

## Optimistic Views on Health that Support Non-communicable Disease Prevention Strategies

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## DESCRIPTION

The global burden of non-communicable diseases (NCDs) is a growing public health crisis that requires the attention and action of the international community [1]. As the leading cause of death, this class of diseases accounts for 38 million of the 57 million annual deaths, with low- and middle-income countries accounting for 85% of these deaths (LMICs) [2]. To date, however, the discussion on NCD prevention efforts has largely focused on adults, with adolescents largely ignored. Because NCDs are frequently referred to as "lifestyle illnesses," and the youth population is widely regarded as healthy, modest efforts to assess their health, disease prevention, and lifestyle modification have been made. Despite this, adolescents are responsible for a disproportionate share of the global NCD burden [3].

This study was part of a larger study that included seven East and Southern African countries and used the same methodology [4]. The study employed a qualitative policy analysis, which included a desk review of existing nutrition-related policies and evidence related to NCDs and SSBs in Kenya. We examined 15 Kenyan policy documents on NCD prevention and SSB taxation, including those from the health, agriculture, and finance ministries [5].

The desk review was supplemented by interviews with ten knowledgeable policy actors from government ministries with responsibilities related to fiscal policy and/or nutrition, health; civil society organisations with interests in NR-NCDs and SSB, industrial associations, and academics. The semi-structured interviews were intended to elicit information about the policy and political context, as well as enablers and barriers to policy change concerning NR-NCDs and SSBs. Organizations from various sectors were purposefully chosen based on the document review and the likely roles of their institutions in the formulation and implementation of NCD prevention policies and SSB taxation. Then, using snowball sampling, potential respondents were identified within the chosen institutions and formally invited to participate.

## CONCLUSION

The interviews were verbatim transcribed, anonymized, and saved in digital format. Two researchers coded them by hand using pre-determined data matrices. Two researchers coded them by hand using pre-determined data matrices. Iteratively, the data from the desk review and qualitative interviews were analysed. The framework developed by Kingdon was used to bring together data sources that provided an understanding of the "problem" of NCDs and SSBs, "solutions" (including an SSB tax), the existing policy landscape, and stakeholder politics.

Despite the fact that nutrition-related non-communicable diseases are recognised as a growing problem in Kenya, most food-related policies prioritise undernutrition and food security over nutrition-related non-communicable diseases. Although communicable disease policy is multifaceted, implementation is skewed toward curative rather than preventive services. Soft drinks are subject to an excise tax, but sugar-sweetened beverages are exempt.

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