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Roles of key non-health sector stakeholders in the prevention and control of communicable and non-communicable diseases in Anglophone African countries

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ABSTRACT

Background: The social, economic, and environmental determinants of communicable and non-communicable diseases (CDs and NCDs) are shaped by policies and activities of non-health sectors. Hence, effective prevention and control of these diseases will require the actions of non-health sectors. This review synthesises evidence from Anglophone Africa on the roles of key non-health sector stakeholders in the prevention and control of communicable and non-communicable diseases

Methods: The scoping review was guided by the methodological framework developed by Arksey and O'Malley. A systematic search for articles was performed in PubMed, Scopus, Hinari, Google Scholar, and Web of Science. Search terms were customized for each database to account for differences in controlled vocabulary and search syntax. Articles that were published from 2004 to 2024 and available in English language were retrieved and screened. A total of 26 articles were included in the review. Data was extracted and synthesized thematically.

Results: The review identified different types of actions that have been implemented by non-health sectors for the prevention and control of CDs and NCDs. These actions cut across the development of policies and plans, the design of programs and activities, the implementation of promotive and preventive interventions, funding, supervision, coordination, data and information management, etc. Recurrent interventions were policy development and implementation of promotive and preventive interventions.

Conclusion: Multisectoral efforts across education, agriculture, and environmental sectors have become increasingly important to the prevention and control of communicable and non-communicable diseases in Anglophone Africa. This review highlights a range of priorities and actions that have been used to address these challenges. Despite these promising efforts, limited coordination, weak institutional capacity, and inconsistent monitoring continue to hinder progress. The findings emphasize the need for stronger collaboration across sectors, better-aligned policies, and long-term investment to ensure more effective and sustainable health outcomes across the region.

Keywords: Multisectoral, non-health sectors, communicable diseases, non-communicable diseases, Anglophone Africa.

INTRODUCTION

The prevention and control of communicable diseases (CDs) and non-communicable diseases (NCDs) require coordinated efforts beyond the health sector. While healthcare services are essential for disease management, broader determinants of health, such as access to nutritious food, environmental conditions, and socio-economic factors, are largely shaped by non-health sectors (1). Multisectoral action (MSA) for health recognises that many interventions to improve health and well-being are more effectively implemented by organisations outside the healthcare system (2).

In Anglophone African countries, multisectoral action is implemented within contexts characterised by a high dual burden of communicable and non-communicable diseases and evolving health system demands (3). Institutional fragmentation and limited mechanisms for multisectoral accountability have been shown to constrain coordinated policy implementation, even where enabling frameworks exist (4).

Evidence from policy processes in sub-Saharan Africa indicates that sectoral silos and unclear mandates continue to hinder effective collaboration across ministries (1). In decentralised systems such as Nigeria, differences in subnational capacity and governance structures result in inconsistent implementation across states (5). These factors highlight the need to examine stakeholder roles within the governance and resource realities (6).

Collaboration between sectors to improve health is nothing new; the Health in All Policies (HiAP) approach, which ensures that health impacts are systematically considered in policy processes across governments, has been developed by governments in Nigeria and Kenya (7,8). Rapid urban growth, economic changes, and evolving lifestyles drive the rising burden of CDs and NCDs. This highlights the need for different sectors to work together to prevent and control these diseases (9). Communicable diseases, such as tuberculosis, malaria, and HIV/AIDS, are often linked to poor living conditions, inadequate sanitation, and food insecurity. Similarly, the rise of NCDs, such as cardiovascular diseases, diabetes, and cancer, is driven by environmental, economic, and behavioural factors, including urbanisation, unhealthy diets, and sedentary lifestyles (10).

The WHO Global Action Plan for the Prevention and Control of NCDs (2013–2020) emphasised the need for whole-of-government and whole-of-society approaches, integrating efforts from non-health sectors to mitigate risk factors and enhance public health responses (11). These non-health stakeholders are individuals, organisations, or sectors outside the healthcare system whose policies, programs and activities influence health and the social, economic, environmental, and structural determinants of health. Notable among them are the education, agriculture, transportation, housing, finance, and environment sectors, whether they are government, non-government organisations (NGOs) or private entities (12).

Non-health sectors are central to the control of communicable diseases and the prevention of non-communicable diseases. Their contributions are critical in shaping health outcomes by influencing factors such as access to healthy food, environmental quality, economic stability, and health-promoting infrastructure. The education sector can contribute by promoting healthy food options in schools and workplaces and encouraging physical activity programs, bringing a more holistic approach to health improvement (13). Similarly, the agriculture and food industry significantly impacts NCD risk factors by shaping dietary patterns and food availability (14). Effective

coordination among stakeholders across multiple sectors is essential for driving meaningful change (15).

Despite growing recognition of multisectoral action, there is limited context-specific evidence on how non-health sector stakeholders contribute to the prevention and control of communicable and non-communicable diseases in Anglophone African countries. Existing literature is largely global or sector-specific, with little synthesis of multisectoral roles within this regional context, limiting the ability to design coordinated and contextually relevant interventions.

This scoping review aims to identify and describe the roles of key non-health sector stakeholders in the prevention and control of communicable and non-communicable diseases in Anglophone African countries. By exploring the contributions of these stakeholders in key sectors such as education, environment, and agriculture, this review provides evidence to inform policy development and intervention design to strengthen multisectoral action for the prevention and control of communicable and non-communicable diseases.

METHODS

Study design

A scoping review of published and grey literature was undertaken. The review adopted Arksey & O'Malley's (2005) framework, which includes five stages: (i) identifying the research question, (ii) identifying relevant studies, (iii) selecting the studies for review, (iv) charting the data, and (v) collating, summarising, and reporting the results (16). Studies were reviewed following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (17,18).

Stage 1: Identifying the research question

The review explored the roles and contributions of non-health sector stakeholders in promoting multisectoral collaboration for the prevention and control of communicable and non-communicable diseases in Anglophone African countries. The research questions were: What roles are performed by non-health sector stakeholders in the education, environment, and agriculture sectors? What strategies and interventions are used to support multisectoral collaboration for disease prevention and control?

Stage 2: Identifying relevant studies

Searches were conducted using various combinations of keywords in PubMed, Medline, Google Scholar, Hinari, Scopus and African Journals Online (AJOL). Websites of relevant organizations were also searched. The education, agriculture, and environment sectors were selected due to their influence on social determinants of health, including nutrition, environmental conditions, and health behaviours. These sectors are widely recognised as central to multisectoral approaches for preventing and controlling communicable and non-communicable diseases in low- and middle-income countries.

Search strategy

The search strategy covered published and grey literature, including websites of relevant sectors, media reports, and journal articles published between January 2004 and December 2024; the search was conducted in English, with each search term assigned to three independent reviewers,

and data extracted using an Excel sheet capturing author's name(s), year of publication, source of article (web page or

database), country, objectives, and key findings. These search strategies were developed using a combination of keywords, Boolean operators and relevant truncations.

Boolean operators and search strings

("non-health sector*" OR "non-health sector*" OR education OR agriculture OR environment) AND (stakeholder* OR actor* OR role* OR contribution*) AND ("multisectoral" OR "health in all policies") AND ("communicable disease*" OR "infectious disease*" OR "non-communicable disease*" OR NCD* OR "chronic disease*") AND ("Anglophone Africa" OR "English-speaking Africa" OR "sub-Saharan Africa" OR Nigeria OR Ghana OR Kenya OR "South Africa" OR Cameroon OR Malawi.

Stage 3: Selecting studies for review

Four researchers independently screened all identified studies in two phases. During the first phase, titles and abstracts were assessed using the predefined eligibility criteria, and studies failing to meet the inclusion criteria were discarded. The second phase involved a full-text review of articles that made the initial screening, with those irrelevant to the scoping review objectives being excluded from the final synthesis. The initial search retrieved 171 records, of which 105 articles met the criteria for full-text review. After further screening, 79 articles were assessed for relevance, leading to the final inclusion of 26 articles in the synthesis as shown in Figure 1 below.

Stage 4: Charting the data

Data extraction was conducted using a structured template developed by the researchers to capture key information from each article or document, including author(s), year of publication, title, study objectives, and relevant content addressing the research questions. The spreadsheet was systematically structured to record details on health issues, non-health sectors involved, priority stakeholders and their respective roles in disease prevention and control.

Stage 5: Collating, summarizing and reporting results

The extracted data were collated, summarized and synthesized using a thematic analysis approach allowing for the systematic organization and interpretation of information from diverse sources. Themes were identified both inductively, based on emerging patterns within the data, and deductively, guided by the predefined research questions. This approach ensured a comprehensive synthesis of the literature, facilitating the identification of key insights into multisectoral collaboration for disease prevention and control.

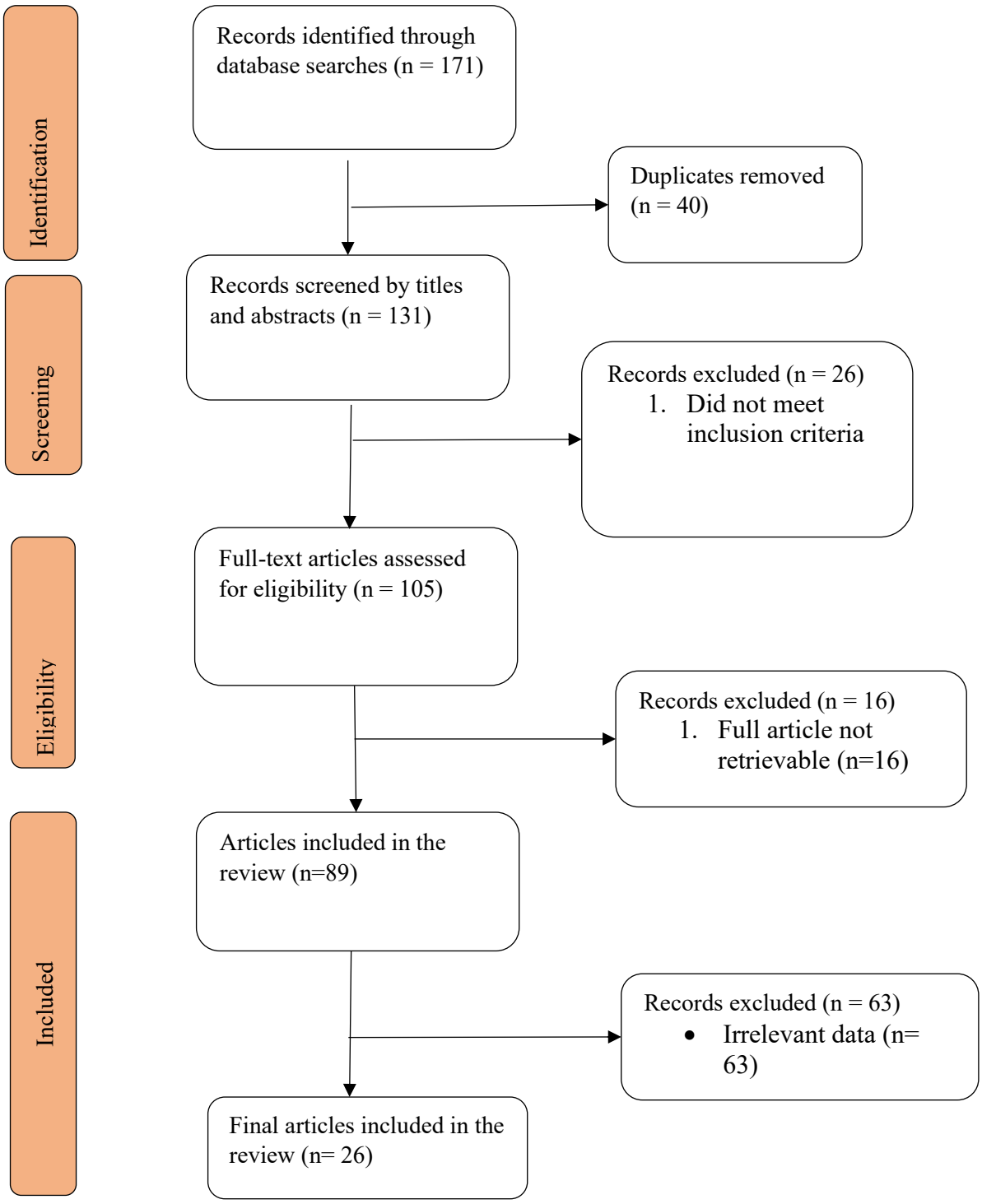


Figure 1: Overview of article selection (PRISMA flow diagram)

RESULTS

The findings are presented thematically to highlight the roles of non-health sector stakeholders in the prevention and control of communicable and non-communicable diseases within the education, agriculture, and environment sectors. A summary of articles included in the review can be found in Table 1 below.

Table 1: Summary of articles included in the review

Article	Country/Region	Sector(s) involved	Stakeholders involved	Disease / health focus	Policy/intervention implemented
Juma et al. (1)	Kenya, South Africa, Cameroon, Nigeria and Malawi	Education, Agriculture, Environment, Housing, Transport, Infrastructure, Governance, Forestry and Land Use, Energy, Trade, Finance, Communication, Social Affairs	Researchers, International Organisations, Inter-Ministerial Committees, Parliamentary Committees, Faith-Based Organisations	NCDs	Nigeria's Agricultural Transformation Agenda (ATA) to support school feeding and crop biofortification to address malnutrition.
Rasanatha n et al. (4)	LMICs	Health, Agriculture, Finance, Education, and Environment	Policymakers, civil society, academia, private sector, and international organisations	General health outcomes	Institutionalizing multisectoral action within existing government structures
Kassa et al. (6)	Africa	Health, Finance, Agriculture, Education, Trade, Sports, Transport, Media, Urban Planning.	Policymakers; World Health Organization; Ethiopian Public Health Institute (EPHI); Federal Ministry of Health (FMoH, Ethiopia); Health professional organizations; Civil societies; Local communities; Private sector	NCDs	Tobacco control policies; Salt reduction strategies; School-based deworming for health education; Integrated NCD policies with multisectoral action
Mauti et al. (7)	Kenya	Health, Education, Agriculture, Housing, Transport,	Policymakers, international organizations, development partners, academia,	CDs and NCDs; Social determina	Health in All Policies (HiAP) strategy as outlined in Kenya Health Policy 2014–2030

		Finance, and Planning	and independent consultants	nts of health	
Thondoo et al. (13)	Africa	Arts, education, energy, food system, governance, forestry, land use, health systems, housing, infrastructure, transport, academic and research	Policymakers, civil society groups, non-governmental organizations, community volunteers	NCDs; Urban health	NR
FMOH (19)	Nigeria	Health, Environment, Agriculture, Water Resources	International organisations, Non-Governmental Organizations (NGOs), faith-based organisations, and community groups.	Malaria	Integrated Vector Management (IVM) Plan under the Malaria Control Booster Project (MCBP)
Mapa-Tassou et al. (22)	Cameroon	Education, health, Communication/information, Trade and Industry, finance	Policymakers, Civil Society Organizations, Advertising companies.	NCDs; Tobacco use	Smoke-free zones in secondary schools, requiring visible “smoke-free zone” signs and anti-smoking clubs.
Wadende et al. (23)	Kenya	Health, Trade, Environment, transport and education.	Community Groups (Faith and village leaders), policymakers, researchers, World Bank.	NCDs; Environmental Health	NR
Ajisegiri et al. (24)	Nigeria	Health, finance	Private Health Sector, WHO,	NCDs	Establishment of NCD desks in State Ministries of Health.
Owusu et al. (25)	Ghana	Finance	Policymakers, policy	NCDs	Establishment of community-based Health

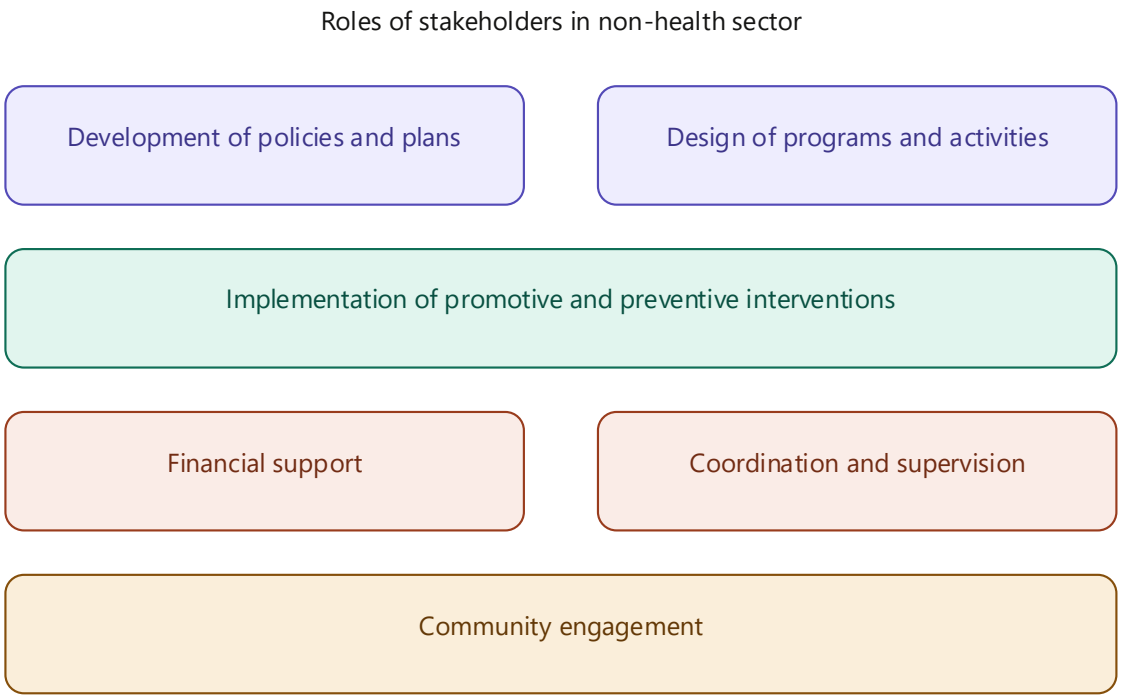
			implementers, patient organizations, Donor Funders,		Planning and Services (CHPS) program; Buddy Doctor Initiative (BDI) and Base of the Pyramid (BoP) project; Community-based Hypertension Improvement Program (ComHIP)
Nojilana et al. (26)	South Africa	NR	Research Institutions, policymakers.	NCDs	Strategic Plan for the Prevention of Non-communicable Diseases 2013-17.
Oleribe et al. (27)	Africa	Health	Programme implementing partners, policy-makers, health researchers,	Healthcare system challenges	Training and capacity building for health workers; Increased budgetary allocation to health.
Omotoso et al. (28)	South Africa	Health	NR	Social determinants of health.	Proposes intersectoral policies to address social determinants of health
Rasesemola et al. (29)	South Africa	Education, Cooperative Governance and Traditional Affairs, and Trade and Industry.	Policy makers, civil society, academic and clinical experts, National Cancer Registry, and global health organisations.	NCDs; Social determinants of health.	Inclusion of social determinants of health in policies for the prevention and control of cancers, obesity, and mental and behavioral disorders.
Gowshall et al. (30)	Malawi	Education, Agriculture	non-governmental organisations, research institute,	NCDs	Intersectoral policies and interventions (e.g., taxation on sugar-sweetened beverages, health promotion campaigns, electronic registries for NCD data) to address social determinants of health
Wickramasinghe et al. (31)	Africa	Youth and Sport, Education, Higher Education, Trade, Finance,	National NCD directors; WHO members; academic experts; non-governmental organizations; civil	NCDs	Development process of national multisectoral action plans (MSAPs) for NCD prevention and control,

		Agriculture, Environment	society groups; external consultants/experts.		
Maiyaki et al. (32)	Nigeria	Health, Agriculture	Multinational bodies; pharmaceutical firms; health insurance conglomerates; and fast-food eateries	NCDs	NR
Nyaaba GN, et al. (33)	Ghana	NR	Policy makers, Implementing officials	NCDs	Ghana's national NCD policy.
FMOH (34)	Nigeria	Health, Education, Agriculture, Finance, Environment, Information, Women Affairs, Youth and Sports, Local Government, Labour, Science and Technology, Works, Defence	FMOH, NGOs, community-based organizations, faith-based organizations, media, private sector, donors	CDs and NCDs	National Health Promotion Policy (2019)
WHO (35)	WHO African Region	Health, Education, Environment, Public Works, Local Government, Water	Policymakers, Local authorities, Civil society organisations, Mass media, WHO, International organisations, Donors, Private sector	Social determinants of Health (SDH)	Establishment of social determinant of health (SDH) task forces; policy reviews to target SDH
Abiona O, et al. (36)	Nigeria	Health, Transport, Finance, Administration, Emergency Services, Road Safety, Information, Education, Food	Academic and research institutions, International Organisations, Donors, NGOs/Civil Society, Religious	NCDs	2013 and 2015 National Policy and Strategic Plan of Action on Non-Communicable Diseases; Federal Road Safety Act (2007)

		Regulation, Women Affairs, Trade and Investment, Labour, Justice, Agriculture, Legislature	Bodies, Legislature, policymakers		
Benson (37)	Mozambique, Nigeria, Uganda, Ghana	Agriculture, Health, Finance, Planning	International donors, international nutrition NGOs, policymakers	Malnutrition	Mozambique: Food Security and Nutrition Strategy (1998); Nigeria: National Policy on Food and Nutrition (2001); Uganda: Uganda Food and Nutrition Policy (2003); Ghana: Ghana National Plan of Action on Food and Nutrition (1995)
Oldewage-Theron et al. (38)	South Africa	NR	NR	HIV	Mainstreaming HIV in non-health sector departments; proposed three-step approach to effective mainstreaming of HIV that will augment multisectoral action.
Hodge et al. (39)	Ethiopia, Kenya, Uganda	Agriculture, Health	Civil society/NGOs, Research industry/private sector, international agencies	Malnutrition	Nutrition-sensitive agriculture policies and actions

NR = Not reported in the original study

The review identified different types of actions implemented by non-health sectors. These actions were most commonly related to policy development, programme implementation, coordination, and community engagement, with policy and implementation activities reported in the majority of studies. The education and agriculture sectors emerged as the most actively engaged, particularly in interventions targeting nutrition, health promotion, and behavioral risk factors.



Development of policies and plans

Development of policies and plans emerged as one of the most consistently reported roles of non-health sector stakeholders across the reviewed studies. This role was particularly prominent among government ministries, academic institutions, and non-governmental organisations, with strong involvement from the education and agriculture sectors.

Development of policies and plans refers to the process through which stakeholders contribute to setting priorities, defining strategies, and formulating formal documents that guide national or sectoral responses to health challenges. Non-health sector stakeholders across five African countries played important roles in shaping policies and strategic plans aimed at addressing non-communicable diseases (1). These policies included legislation, comprehensive strategic and action plans, and government decrees. Ministries responsible for education and agriculture, alongside NGOs and academic institutions, participated in the formulation of policies on tobacco control, alcohol regulation, the promotion of healthier diets, and increased physical activity. These sectors engaged through inter-ministerial committees, technical working groups, and national task forces that contributed to drafting and guiding relevant policies and strategic action plans.

In Cameroon, following the ratification of the WHO Framework Convention on Tobacco Control (FCTC) in 2006, the Prime Minister directed all ministerial departments to develop sector-specific policies for smoking prevention and control (22). This directive led non-health sectors such as the ministries of Basic Education, Secondary Education, Higher Education, Finance and Social Affairs to formulate internal policies that supported smoke-free environments and anti-smoking clubs in secondary schools. According to key informants, the formulation of this policy was

achieved with relative ease due to the strong will and commitment of stakeholders within the Ministry of Secondary Education. Similarly, in South Africa, stakeholders from both health and non-health sectors were actively involved in the development of the National Mental Health Policy Framework and Strategic Plan 2014-2020, the first nationally endorsed mental health policy (29). The policy was developed by the Department of Health in collaboration with civil society and various government departments, including the Department of Education. It aligns with and builds upon international and national frameworks such as the WHO's Mental Health Policy, Plans and Programmes, the Department of Health's 10-point plan, and the Mental Healthcare Act No. 17 of 2002. Policy development has also been noted in other countries, particularly through the creation of national multisectoral action plans (MSAPs) for non-communicable disease prevention and control. One of the studies reported that in some African countries, government ministries were actively involved in drafting national NCD action plans. Their involvement spanned from conducting situation analyses and mapping relevant stakeholders to contributing to multisectoral meetings and reviewing policy blueprints tailored to country-specific priorities and challenges (31).

Design of programs and activities

Studies reporting programme design showed that non-health sector stakeholders actively developed and shaped health-related interventions. In the education sector, teachers, school administrators, and ministries of education designed and adapted school-based interventions such as hygiene campaigns, nutrition clubs, and smoke-free school initiatives, tailoring content to age groups and school calendars. In Nigeria, the Federal Ministry of Agriculture and Rural Development (FMARD) developed and supported programmes integrating nutrition into agricultural development through the Agricultural Transformation Agenda (ATA). These included school feeding programmes, crop biofortification, and farmer education initiatives (20). A key example is the establishment of a Nutrition Transformation Value Chain (NTVC), a multisectoral working group tasked with designing policies and technical strategies to improve nutrition outcomes across agricultural value chains. This group played a central role in drafting the Agricultural Sector Food Security and Nutrition Strategy (AFSNS)**,** which outlines eight priority areas and over 100 potential outputs for improving nutrition through agriculture (20).

Implementation of promotive and preventive interventions

Evidence from the reviewed studies indicates that non-health sector stakeholders were central to the implementation of promotive and preventive interventions. In urban areas, community leaders, civil society organisations, and NGOs implemented health-promotion and disease-prevention activities by promoting healthy behaviours, improving access to essential services, and supporting more equitable delivery of interventions (13). These actors engaged directly with communities, adapted programmes to local needs, and extended services to underserved populations. In Nigeria, stakeholders in the agriculture and policy sectors implemented and supported interventions targeting non-communicable diseases by shaping food environments and influencing consumer behaviour (40). Government actors introduced an excise tax on sugar-sweetened beverages (SSBs) to reduce excessive sugar consumption, while civil society and agricultural stakeholders advocated for increased tax rates and promoted the use of tax revenues to fund public health nutrition programmes. These stakeholders also supported regulatory actions to limit misleading food and beverage advertising, particularly among children and low-income populations.

Financial support

International organisations are not only known for providing technical expertise but also substantial financial support for the implementation of interventions. Significant financial contributions were made by the World Bank, DFID, USAID, and the Bill & Melinda Gates Foundation, as well as by the European Union (EU) through the European Commission's Humanitarian Aid and Civil Protection Department and the African Development Bank for nutrition-related interventions in Nigeria (20). These stakeholders helped define the design and focus of interventions by directing priorities and strategies through targeted funding mechanisms such as competitive calls for proposals. In Kenya, the government also demonstrated commitment by allocating funding for strategy implementation, including support for the development and execution of health promotion policy documents and communication activities (7).

Coordination and supervision

Coordination and supervision were key roles performed by non-health sector stakeholders, particularly through formal multisectoral structures. In Nigeria, departments within the Federal Ministry of Agriculture and Rural Development (FMARD) coordinated nutrition-sensitive programmes through platforms such as the Nutrition Transformation Value Chain (NTVC), which brought together stakeholders from agriculture, health, education, and development partners to align efforts and advance nutrition goals (20). Agricultural Development Programmes (ADPs) supported supervision by facilitating the transfer of innovations and delivering extension services, including nutrition education, to farming communities. Across several African countries, government institutions established and used coordination mechanisms such as inter-ministerial committees, technical working groups, and advisory bodies to engage multiple sectors in NCD policy processes. In Nigeria, an advisory committee oversaw the implementation of the 2015 Tobacco Act, while in South Africa, inter-ministerial and parliamentary committees coordinated the development of NCD-related policies (1).

Community engagement

Oldewage et al. reported that a nutrition intervention was highly effective when community champions were actively involved, whereas a similar program failed in their absence (38). The lack of community champions led to reduced funding opportunities and weaker community integration, emphasising their importance in mobilisation, advocacy, and sustainability (38).

Outcome of multisectoral collaboration

Multisectoral collaboration involving non-health sectors in Anglophone Africa has produced measurable health and social benefits, addressing key determinants of communicable diseases (CDs) and non-communicable diseases (NCDs). In Nigeria, partnerships between agriculture, health, education, and international organisations improved food security and nutrition outcomes. These efforts reduced malnutrition and related health issues, particularly through nutrition-sensitive agricultural interventions like biofortification of crops and school feeding programs, which enhanced access to nutrient-rich foods and supported healthier dietary patterns (20). In Ghana, multisectoral initiatives strengthened non-communicable disease (NCD) management and

service delivery within healthcare facilities. Collaboration across health, education, and governance sectors led to the institutionalisation of NCD-focused clinic days, the appointment of regional NCD focal persons, and improved access to screening and treatment services, enhancing health system capacity to address NCD burdens (33). In Cameroon, coordinated efforts among education, finance, social affairs, and health sectors bolstered tobacco control measures. These initiatives resulted in increased compliance with smoke-free policies, with approximately 80% of secondary schools implementing smoke-free zones and displaying visible anti-smoking messages, contributing to reduced tobacco use and related NCD risks (22).

DISCUSSION

This scoping review found that non-health sector stakeholders have an important and supportive role in the prevention and control of CDs and NCDs in Anglophone African countries, particularly through policy development, financial investment, community engagement, and coordination. While health systems remain central to disease management, these findings reflect the broader reality that social, economic, and environmental determinants of health are largely shaped outside the health sector.

A key insight from this review is that the effectiveness of these roles varies across contexts. While multiple countries reported multisectoral involvement, stronger outcomes were observed where stakeholder roles were clearly defined and embedded within institutional structures (1,4,7). This pattern is consistent with a study that shows that NCD policy implementation in Africa is more effective when multisectoral roles are clearly assigned and coordinated across sectors (41). Similar findings have been reported, showing that successful multisectoral health action depends on shared goals, leadership, and accountability mechanisms across sectors (12). This shows that role clarity of non-health stakeholders is a key determinant of effectiveness.

Financing remains a challenge in the role of non-health stakeholders. While these actors contribute to resource mobilisation, particularly through partnerships with development actors, much of this support is externally driven (20). This is consistent with evidence showing that health programmes in low- and middle-income countries often rely on external funding, which can limit sustainability when domestic investment is weak (42). In Nigeria, similar concerns have been raised about the need for stronger domestic financing and multisectoral investment to sustain health system performance (43). This donor dependency risks skewing programme priorities toward funder agendas rather than local needs, weakening country ownership. Without embedding multisectoral roles within national systems, through dedicated budget lines and standing inter-ministerial structures, the gains made through international partnerships are unlikely to be sustained (44) Community engagement shapes the implementation and uptake of interventions through the involvement of civil society organisations, community leaders, and faith-based groups, which improve acceptability and reach by aligning programmes with local contexts (13,38). The involvement of civil society organisations, community leaders, and faith-based groups improves acceptability and reach by aligning interventions with local values and social contexts. In Ghana, stakeholder engagement was central to implementing NCD policies and strengthening service delivery (33). In Nigeria, these contributions are often shaped by locally embedded relationships and trust, which support programme delivery but are not always formally structured, leading to uneven implementation. As a result, collaboration is often driven by informal networks rather than clearly defined institutional roles, which can affect how consistently interventions are delivered(45).

Coordination and supervision influence how non-health stakeholders contribute to implementation, but outcomes differ depending on how these functions are organised within governance systems. Inter-ministerial committees and technical working groups are commonly used to align sectoral priorities (31), yet similar arrangements do not produce consistent results. Weak mandates, limited accountability, and competing sectoral interests can constrain both coordination and oversight (44). Evidence from multisectoral health studies shows that formal structures often fail to translate into effective action when roles are unclear and institutional capacity is weak (46,47). Where leadership, communication, and monitoring systems are stronger, coordination tends to be more effective, highlighting that the contribution of non-health stakeholders depends less on the presence of structures and more on how clearly roles are defined and supported in practice (48).

The findings also demonstrate the role of non-health stakeholders in shaping policy environments that influence disease risk. Fiscal and regulatory measures, such as taxation of sugar-sweetened beverages, show how sectors beyond health can influence behaviour and reduce exposure to NCD risk factors (21). These findings are supported by global evidence, including the NCD Countdown 2030 Collaboration (2020)**,** which shows that multisectoral policy interventions targeting unhealthy commodities can significantly reduce NCD burden when effectively implemented (49). However, their effectiveness depends on political commitment, enforcement, and alignment across sectors, highlighting the importance of clearly defined stakeholder roles beyond policy formulation.

This review shows that multisectoral action is not simply about involving multiple sectors, but about how effectively the roles of non-health stakeholders are defined, coordinated, and sustained. While non-health stakeholders are actively contributing to disease prevention and control in Anglophone Africa, important gaps remain in role clarity, financing sustainability, coordination effectiveness, and implementation consistency. Addressing these gaps requires strengthening governance systems, improving accountability, and embedding the roles of non-health stakeholders more explicitly within national health strategies (44).

Limitations of the study

A comprehensive search was conducted across six databases (PubMed, Scopus, Hinari, Google Scholar, Web of Science, and AJO); however, relevant studies may still have been missed. Restricting the search to English-language articles published between 2004 and 2024 may have excluded evidence available in other languages or outside this timeframe. The included studies also varied in design and methodological rigour, and this variability was not explicitly accounted for when synthesising findings. As the goal of this review was to map existing evidence rather than evaluate it, quality appraisal was not applied as a selection criterion and included studies were not formally assessed.

CONCLUSION

This scoping review contributes to the growing body of literature on the roles of non-health sector stakeholders in the prevention and control of CDs and NCDs across Anglophone African countries. These sectors contribute through policy development, program design, community engagement, financial support, and coordination, addressing social determinants like nutrition, sanitation, and health literacy. Effective community engagement in disease interventions requires considering community needs, preferences, and capacities, ensuring interventions align with local, social, and cultural realities. Initiatives like school-based health education, nutrition-sensitive agriculture, and sanitation projects align with global frameworks like WHO's Health in All Policies. Despite these efforts, gaps remain, limited data on long-term impacts, inconsistent policy implementation, and reliance on external funding from international non-governmental organisations, coupled with minimal government investment, threaten the sustainability of multisectoral interventions.

Strengthening multisectoral collaboration for the prevention and control of communicable and non-communicable diseases in Anglophone Africa requires increased domestic funding for health programs in non-health sectors to reduce reliance on external funding. Redirecting revenues from health-related taxes can support programmes such as school feeding and sanitation initiatives. Co-creating policies with non-health stakeholders can help align priorities and strengthen partnerships across sectors. Beyond funding, establishing clear monitoring frameworks and multisectoral evaluation metrics can improve accountability and track progress. Engaging communities in the design of interventions can further improve relevance and uptake. Together, these actions can strengthen the contribution of non-health sectors to health outcomes.

ABBREVIATIONS

ATA – Agricultural transformation Agenda

AFSNS - Agricultural Sector Food Security and Nutrition Strategy

CDs – Communicable diseases

DFID – Department for International Development

FCTC – Framework Convention on Tobacco Control

FMARD– Federal Ministry of Agriculture and Rural Development

FMOH – Federal Ministry of Health

GHS – Ghana health services

HiAP – Health in all policies

MSAPs -Multisectoral action plans

MSC – Multisectoral collaboration

NCDs – non-communicable diseases

NTVC - Nutrition Transformation Value Chain

PRISMA – Preferred Reporting Items for Systematic Reviews and Meta-Analyses

SDH – Social determinants of health

SSBs – Sugar sweetened beverages

USAID – U.S. Agency for International Development.

DECLARATIONS

Authors' contributions

OO and CM conceived and designed the study. MN, UI, and KU searched, reviewed, extracted data, and synthesized findings from the literature. MN prepared the first draft of the manuscript. OO and CM performed a critical review and editing of the manuscript. All authors read and approved the final version of the manuscript.

Conflict of interest

None declared

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Ethics approval and consent to participate

Not applicable

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