international technical partners, academic institutions, civil society organizations working on NCDs & injuries and mental health across Africa and people with lived disease experience uniquely employ their deep knowledge, experience and competence. This has equipped them with the capacity to provide a thorough situational analysis of the threat of these conditions in Africa and how Africa CDC can best contribute to combat it. Their expectations and recommendations, which were embraced in strategy development and will be leveraged in its implementation, are summarized in Box 3[29].

- **International technical partners:** replicate Africa CDC approach to communicable diseases for NCDs & injuries and mental health; support MS to develop effective surveillance systems for these conditions, leveraging on existing diseases surveillance mechanisms; capitalize on its position within the African Union to support MS with health system and multi-sectorial actions on NCDs & injuries and mental health, structured engagement with African non-state actors, inclusion of people with lived experience.

- **Academics:** Africa CDC should intensely engage with the academic institutes and other non-state organizations working on NCDs & injuries and mental health across the continent; avoid duplications, map out how to leverage on existing platforms and clarify unique contribution; prioritize research and provide research workforce and funding support; specifically attend to screening and diagnosis at the primary and secondary level; mental health and injuries should each receive sufficient priority.

- **People with NCDs & injuries and mental health conditions and civil society organizations:** Africa CDC should emphasize people-centered care and community engagement efforts to improve primary health care quality for NCDs & injuries and mental health across Africa; mobilize financial and human resources through regional approaches to improve care and prevention; link strategy firmly with universal health coverage; nurture a long-term collaboration with people with lived experience throughout strategy implementation, evaluation, and adjustment for their meaningful involvement, for continuous learning and accountability.

Box 3: Stakeholder expectations for Africa CDC support on NCDs & injuries and mental health.

Listening to the perspectives of each group of stakeholders was and will be crucial to avoid duplication and to create synergy, coordination, and collaboration. Having assessed the problem, on which Africa CDC intends to support Member States and work with partners to resolve, the next section presents Africa CDC's strategic approach to do so.

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28 African Union Member State Survey on Africa CDC NCDI and Mental Health Strategy Development
29 Based on the reports for each of the consultations.

STRATEGIC DIRECTION – Towards a New Public Health Order for Non-Communicable Diseases, Injuries and Mental Health

Vision	Mission
A safer, healthier, integrated and prosperous Africa, in which Member States can thoroughly monitor, efficiently prevent and effectively control non-communicable diseases, injuries and mental health conditions.	Strengthen Africa's public health institutions' capacities, capabilities and partnerships to strengthen health systems and systems for health towards firm prevention and control of non-communicable diseases & injuries and promotion of mental health based on science, policy, and data-driven interventions and programs.

Guiding Principles

1. Systems-Focused: Africa CDC seeks to strengthen systems and is inclusive of all NCDs & injuries and mental health conditions and their risk factors, with activities appropriate to need and burden across the continent.
2. Integrative and Interdisciplinary: Africa CDC will emphasize links between NCDs & injuries and mental health and universal health coverage (UHC), communicable diseases prevention and control, efforts to improve primary health care including, quality and patient-centeredness of care, health equity, and community engagement. Africa CDC will therefore create synergies with existing Africa CDC platforms and apply an inter-disciplinary approach throughout each priority.
3. Multi-sectorial: Africa CDC will coalesce NCDs & injuries and mental health into existing workstreams, including outside the traditional health system (such as trade and industry, transport, labor, environment, agriculture, urban planning etc.) within and beyond the African Union to support its Member States. Supraministerial organs should lead multi-sectorial action in Member States. Africa CDC will link NCDs & injuries and mental health work to continental strategies and the Sustainable Development Goals (SDGs).
4. Coordinative: In its actions on NCDs & injuries and mental health, Africa CDC seeks to be complementary and not duplicative. Africa CDC is dedicated to coordination and collaboration to achieve the best support for Member States and their populations.

Overarching Goal

By 2026 to serve Member States in laying the foundation for a new public health order for NCDs & injuries and mental health on the continent, with empowered public health institutions and a grown public health workforce preventing and controlling them, stronger prioritization, procurement and local production of health technologies as well as effective multisectoral, interdisciplinary partnerships.

Objectives and Priority Interventions

Objective	Priority interventions for NCDs & injuries	Priority interventions for mental health
1. **Enhance the capacity of MoH/NPHI to develop, integrate and implement national and supranational frameworks and policies for the prevention and control of NCDs & injuries and the promotion of mental health.**	• Strengthen MoH/NPHI capacities and capabilities to implement NCDs & injuries prevention and control strategies and ensure these are embedded into wider multi-sectorial strategies. • Support MoH/NPHI to integrate NCDs & injuries surveillance into national surveillance systems and develop system interoperability. • Support MoH/NPHIs to develop and implement national NCDs & injuries risk communication and community engagement strategies. • Support Member States to develop capacity to manage injuries (via emergency services and other healthcare services e.g. surgery, management of poisonings). **Flagship initiative: Support Member States on the integration of NCDIs into primary and secondary health care**	• Strengthen MoH/NPHI capacities to develop, implement, and evaluate national mental health policy and legislation in line with continental and global human rights standards. • Empower Member States to review and reform laws criminalizing or discriminating against people with psychosocial disabilities. • Support MoH/NPHIs to develop, contextualize, and implement evidence-based community mental health interventions, and foster peer-learning, across Member States. • Promote the meaningful participation of people with lived experience of mental health problems in policy development, planning and implementation. **Flagship initiative: Support MoH/NPHI to integrate mental health and psychosocial support in health emergency response and preparedness**
2. **Advocate for political commitment to NCDs & injuries and mental health.**	• Advocate for the prioritization of NCDs & injuries and their risk factors and improve access to care. • Use existing African Union/ Africa CDC mechanisms (eg. NPHI score cards) for peer review and accountability frameworks for NCDs & injuries and prevention and control. **Flagship initiative: Support adoption of a continental declaration by Member States for the prevention and control of NCDs & injuries**	• Support Member States in efforts to end mental health stigma, exclusion and discrimination. • Promote the incorporation of mental health and well-being into all policies across AU and Member State functions. • Advocate for the human rights of people with mental health problems and promote Member States' accountability for their protection. **Flagship initiative: Support adoption of a continental declaration by Member States for the promotion of mental health**

Objective	Priority interventions for NCDs & injuries	Priority interventions for mental health
3. **Align Member States, Regional Economic Communities and partners to establish, strengthen and coordinate multi-sectoral action on NCDs & injuries and mental health.**	• Establish or strengthen the capacity and capability for a national multisectoral mechanism for the prevention and control of NCDs and injuries. • Build or strengthen Member States' capacities to address social and environmental determinants of NCDs & injuries, in addition to conventional risk factor • Support Member States to prevent injuries, including road traffic accidents, conflict-related, domestic, and gender-based violence and its negative health impacts. • Promote local and regional initiatives targeting risk factors for NCDs & Injuries in schools, workplaces, and neighbourhoods to promote healthy lifestyles early in life. **Flagship initiative: Establish an African Union multi sectoral task force to lead and coordinate action across sectors**	• Use the AU multisectoral taskforce to strengthen the capacity and capability for mental health promotion across the continent. • Promote harmonization of core indicators for mental health surveillance across sectors. • Promote joint initiatives on early interventions for high-risk groups and vulnerable populations of stakeholders across sectors. **Flagship initiative: Develop a continental investment case for multisectoral action on mental health using the multisectoral taskforce**
4. **Strengthen workforce for NCDs & injuries and mental health and link them in continent-wide networks of practitioners and researchers.**	• Support Member states to strengthen NCDs & injuries workforce leveraging on existing African Union/Africa CDC and other stakeholders' initiatives. • Support Member States to establish communities of practice for NCDs & injuries health workers. • Strengthen capacity and capabilities of Member States in NCDs & injuries and public health research for evidence generation leveraging on existing African Union/Africa CDC and other stakeholders' initiatives. **Flagship initiative: Establish a Field Epidemiology Training Program (FETP) for NCDs & injuries or strengthen the NCDs & injuries component among existing programs**	• Support Member States to build the capacity for task-shifting and task-sharing to reduce the treatment gap in person-centered mental health care. • Enhance continental capacity to produce and apply contextually relevant research for Africa-led mental health priorities. • Establish mechanisms for the participation of people with lived experience of mental health problems in research, priority setting, and implementation. **Flagship initiative: Develop a continent-wide public mental health leadership program**

Objective	Priority interventions for NCDs & injuries	Priority interventions for mental health
5. Develop and support sustainable continental and regional funding mechanisms for the implementation of Africa CDC strategic plan for support of Member States on prevention and control of NCDs & injuries and the promotion of mental health.	• Set up continental and regional funding mechanisms for Africa CDC flagship initiatives on NCDs and injuries prevention and control. • Set up a regional funding mechanism to respond to Member States research priorities and develop continental research capacity. • Increase resource mobilization through local and international sources and innovative financing to create an African Fund similar to the Global Fund for NCDI prevention and control by harnessing the convening power of the AU. • Conduct advocacy with partners funding infectious diseases to include funding of NCDIs. **Flagship initiative: Mobilize funding for setting up continental centers of excellence on NCDIs**	• Mobilise and align international mental health funding partnerships with Africa CDC's Strategic Plan. • Promote dedicated funding for mental health initiatives within emergency preparedness and response programs. • Advocate for the explicit inclusion of mental health in financing reforms and of psychosocial disabilities in social welfare. • Establish mechanisms for mental health resource and expenditure tracking across sectors. **Flagship initiative: Secure continental funding for flagships of this Africa CDC Strategic Plan for the promotion of mental health and well-being**
6. Improve access to affordable technologies, medicines, and diagnostics required for NCDI and Mental Health by supporting the local manufacture and pooled procurement of these goods.	• Develop a platform for Member States to engage in procurement of quality-assured technologies, medicines, vaccines and diagnostics for NCDs & injuries, strengthening negotiation powers to obtain concessional prices. • Support Member States' capabilities and capacities for procurement and distribution of these quality-assured goods. • Engage with industry, support local manufacture of these goods, nurturing innovation from within the continent. • Leverage ongoing work by Africa CDC on the regulation and quality control for these goods including guidance to Member States (expanding work undertaken on COVID-related goods). • Support MS to develop capacity for supply chain management and quality management. **Flagship initiative: Develop and extend platforms to enable cost-effective, pooled procurement of NCDI technologies, medicines & diagnostics by Member States**	• Coordinate and strengthen regional procurement and production of mental health medicines for all Member States and African citizens to enjoy reduced costs, assured quality, and predictable supply. • Work with Member States to ensure universal availability of essential medicines lists inclusive of mental health and on end-to-end supply chains to guarantee equitable access to mental health medicines across Africa. **Flagship initiative: Develop and extend platforms to enable cost-effective, pooled procurement of mental health technologies, medicines & diagnostics by Member States**

IMPLEMENTATION

To achieve the strategic objectives on NCDs & injuries and mental health, Africa CDC will build and innovate on its operating model to support Member States. It will use implementation plans, offer Member States unique value, create flagship programs, mainstream NCDs & injuries and mental health across Africa CDC and across the African Union and build a broad coalition with committed non-state actors.

Using implementation plans

Ambitious, detailed, and prioritized implementation plans will drive the delivery of this strategy. There will be a separate implementation plan for NCDs & injuries and a standalone plan for mental health. The impact of mental health across the continent is growing, yet it remains a particularly neglected issue. There are independent challenges associated with a continental mental health response. Feedback from Member States was clear that mental health should not be overshadowed by overall NCD and injury priorities. The dedicated Africa CDC Mental Health Strategic Implementation Plan (2022-2026) will ensure appropriate priority to and investment in mental health. Both the implementation plans for mental health and for NCDs and injuries will have detailed monitoring and evaluation mechanisms. Both will be fully aligned with this overarching strategic plan and implemented hand in hand. Success in implementation, in laying the foundation for a new public health order for non-communicable diseases & injuries and mental health will depend on seizing Africa CDC's specific strengths.

Adding unique value in a coordinated continental response

The unique value that Africa CDC offers Member States against the threat of NCDs & injuries and mental health conditions lies in its responsiveness to their needs, being accountable only to African nations, its deep contextual knowledge and network, existing public health platforms and partnerships, thirst for system innovation, and in its convening power as an autonomous health agency of the African Union, reporting to the Heads of State. A related advantage is Africa CDC's proven ability to coordinate and collaborate, leveraging and aligning existing public health assets on the continent while spurring demand for and developing additional assets. Africa CDC will apply these qualities during the implementation of this strategic plan.

Specifically, Africa CDC will support Member States to

- boost national implementation of NCDs & injuries and prevention and control and mental health promotion through expansion, integration, and innovation of public health systems, knowledge of and focus on African contexts, institution building, workforce investments, science promotion, and network intelligence;
- mobilize resources and expand the policy space for NCDs & injuries and mental health through advocacy at the highest African political levels, priority setting support, regional funding mechanisms, pooled procurement, and local manufacture; and
- realize multi-sectoral action against drivers of NCDs & injuries and mental health conditions through the convening power of the African Union, influence on relevant public and private actors across sectors, positioning health in continental policies, durable cross-departmental projects, and networks, stimulating multi-sectoral action with the highest levels of the African Union Commission, Regional Economic Committees and, notably, through access to African Heads of States.

Although young, Africa CDC has had considerable success in helping Member States strengthen their public health systems and institutions. In implementing this strategy, it will harness and build upon its existing initiatives, operating tools and relationships and develop novel ways to strengthen health systems. Africa CDC has been able to drive continental COVID-19 response with support from the highest political levels on the continent. It seeks to seize this political momentum and its unique operating model for focused actions to support Member States on NCDs & injuries and mental health.

Creating flagship initiatives

The strategic objectives will be pursued through flagship initiatives of highest pertinence, rank, and gear and additional projects surrounding them. Within the overarching goal of this strategy, these flagship initiatives will be defined strategically and scientifically based on Member States' most important specific support needs. Africa CDC operates on a vertical axis between Member States, five Regional Collaborating Centers (RCCs) and Headquarters at the African Union Commission as well as on a horizontal axis of specialized divisions. As Figure 5 shows, flagships will aim to integrate these vertical and horizontal value chains to create systems solutions on pressing NCDs & injuries and mental health problems in Africa. As a result of their size and this process, they promise African NCDs & injuries and mental health innovations, long-term impact, and more awareness among the public.

More broadly, to implement the strategic objectives Africa CDC will harness the strengths of its existing platforms by mainstreaming NCDs & injuries and mental-ill health components across the organization.

Integrating NCDs & injuries and mental health with existing Africa CDC platforms

To boost health systems the Africa CDC NCDs and Mental Health Unit will closely coordinate, cooperate and collaborate with Africa CDC's other divisions and initiatives. In this way it will connect NCDs & injuries and mental health throughout Africa CDC's overall strategic pillars (as laid out in the first Africa CDC Strategic Plan (2017-2021)) and embodied in the organizational structure. The Unit will highlight links, such as infections causing NCDs & injuries and mental health conditions, or vulnerability resulting from these conditions to epidemics and vice versa.
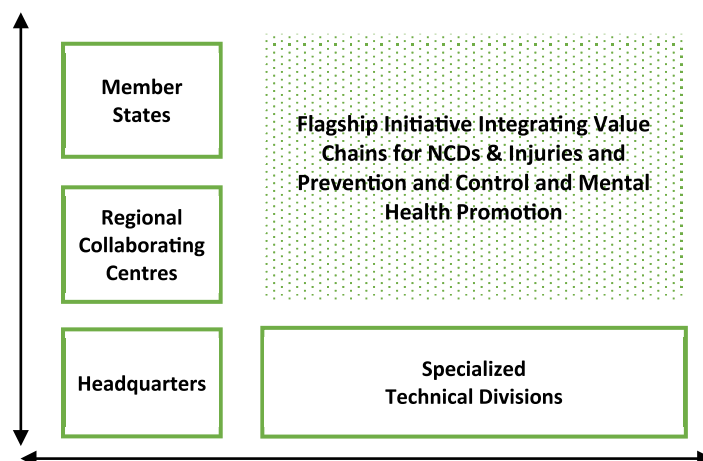
Figure 5: Integrating Africa CDC horizontal and vertical value chains for Member States' most pressing support needs on NCDs & injuries and mental health.

Figure 6 shows specific links that will be created between the work on NCDs & injuries and mental health and Africa CDC's divisions.

Beyond collaboration across Africa CDC, the Unit will pay due diligence to contribute to the overall achievement of the Africa Health Strategy (2016-2030) with the implementation of this Strategy. The strategic objectives presented above closely align with the strategic objectives, priorities and approaches of the Africa Health Strategy (2016-2030). Africa CDC will build on effective continental cooperation platforms for health such as the Africa Vaccine Acquisition Task Team (AVATT). The unit will also work hand in hand with other continental health commitments such as the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030. And it will cooperate with the Department of Social Affairs' (DSA) work on Health, Humanitarian Affairs and Social Development (HHS) and particularly its division of Health, Nutrition and Population (HNP), but also with more, seemingly distant, departments. It will expand the practice of coordination and cooperation across the African Union Commission's departments and organizations, creating novel links and enhancing systems for health.

Figure 6: Linking NCDs & injuries and mental health across Africa CDC divisions.

NCDS & INJURIES AND MENTAL HEALTH LINKS ACROSS AFRICA CDC

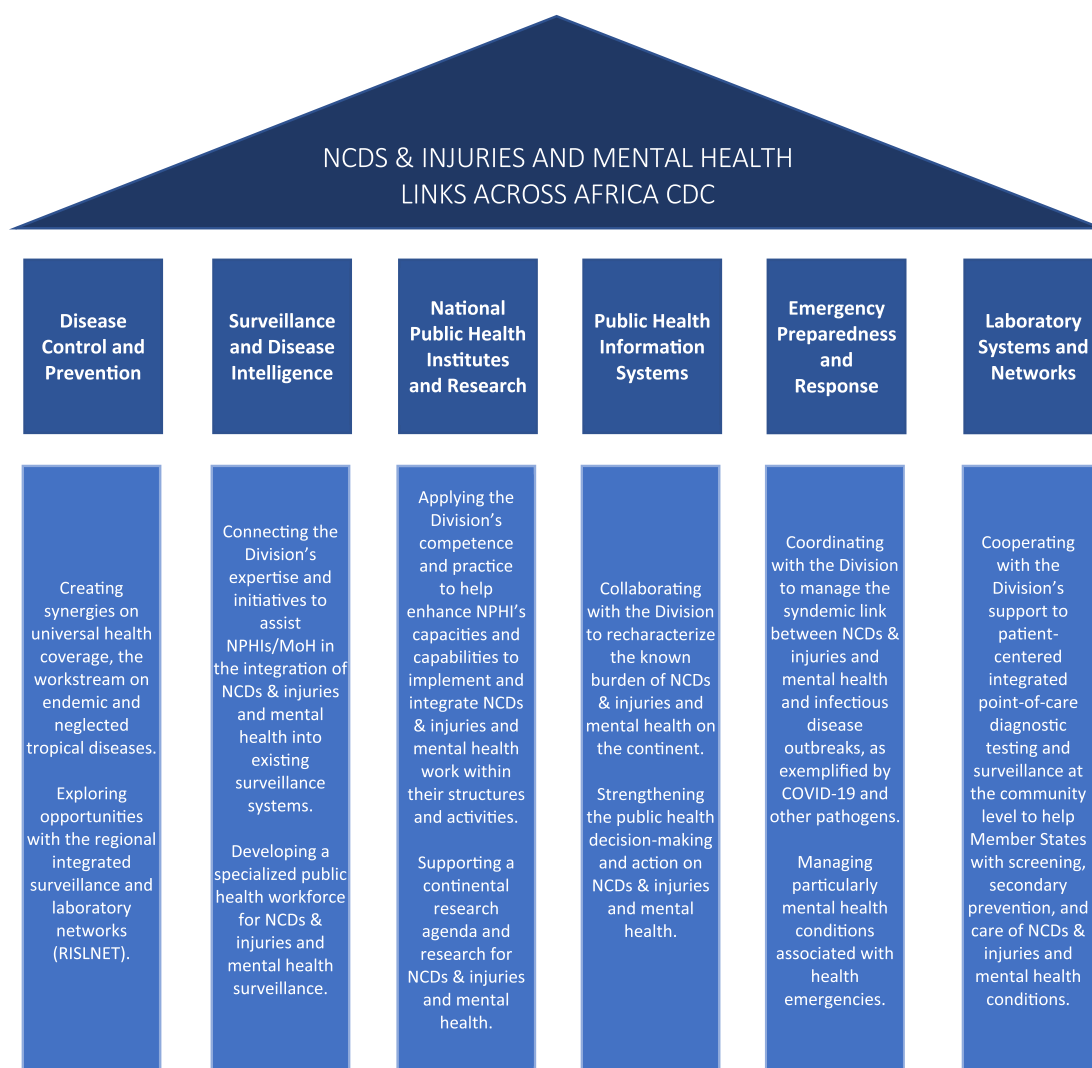| Disease Control and Prevention	Surveillance and Disease Intelligence	National Public Health Institutes and Research	Public Health Information Systems	Emergency Preparedness and Response	Laboratory Systems and Networks
Creating synergies on universal health coverage, the workstream on endemic and neglected tropical diseases. Exploring opportunities with the regional integrated surveillance and laboratory networks (RISLNET).	Connecting the Division's expertise and initiatives to assist NPHIs/MoH in the integration of NCDs & injuries and mental health into existing surveillance systems. Developing a specialized public health workforce for NCDs & injuries and mental health surveillance.	Applying the Division's competence and practice to help enhance NPHI's capacities and capabilities to implement and integrate NCDs & injuries and mental health work within their structures and activities. Supporting a continental research agenda and research for NCDs & injuries and mental health.	Collaborating with the Division to recharacterize the known burden of NCDs & injuries and mental health on the continent. Strengthening the public health decision-making and action on NCDs & injuries and mental health.	Coordinating with the Division to manage the syndemic link between NCDs & injuries and mental health and infectious disease outbreaks, as exemplified by COVID-19 and other pathogens. Managing particularly mental health conditions associated with health emergencies.	Cooperating with the Division's support to patient-centered integrated point-of-care diagnostic testing and surveillance at the community level to help Member States with screening, secondary prevention, and care of NCDs & injuries and mental health conditions.

Working across the African Union to curb drivers of NCDs & injuries and mental health conditions

To create systems for health, the unit will further work closely with initiatives across the AU outside of the traditional health sector that influence NCDs & injuries and mental health on the continent. These sectors co-determine upstream drivers for these conditions and affect their risks, burden, prevention, and control. Africa CDC will work with several African Union Commission (AUC) departments and AU organizations and especially coordinate, cooperate and align with activities and strategies in the trade, social, development, labor, transport, security, environment, food, and agriculture sectors.

These include the

- Agenda 2063, which directs the transformation of the continent and to which this strategy seeks to contribute, and the African Union Development Agency (AUDA-NEPAD), which through multifaceted work continentally drives the realization of it;
- economic integration driven by the African Continental Free Trade Area (AfCFTA) and the Regional Economic Communities, including Common Market for Eastern and Southern Africa (COMESA), East African Community (EAC), Arab Maghreb Union (UMA), Community of Sahel–Saharan States (CEN–SAD), Economic Community of Central African States (ECCAS), Economic Community of West African States (ECOWAS), Intergovernmental

Authority on Development (IGAD), Southern African Development Community (SADC);

- shaping of the health technology market by the Pharmaceutical Manufacturing Plan for Africa (PMPA) and the newly launched African Medicines Agency (AMA);
- socioeconomic integration as structured by the Department of Social Affairs (DSA) the Social Policy Framework for Africa, the Ouga + 10 Declaration and Plan of Action outlining employment, social protection, and inclusive development, as well as the Social Protection Plan for the Informal Economy and Rural Workers (SPIREWORK) and the First Five Year Priority Programme on Employment, Poverty Eradication and Inclusive Development;
- risks of drugs and associated crime which distort mental health and the AU Plan of Action on Drug Control and Crime Prevention (2019-2023) that structures the continental response;
- African Road Safety Charter, the African Road Safety Action plan of the Decade 2021 – 2030 and Observatory, and the work of the Peace and Security Council as important continental efforts to curb injuries;
- Department for Infrastructure and Energy as well as the Department for Agriculture, Rural Development, Blue Economy, and Sustainable Environment and the Draft Africa Climate Change Strategy 2020 – 2030 which influence environmental determinants of health on the continental level;
- the Africa Regional Nutrition Strategy (2015-2025) (ARNS) Comprehensive Africa Agriculture Development Programme (CAADP) and Partnership for Aflatoxin Control in Africa (PACA) which provide continental frameworks with implications for nutrition in Africa;
- African Union Sanitary and Phytosanitary (SPS) Policy Framework which further structures and harmonizes food systems as will the Africa Food Safety Strategy; and
  cross-cutting AU frameworks to which this strategy relates, including the African Youth Charter, the Migration Policy Framework for Africa (MPFA) 2018 – 2030, the Science, Technology and Innovation Strategy for Africa 2024, the Digital Transformation Strategy for Africa (2020-2030).

For implementation, not only Member States, Africa CDC and AU or AU-affiliated organizations will be crucial. Rather this requires a coalition with Africa's citizens, non-state actors and partners who have been fighting against the threat of NCDs & injuries and mental health conditions on the continent, and who have amassed rich experience, competence, knowledge, and networks.

Partnering with organizations, citizens across Africa to coordinate and collaborate in the response

Supporting African nations against the threat of NCDs & injuries and mental health conditions by transforming its health systems and systems for health creates a shared public purpose and framework for collaboration. The development of this Strategy was demanded and steered by Member States, and so will be its implementation and any needed adjustments. To fully realize this joint mission of Member States requires contributions from a broader coalition of stakeholders from various sectors, that share and commit to this public purpose (Figure 7).

Cognizant of the excellent organizations that help prevent and control NCDs & injuries and promote mental health on the continent, Africa CDC attempts to join and build on this existing coalition. It will intensively engage with stakeholders committed to the Member State-led transformation of health systems and systems for health it outlines. This includes the private sector committed to this mission, however, excludes with zero-tolerance and full-rejection any industries and companies damaging health through health harmful products and actions, including interference in public health policymaking. Africa CDC will regularly and proactively inform, consult, and connect committed stakeholders, as well as coordinate, cooperate and collaborate with them: to build durable partnerships on mutual understanding and trust, represent a broad range of experiences and perspectives of citizens and organizations, avert duplication, create networks and synergies.

Harnessing expertise from a Technical Advisory Group

To steer well, akin to Africa CDC's Advisory and Technical Council, selected representatives from Member States, Regional Collaborating Centers, and independent technical experts will provide advice on Africa CDC's NCDs & injuries and mental health work. This group will advise on emerging issues and other related matters of NCDs & injuries and control and prevention and mental health promotion; on strategic planning, implementation approaches, activities, advocacy, resource mobilization, and assessing progress.

COALITION AGAINST NCDS & INJURIES AND MENTAL HEALTH CONDITIONS IN AFRICA

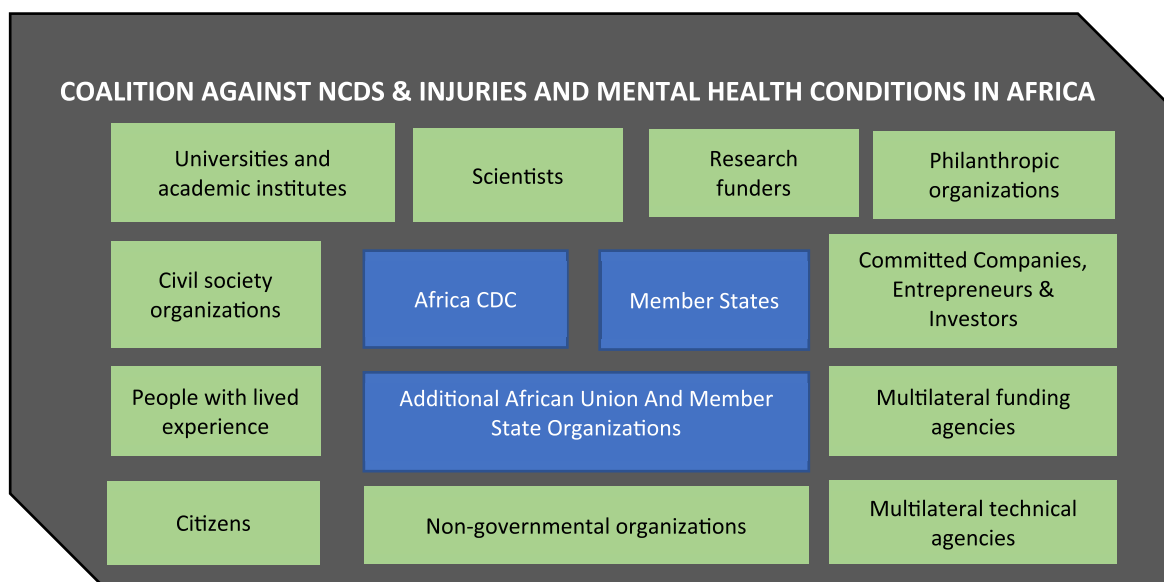|			
Universities and academic institutes	Scientists	Research funders	Philanthropic organizations
Civil society organizations	Africa CDC	Member States	Committed Companies, Entrepreneurs & Investors
People with lived experience	Additional African Union And Member State Organizations		Multilateral funding agencies
Citizens	Non-governmental organizations		Multilateral technical agencies

Figure 7: Selected non-state stakeholders (green) joining forces with Africa CDC, Member States, additional AU and Member State Organizations (blue) for prevention and control of NCDs & injuries and mental-ill health (indicative list)

RESOURCING

Similar to Africa CDC's overall approach to resourcing its operations, a mix of funding sources will be used to deliver this Strategy. It will consist of core funding from the African Union and - while ensuring the agenda is driven by Africa CDC - additional contributions and donations from Member States, the relevant African private sector, development partners and foundations. Africa CDC intends to seek additional innovative financing mechanism to fundraise and will be part of partnerships with various stakeholders within the continent.

MONITORING AND EVALUATION

Progress will be monitored continuously, and results reported to Member States annually to assess the implementation and impact of this Strategy. Its operational backbone is the result matrix assigning indicators, baselines and targets to the interventions for the strategic objectives. Africa CDC will develop these with the participation of Member States and Regional Collaborating Centres (RCCs) who will also be closely involved in monitoring progress. Specific monitoring roles and responsibilities between Africa CDC, Regional Collaborating Centres (RCCs), and Member States as well as details about the monitoring cycle will be specified.

As with the overall Africa CDC Strategic Plan (2017-2021), these results will inform necessary adjustments of this strategic plan and the development of the next. This process will consider the criteria of relevance (in a dynamic environment, are its goal and objectives still fit for purpose?), efficiency (does its implementation remain within budget?), effectiveness (do its outputs translate to outcomes?), and sustainability (will its results be appreciated well after project implementation?) amongst others. Mid-term and end-of-strategy evaluations will be conducted in June 2024 and December 2026, respectively. Here, Member States and Regional Collaborating Centres will be closely consulted as well.

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