



health

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UPDATING THE WHO NCD BEST BUYS - CALL TO CONTRIBUTE TO THE SECOND CONSULTATION ON THE UPDATING OF THE APPENDIX 3 OF THE WHO NCD ACTION PLAN.

Dear Dr Owen Kaluwa

I welcome the opportunity to receive the Updated WHO NCD Best Buys for review by the Department of Health as WHO prepares for the second consultation with Member States on 16 September 2022. The WHO Secretariate is congratulated on updating the 2017 NCD Best Buys, taking into consideration new evidence, updated WHO recommendations and more significantly, the implementation of "best buy" interventions will undoubtedly support South Africa to accelerate our response toward meeting SDG Targets 3.4 and 3.8.

All health programs working toward the prevention and control of Non-Communicable Diseases including Health Promotion, Nutrition, Food Control, Mental Health and Substance Abuse and Chronic Diseases contributed toward the attached response and the Department looks forward to participating in the forthcoming second consultation with Member States.

I am pleased to support the retention of the Updated NCD Best Buys as Appendix 3 of the NCD Global Action Plan and comments and additions to the Objectives are reflected on the attached comprehensive response for consideration by WHO.

Yours sincerely

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National Department of Health
Date: 15/09/2022



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OBJECTIVE	INTERVENTION	COMMENT
Objective 1 To raise the priority afforded to the prevention and control of NCDs (sic)	Over/arching/enabling actions	Consider inclusion integration of NCDS into public health and developmental agendas including responses to humanitarian crisis.
Objective 2 To strengthen national capacity, leadership, governance, multisectoral action (sic)	Over/arching/enabling actions	Consider inclusion of a note that if systems for multisectoral action are not in place, Member Systems must be assisted to realize this action. Funding partners must be engaged at especially Regional and Global levels to acknowledge and adhere to the principles of Integrated Person-Centered Health Services.
Objective 3: Reducing modifiable risk factors for noncommunicable disease and underlying social determinants through creation of health-promoting environments Area: Reduce unhealthy diet	Reformulation policies for healthier food and beverage products	Agree, South Africa is implementing policies that require the food and beverage industry to reformulate their products e.g. regulations relating to reduction of sodium in certain foodstuffs, regulations relating to trans-fat in foodstuffs, and the health promotion levy on sugar sweetened beverages. Implementation of the FOPL will further assist in product reformulation. The Obesity Strategy is under review to incorporate additional policies to support the reduction of unhealthy foods on the market

Response on behalf of the Department of Health: South Africa

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OBJECTIVE	INTERVENTION	COMMENT
	Front-of-pack labelling as part of comprehensive nutrition labelling policies	Agree, South Africa is in the process of Augmenting the current regulations relating to labelling and advertising of foodstuffs among other matters to include mandatory FOPL
	Public food procurement and service policies for healthy diets	This intervention needs to be unpacked to ensure correct understanding and alignment with other relevant policies in the country
	Behaviour change communication and mass media campaign for healthy diets	Agree, South Africa is already implementing through various annual campaigns e.g., World Breastfeeding Week, World Obesity Day, World Diabetes Day, National Nutrition Week, Healthy Lifestyle Awareness Day, World Food Safety Day, etc.
	Policies to protect children from the harmful impact of food marketing	Agree, South Africa has regulated many aspects of the International Code on the marketing of breastmilk substitutes. Policies dealing with mass media marketing including sport broadcasts are more challenging in that buy-in from the relevant ministry. Loss of revenue is often cited as one of the factors
	Protection, promotion and support of optimal breastfeeding practices	Agree, along with actions to promote, protect and support BF, South Africa is strengthening support to caregivers to introduce appropriate complementary foods after 6 months
	Taxation on sugar-sweetened beverages as part of comprehensive fiscal policies to promote healthy diets	Agree, South Africa is already implementing the health promotion levy on SSBs since 2018
Other interventions without WHO-CHOICE analysis	Subsidies on healthy foods and beverages (e.g. fruits and vegetables) as part of comprehensive fiscal policies for healthy diets	South Africa could be considered as already implementing this intervention through the vat zero rating on fresh fruits, vegetables, and other healthy basic foodstuffs. The standard rate of VAT is 15%

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	Menu labelling in food service to promote healthy diets (e.g. reduce total energy intake (kcal) and/or intake of sugars, sodium and unhealthy fats)	Food service should be defined
	Limiting portion and package size to reduce energy intake and the risk of overweight/obesity	Once there is convincing evidence of positive impact in middle- and low-income countries, there might be a need to recommend regulations. Guidance will need to be provided for unpacked foods e.g. portion control in quick service restaurants. Success of implementing this intervention will rely heavily on the food and beverage sector.
	Nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to promote healthy diets	This is an important intervention to support understanding of Consumers of regulatory attempts to support healthy diets, as food choices may primarily be based on cost vis a vis health benefits due to economic considerations. Other ministries are encouraged to adopt nutrition education into their policies, e.g. school education curriculum. Considering the constraints in human resource, nutrition counselling maybe very difficult to implement in other setting besides the health facilities. It is recommended that hospital setting be changed to health facilities to include primary health care setting i.e. clinics
Objective 3: Tobacco Use	Increase excise taxes and prices on tobacco products	The National Treasury and the South African Revenue Service (SARS) has published, for public comment, the 2022 draft Taxation Laws Amendment Bill (2022 draft TLAB) which includes taxation of electronic nicotine and non-nicotine delivery systems. See attached the 2022 draft TLAB or on this LINK and the accompanying explanatory memoranda . Currently, the Tobacco Products, including Cigarettes, Cigars, Cigarette Tobacco and Pipe Tobacco and are

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		subject to the payment of Excise Duty if consumed within the Southern African Customs Union (SACU).
	Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages Requires capacity for implementing and enforcing regulations and legislation	<p>The Control of Tobacco Products and Electronic Delivery Systems Bill published in 2018 for public comments. The propose draft Bill is being processed by the relevant South African government clusters as due process for tabling before cabinet and onward submission to parliament</p> <p>It has made provision for the regulation of:</p> <ul style="list-style-type: none"> • 100% Smoke free area indoor public areas and certain areas; • introduction of plain packaging with pictorials; • ban on display at Point of Sale; and • the regulation of electronic nicotine and non nicotine delivery systems (ENDS/ ENNDS) <p>The laws on advertising, promotion and sponsorship are also being strengthened.</p>
	Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship	
	Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport	
	Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke	<p>The “Commit to Quit” campaign was launched by the World Health Organization on the 08 December 2020, with the focus on focus on quitting awareness and advocacy for tobacco cessation policies. South Africa was one of the recipients to the WHO fund for this campaign. Partners were key to the implementation this campaign.</p> <p>To scale up the interventions by government, the National Council Against Smoking (NCAS), a leading Non-Governmental Organisation in tobacco control activism has formed the Tobacco Control Advocacy Alliance and are running ongoing awareness interventions on tobacco issues. The Alliance is working with both national and international partners and over the past</p>

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		<p>few years have managed to bring tobacco issues on public platforms.</p> <p>On policy level, the Development Gateway, a global non-profit organization that specializes in data for development through its program, the Tobacco Control Data Initiative (TCDI) developed an open online database or tools on tobacco control scientific information to enable policy-makers to use essential data more effectively to inform policy. South Africa launched its online database on World No Tobacco Day, 2021.</p>
	<p>Provision of cost-covered effective population-wide support (including brief advice, national toll-free quit line services and mCessation) for tobacco cessation to all tobacco users. Requires sufficient, trained providers and a better functioning health system</p>	<p>The National Ministry has identified a need to establish a tobacco cessation working committee for the emerging and novel nicotine and tobacco products. South Africa has cessation services accessible by the upper class and needs to focus on providing comprehensive cessation services to its ordinary citizens that are mainly using the Primary Health Care facilities. The focus will be on awareness, treatment, counselling and referrals.</p>
	<p>Provision of cost-covered effective pharmacological interventions to all tobacco users who want to quit</p>	
Objective 3: Harmful use of alcohol	<p>Increase excise taxes on alcoholic beverages</p>	<p>Agree, no additional recommendation</p>
	<p>Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)</p>	<p>Agree, no additional recommendation</p>
	<p>Enact and enforce restrictions on the physical availability of legislation retailed</p>	<p>Agree, no additional recommendation</p>

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	alcohol (via reduced hours of sale)	
	Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints	Agree, no additional recommendation
	Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use	Agree, no additional recommendation
Objective 4 To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage	Over/arching/enabling actions	So called “integrated” financing models must be encouraged to strengthen health systems and not consider funding care of persons with NCDs only if they have a communicable disease. The delivery of palliative care services must also consider the principles of integrated person-centered health services noting that services cut across all health programs and levels of care. Strongly propose integration of NCDS into public health and developmental agendas as well as part of resilience strategies during humanitarian crisis,
Cardiovascular Diseases	Interventions	Add community and clinic level screening and linkage to care as well as support to maintain control This is especially relevant in a country where less than half of our communities are aware of their condition, less than half of those aware are on treatment and less than half of those on treatment are controlled. Integrated approach to managing pregnant women
Diabetes	Interventions	As above

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		Monitoring of women with gestational diabetes and their babies through regular follow up
Objective 4: CA 1:	Vaccination against human papillomavirus (1-2 doses) of 9– 14-year-old girls	Agree, no additional recommendations. Vaccination against HPV is offered to all girls in public schools. The programme currently uses a two-dose schedule, but a one-dose schedule is under consideration. Current challenges Girls in private schools are not currently included. Vaccine hesitancy has been limited to date – however, there are concerns that there may be spillover from Covid-related vaccine hesitancy.
CA 2:	Cervical cancer: HPV DNA screening, starting at the age of 30 years with regular screening every 5 to 10 years (using a screen-and-treat approach or screen, triage and treat approach)	Propose stratification of routine screening age. 30 years for routine screening but 20 years for HIV high prevalence groups due to increasing diagnosed cases within that age group with very low 5 years survival rate.
CA 3:	Cervical cancer: early diagnosis programs linked with timely diagnostic work-up and comprehensive cancer treatment	Proposing decentralization of management of pre-cancerous lesions to lower levels of care. Building capacity at general institutions rather than Oncology services.
CA 4:	Breast cancer: early diagnosis programs linked with timely diagnostic work-up and comprehensive cancer treatment	Similar to Cervical cancer, capacity building to manage benign breast conditions management at lower levels of care.
CA 5:	Breast Cancer: Screening with mammography (once every 2 years for women aged 50-69 years) linked with timely diagnostic work-up and comprehensive breast	Population based routine mammography screening, new approach but will require clear health economy modelling approach.

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	cancer treatment in setting where mammographic screening programme is recommended	
CA 13	Prostate cancer: early diagnosis programs linked with timely diagnostic work-up and comprehensive cancer treatment	Agree
Objective 5 To promote and support national capacity research	Over/arching/enabling actions	<p>Research in NCDs must involve persons with lived experience of NCDs and Mental Health conditions and explore and strengthen evidence on the value of meaningful engagement</p> <p>Financing for NCD research must be on par with available funding for other conditions</p> <p>Ideally research must also adhere to the principles of Integrated person-centered health services and promote holistic research</p> <p>Integrate research on NCDs into developmental research agendas</p>
Objective 6 To monitor the trends and determinants of NCDs	Over/arching/enabling actions	<p>Financing models to strengthen surveillance of other conditions must adhere to the principles of integrated person-centered health services and not exclude NCD data based on funding criteria.</p> <p>Strengthening of NCD and risk factor baselines and surveillance remain highest priority and require the most significant commitment. Systems must be put in place to accelerate availability of timely and accurate data at both patient and population levels.</p>
ADDITIONAL INFORMATION		
Strengthen Food Safety Policies especially in resource poor countries		Whilst it is often conceived that unsafe foods cause many communicable diseases, other forms of food contamination can cause various forms of NCDs, e.g, cancer especially in children

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		<p>as well as over the life span. The most notable contaminants are mycotoxins in grains (staples), ground nuts and tree nuts, spices, etc and heavy metals. Interventions could focus on ensuring food safety policies with possible enforcement, but ensuring monitoring and surveillance activities such as total diet studies focused on the food items that would constitute optimal healthy diets</p>
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