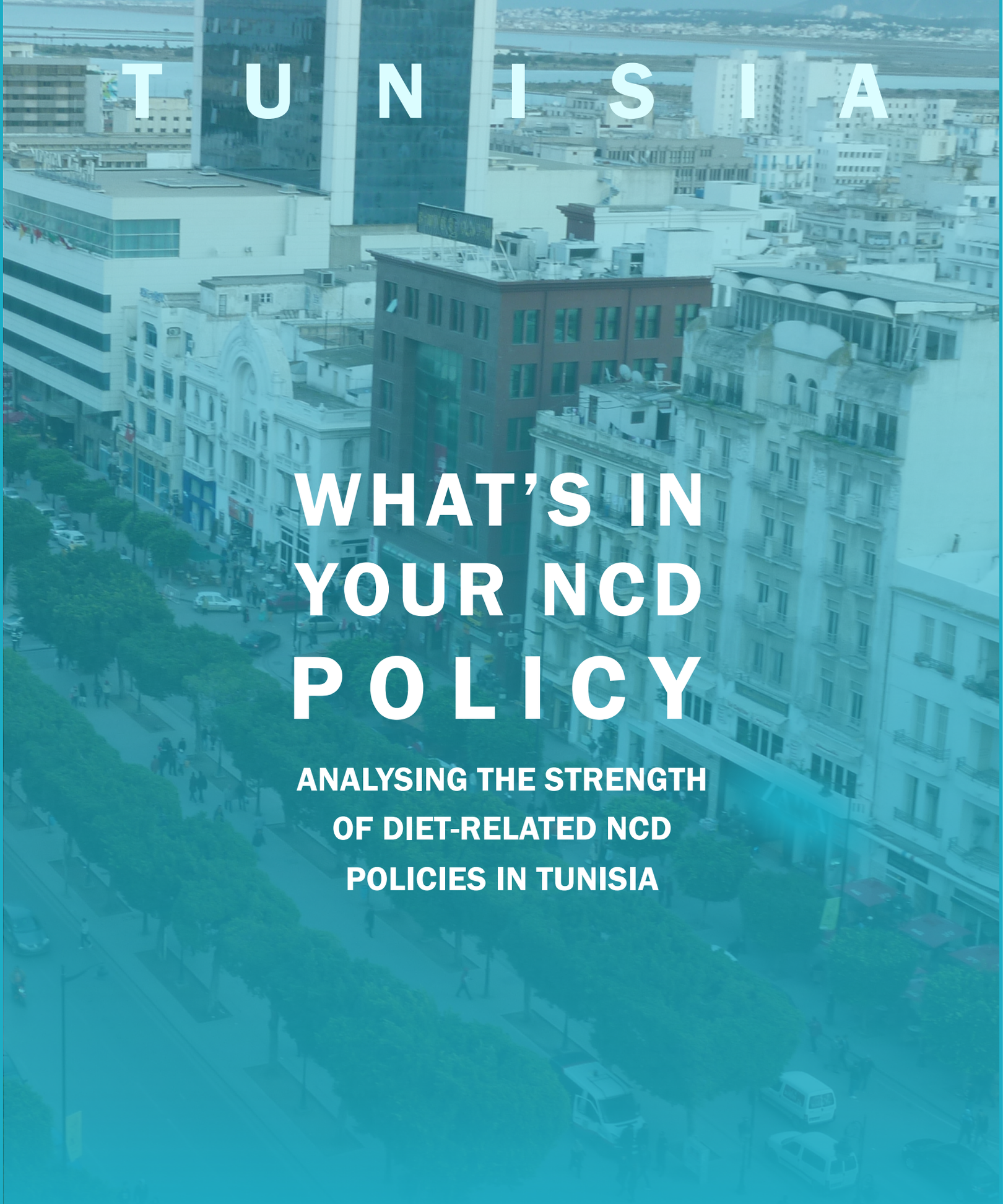

TUNISIA

WHAT'S IN YOUR NCD POLICY

ANALYSING THE STRENGTH OF DIET-RELATED NCD POLICIES IN TUNISIA

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The strength of national diet-related policies should match the severity of the burden of non-communicable diseases (NCDs) in Tunisia, and guide government action focused on the most critical dietary drivers and population groups at risk.

Yet, while Tunisia has recognised the importance of addressing NCDs, there has been little rigorous analysis of country-level policies to tackle NCDs associated with unhealthy diets.

This brief presents an assessment of national policies and strategies related to promoting healthy diets and offers evidence-informed recommendations for shaping comprehensive, effective and equitable diet-related NCD policies.

The research presented has been conducted as part of a six-country study comparing national NCD policies to global recommendations, and evaluating the extent to which policies include effective and equitable attributes to improve population health. Study countries included Afghanistan, Bangladesh, Nepal, Pakistan, Tunisia and Vietnam.

Research in Tunisia was led by a team based at the SURVEN Research Laboratory "Nutritional surveillance and Epidemiology in Tunisia" in the National Institute of Nutrition and Food Technology, Tunisia, and the National Institute of Health, in partnership with the Centre for Gender and Global Health, University College London.

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NCDS IN TUNISIA

Non-communicable diseases (NCDs) represent a serious public health problem in Tunisia, prematurely claiming the lives of 62 000 people each year. NCDs account for 86% of all deaths and a significant share of health expenditure, with 65% of the Ministry of Health budget allocated to therapeutic NCD care.

Unhealthy diets, malnutrition and NCDs are closely linked. In Tunisia, particularly high consumption of sugar and sugar products, vegetable oils and salt, which are significant risk factors for obesity, diabetes and hypertension, plays a key role in rising rates of NCDs.

FIG.1

NCDS ACCOUNT FOR SEVEN OF THE TOP TEN CAUSES OF PREMATURE DEATH IN TUNISIA – AND ARE ON THE RISE

Top 10 causes of years of life lost (YLLs) in 2017 and percent change, 2007-2017, all ages, number

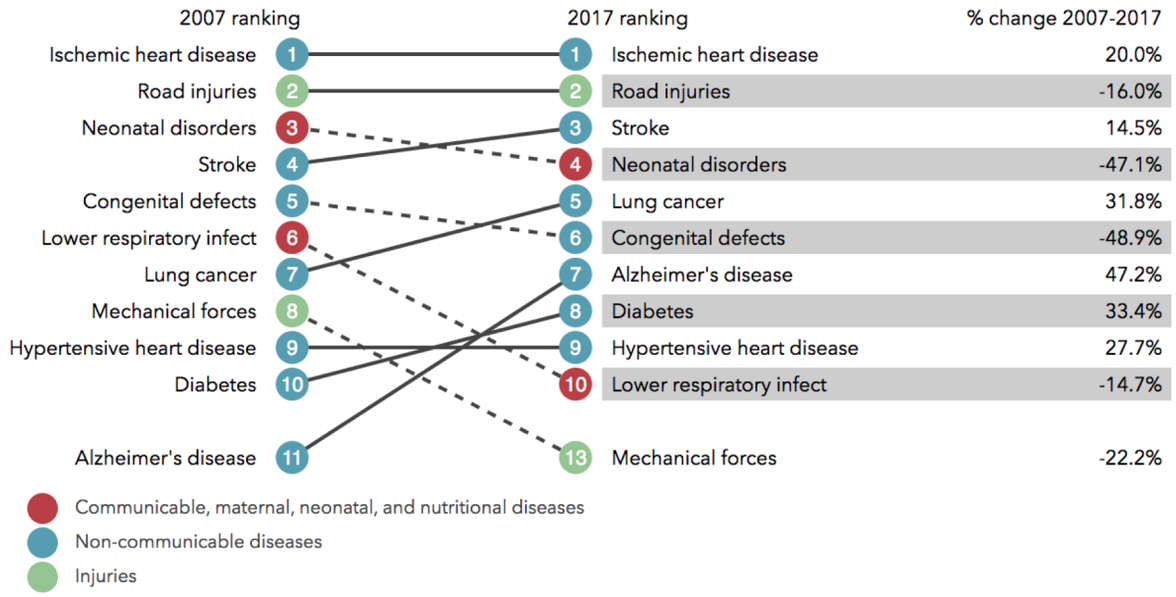
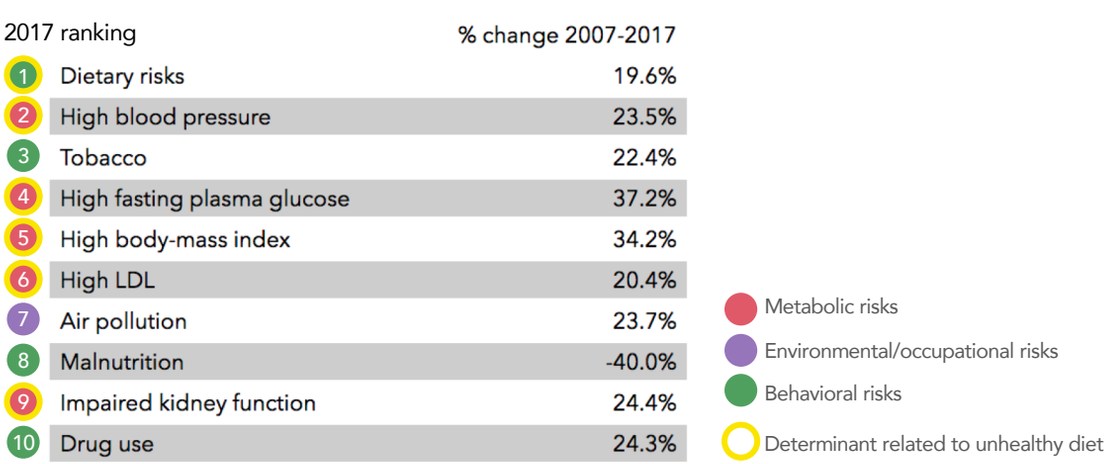


FIG.2

UNHEALTHY DIET IS AMONG THE MOST SIGNIFICANT – AND FASTEST GROWING – DETERMINANTS OF NCDS

Top 10 risks contributing to DALYs in 2017 and percent change, 2007-2017, all ages, number



Data for Figures 1 and 2 from Institute of Health Metrics and Evaluation, 2019: http://www.healthdata.org/tunisia

THE GLOBAL RESPONSE TO NCDS

Many interventions for the prevention and control of NCDs exist. Given the resource constraints facing all countries and their need to prioritise the most effective interventions, the World Health Organization (WHO) has identified a set of evidence-based "Best Buy" interventions that are not only highly cost-effective but also feasible and recommended for implementation in all countries.

Several of the Best Buys are explicitly aimed at addressing unhealthy diets.[1] These interventions are designed to mainly address the structural drivers and commercial determinants of diet, an approach likely to yield greater benefits at the population level compared to individually-focused interventions.[2,3]

NCDs: On the global agenda at last

While the burden of NCDs has been historically neglected by the global health community, prioritisation and action to prevent and address NCDs is expanding. The first UN General Assembly High-Level Meeting on NCDs in 2011 marked a critical turning point in mobilising political attention and policy action at national and global levels, as did the inclusion of an NCDs-related target in the Sustainable Development Goals (3.4, to reduce premature mortality from NCDs by one-third by 2030).

2%

OF ALL GLOBAL HEALTH FINANCING IS ALLOCATED TO NCDS

ACTION IN TUNISIA

The national response to NCDs is largely guided by the National Multisectoral Strategy to Prevent and Control Noncommunicable Diseases (NCDs) 2018-2025 and the National Strategy to Prevent and Control Obesity (2013-2017).[4] These strategies have adopted some of the Best Buys, including a target for salt reduction, labelling of healthy food products, and media campaigns to strengthen the population's awareness on reducing salt consumption. Policy efforts to reduce sugar consumption have also resulted in a 2017 law taxing sugar-sweetened beverages.

Tunisia Policy Analysis: Our research

During 2017-2019, we undertook an in-depth analysis of the Government's policies for controlling diet-related NCDs, and compared national responses to global recommendations for all countries. The purpose of the study was to identify where and how policy could be strengthened to more effectively address the growing burden of NCDs in the country.

POLICY DOCUMENT ANALYSIS: OUR QUESTIONS

THREE DIMENSIONS OF A ROBUST POLICY FRAMEWORK TO ADDRESS AND PREVENT NCDS

1 **COMPREHENSIVE:** ARE TUNISIA'S NCD POLICIES CONSISTENT WITH GLOBAL RECOMMENDATIONS? [TABLE 1]

2 **EFFECTIVE:** DO TUNISIA'S NCD POLICIES HAVE ADEQUATE AUTHORITY, ACCOUNTABILITY MECHANISMS AND BUDGET? [TABLE 1 & FIGURE 3]

3 **EQUITABLE:** DO TUNISIA'S NCD POLICIES PROMOTE EQUITY AND HUMAN-RIGHTS BASED APPROACHES? [FIGURE 4]

OUR METHODS

We conducted an in-depth policy content analysis followed by stakeholder interviews. The content of policies inside and outside the health sector were reviewed to determine: (1) whether they were consistent with WHO Best Buys; (2) how much authority the policy has (e.g. whether it is national law or a sector strategic plan); (3) systems of accountability; (4) any associated budgetary line items; (5) the extent of attention paid to issues of equity (including gender) and human rights. We synthesised these findings into a "policy cube" to graphically present key features of the policy responses to combat diet-related NCDs (see page 6).

In-depth interviews were conducted with stakeholders purposely selected from a variety of organisations and sectors. We used a policy analysis framework to explore issues of actor power, ideas (how the issue is perceived and portrayed), context, and policy characteristics (including the severity of the problem and the availability of effective interventions), to understand: (1) why some of the Best Buys have succeeded in gaining political and policy attention; (2) why other Best Buys are absent from the current policy response; (3) what explains policy content and its characteristics (particularly in relation to questions of authority, accountability, rights-based approaches, etc); and (4) what it would take for neglected/absent Best Buys to be higher up the current policy agenda.

The study received approval from the ethics boards of the National Institute of Nutrition and Food Technology and the National Institute of Personal Data Protection, Tunisia, and University College London, UK.

OUR FINDINGS

TABLE 1. TUNISIA'S NCD-RELATED HEALTH POLICIES: COMPREHENSIVENESS OF BEST BUYS AND POLICY EFFECTIVENESS

Best Buys: Cost-effective interventions	**Present?**	**Authority**	**Accountability**	**Budget**
Reduce salt intake through reformulation of food products and set target levels for salt in foods and meals				
• Goal to decrease salt consumption	✓	🟢	🔴	🔴
• Reformulation of food products to decrease salt	✓	🟢	🟢	🟢
• Set target salt level in foods	✓	🟢	🟢	🟢
• 30% reduction in salt consumption	✓	🟢	🔴	🔴
Reduce salt intake through the establishment of a supportive environment in public institutions	✓	🟢	🟡	🟡
Reduce salt intake through a behaviour change communication and mass media campaign				
• Mass media campaign to reduce salt intake	✓	🟢	🔴	🟢
• Behaviour change communication on salt	✓	🟢	🔴	🟢
Reduce salt intake through front-of-pack labelling	✓	🟢	🟢	🟢
Effective interventions Cost effectiveness of >/$100 per disability-adjusted life year averted in low & middle-income countries				
Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain				
• Goal to eliminate industrial trans-fats	✓	🟢	🔴	🔴
• Legislation to ban use of trans-fats in food chain	x	x	x	x
Reduce sugar consumption through effective taxation on sugar-sweetened beverages				
• Goal to reduce sugar intake	✓	🟢	🔴	🟢
• Taxation on sugar-sweetened beverages	✓	🟢	🟢	🟢
Other recommended interventions				
Subsidies to increase uptake of fruits and vegetables	x	x	x	x
Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal or agricultural policies	✓	🟢	🟡	🔴
Limit portion and package size to reduce energy intake and the risk of overweight/obesity	x	x	x	x
Implement nutrition education and counselling to increase intake of fruits and vegetables	✓	🟢	🔴	🔴
Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats	✓	🔴	🟢	🟢
Implement mass media campaign on healthy diets	✓	🟢	🔴	🔴
Promote exclusive breastfeeding for first 6 months of life	✓	🟢	🟢	🟢

TABLE 1. KEY

Authority

- High authority – legislation in place (e.g. law, decree, decision, ministerial circular)
- Medium authority – legislation proposed to address the issue
- Low authority – no existing, planned or proposed legislation

Accountability

- Abides by key principles of accountability[5]
- A national lead/implementing agency is named and assigned responsibility for reporting in the public domain
- No mechanism for accountability found

Budget

- Budget line item assigned to policy sub-component
- Budget line item planned but no evidence for line item identified
- No budget line item identified

POLICIES WITH BEST BUY INTERVENTIONS

National Strategy to Prevent and Control Obesity (2013-2017)

National Multisectoral Strategy to Prevent and Control of Noncommunicable Diseases (NCDs) 2018-2025

FIG. 3

HIERARCHY OF POLICY AUTHORITY IN TUNISIA

The relative level of authority of different policy documents has been categorised, which can indicate the likelihood that bureaucrats, industry and society will act on them.

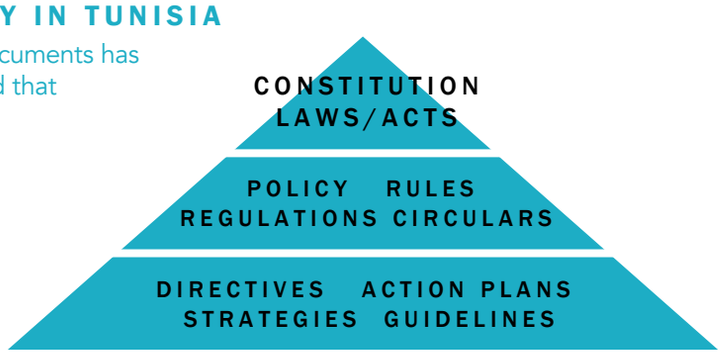


FIG. 4

HEALTH AND RIGHTS IN TUNISIA POLICY

Rights-based policies can strengthen countries' efforts to address the determinants of NCDs. A rights-based approach has been central to progress in the AIDS response, both in ensuring that individuals are protected against discrimination and committing the State to take positive actions. We find however, that human rights language and concepts are largely absent from NCD policies.[6]

NCD POLICY	HIV POLICY
No human rights language contained in national NCD policy documents	The **National Strategic Plan for HIV and STIs 2015-2018** makes approximately 50 references to rights and commits to legal reforms to reduce stigma and discrimination, to guarantee the dignity of people living with and affected by HIV as well as their access to services, and to strengthen capacity to understand and address human rights. Strategic Axis 3 of the **National HIV/AIDS Strategic Plan 2012-2016** is to "Reform of the juridical frame and promotion of human rights for the guarantee of human dignity and the reduction of stigma and discrimination in all contexts of the response to HIV/AIDS."

BRINGING IT ALL TOGETHER: THE POLICY CUBE

The "Policy Cube," brings together the three axes of our policy content review: 1) dietary policy comprehensiveness, or the extent to which WHO Best Buys are reflected in national policy documents; 2) the effectiveness of a policy's implementation and enforcement mechanisms, such as the level of authority of the policy, whether it has an associated budget, and whether systems of accountability are specified, and; 3) the extent to which policy documents are oriented towards principles of equity, gender and human rights. A full cube would represent a robust policy framework for the prevention and control of NCDs.

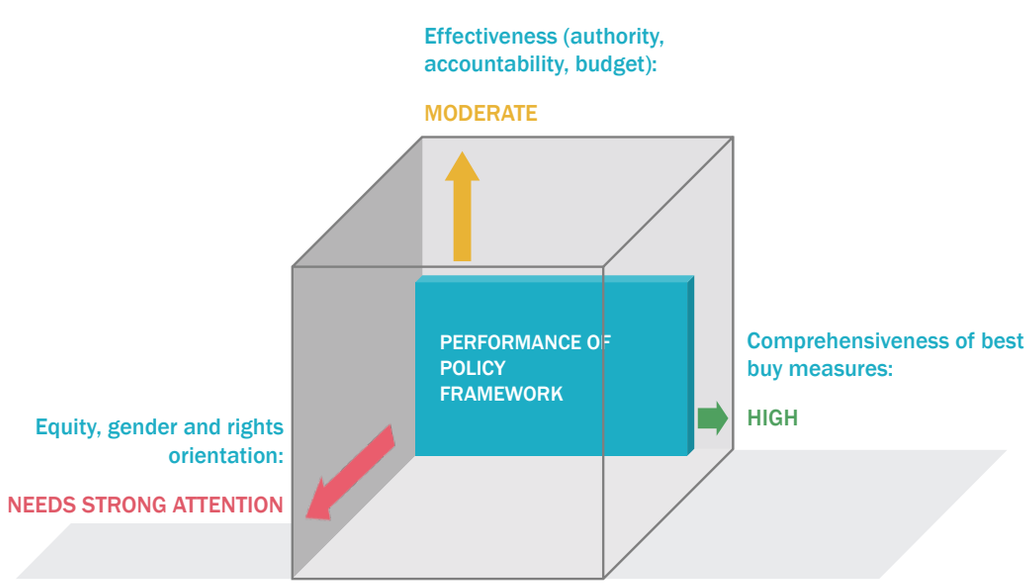
Comprehensiveness. With 16 out of the 19 Best Buys and at least one green light in all 16 (see Table 1), Tunisia's NCD policies are comprehensive and perform generally well in terms of the effectiveness of their implementation and enforcement mechanisms.

Effectiveness. Policies would benefit from enhanced effectiveness: only a third of the Best Buys score positively for authority, accountability and budget. Specific budgets were identified for just over half of the actions associated with Best Buys in Tunisia's policies. With only one-third of the Best Buys abiding by key principles of accountability, action is especially needed in specifying the role and liability of each party involved.

Equity. A positive trend towards human rights, gender and equity language was identified in Tunisia's HIV policies, but entirely lacking in its NCDs policies. Despite the strong rights-orientation of the 2014 Constitution, including its recognition of the right to health for all people, NCD policies contain no specific commitments to health equity or the right to health. Tunisia's NCD policies require significant action to strengthen their equity- and rights-orientation, following the precedent set by the country's HIV policies.

FIG. 5

POLICY CUBE TUNISIA: THREE DIMENSIONS OF ASSESSING NCD POLICY FRAMEWORKS



STAKEHOLDERS WEIGH IN

INTERVIEWS WITH STAKEHOLDERS ON THE MAJOR IMPEDIMENTS TO PROGRESS IN ADVANCING THE NCD AGENDA: KEY FINDINGS

POWER
Need for higher level political leadership and authority

> There is the national committee for prevention and control of noncommunicable diseases, which should be led by the head of government. We tried to have it supervised by the Ministry of Health but it was not effective enough... We would be more effective if we had more authority – when the decision comes from the head of the government, everyone abides by it.
>
> *ID11, Government representative*

ISSUE CHARACTERISTICS
Need for strategic information that shows gains of Best Buys and costs of inaction

> What will push political deciders to act on the Best Buys is the numbers. We have the NCD prevalence data, but decision makers need to see the effectiveness of the best buys. What have other countries that adopted these Best Buys achieved – and how does that compare to the alarming trends in Tunisia?
>
> *ID3, Public Health representative*

OPPOSITION
Policy inaction stemming from a lack of (political) resolve to adopt unpopular decisions

> Politicians' fear the public's reaction to a suppression of the sugar subsidy, which is likely to deter them from implementing the action. There is a problem of trust between the people and the government. People don't trust that the government is removing sugar subsidies to improve health. That is why the cooperation of civil society and the UGTT (Tunisian General Labour Union) is very important, because they are closer to the people.
>
> *ID7 Industrial*

CULTURE
Need to target women and children in order to shift consumer habits and preferences early

> In Tunisia we are used to a very sweet taste, and industry adapts to demand. These habits can be changed, especially with regard to children. This can be done in collaboration with the Ministry of Education and the Ministry of Women and Children.
>
> *ID 15, Government official in the industrial sector*

> It would be good if the Ministry of Women and Children targeted housewives. Sensitising women will directly influence eating habits at home without impacting cost. Sessions could be organised in primary health centers, in the places where mothers gather, and in the televised programs that are intended for them, in order to transmit the message that poor nutrition negatively affects the health of their children. In schools, we should train teachers to convey simple but effective messages on health and nutrition to children.
>
> *ID4, Academic*

RECOMMENDATIONS

The following recommendations arise from our policy analysis and stakeholder interviews. They should be considered as a strategic package of elements that are mutually reinforcing and interdependent, and require the engagement of a range of identified stakeholders.

1. **Reform the National Technical Committee for Prevention and Control of NCDs into a high-level multi-sectoral coordination mechanism, focused on a national healthy eating strategy.** To enhance the likelihood of the implementation of WHO Best Buys across sectors, strengthen a coordination mechanism led by the office of the Prime Minister that would report to Parliament while ensuring that all sector interests are taken into consideration through the representation of the Ministries of Health, Trade, Industry and Agriculture as well as prominent unions and consumer groups.
2. **Adopt human rights-based approaches.** The human rights language in the 2014 Constitution should be reflected in NCD policies to ensure greater accountability for implementation of evidence-informed, gender-responsive and equitable efforts to protect, respect and fulfil Tunisians' rights to healthy diets – in line with the approach of Tunisia's HIV response.
3. **Introduce a phased and politically-sensitive approach to WHO Best Buys.** Public health advocates and their allies should work with politicians and policy-makers to ensure that evidence-informed reforms are acceptable to the public. Reforms may need to be introduced incrementally to reduce public or industry opposition.
4. **Disseminate evidence of what works and costs of inaction.** Encourage the Ministry of Health and its partners (e.g. WHO, academic institutions) to develop a policy brief to inform politicians and policy-makers on the return on investment of the Best Buys, to include: 1) impact of Best Buy interventions achieved in other countries, and 2) modelled health and other costs of inaction.
5. **Draw lessons from previous successful multi-sector mass media awareness raising campaigns.** Encourage the National Technical Committee for Prevention and Control of NCDs to undertake a formative assessment of past campaigns to inform the development of healthy eating sensitisation campaigns, in collaboration with a professional advertising agency, which would motivate the general public to change consumption behavior and strengthen their support for state interventions.
6. **Engage a range of civil society organisations as partners.** Civil society organisations, including local and community-based, can be mobilised to disseminate messages and actions for NCD prevention and control among all sections of the population.
7. **Strengthen capacity of academia to support the NCDs response.** Involve researchers and assist them in conveying and popularising key evidence and messages, which can help the policy community reach an agreement on the definition and solutions to dietary problems.
8. **Provide technical support to industrialists to produce healthier products.** The Ministry of Industry should recruit nutritionists to work on reformulating industrial products in Tunisia, and collaborate with industry to create and test healthier versions of products.
9. **Engage the private health care sector,** working alongside them and incentivising them to pay more attention to the nutritional aspect and quality of diet in patient care.

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[5] Key principles of accountability, namely: i) a national lead/implementing agency is named and is assigned responsibility for reporting in the public domain; ii) a mechanism for independent monitoring of progress on implementation is described; and iii) remedial actions/sanctions/fines are outlined if implementation progress does not occur. From: Williams C, Hunt P. (2017). Neglecting human rights: accountability, data and Sustainable Development Goal 3, The International Journal of Human Rights; DOI:10.1080/13642987.2017.1348706.

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