**Article title:** Barriers and Opportunities for WHO "Best Buys" Non-communicable Disease Policy Adoption and Implementation From a Political Economy Perspective: A Complexity Systematic Review

Journal name: International Journal of Health Policy and Management (IJHPM)

**Authors' information:** Giulia Loffreda<sup>1</sup>\*, Stella Arakelyan<sup>2,1</sup>, Ibrahim Bou-Orm<sup>1</sup>, Hampus Holmer<sup>3</sup>, Luke N. Allen<sup>4</sup>, Sophie Witter<sup>1</sup>, Alastair Ager<sup>1</sup>, Karin Diaconu<sup>1</sup>

<sup>1</sup>NIHR Research Unit of Health in Fragility, Institute for Global Health and Development, Queen Margaret University Edinburgh, Musselburgh, UK.

**Citation:** Loffreda G, Arakelyan S, Bou-Orm I, et al. Barriers and opportunities for WHO "best buys" non-communicable disease policy adoption and implementation from a political economy perspective: a complexity systematic review. Int J Health Policy Manag. 2024;13:7989. doi:10.34172/ijhpm.2023.7989

## Supplementary file 2

Table S1. Inclusion and Exclusion Criteria for full-text screening of articles.

	*	
Inclusion Criteria	Include	Exclude
Population	Any population where NCD policy was developed at national, regional, and international level	
Intervention	NCDs-related defined as:	
	• Consider, the multi or individual factorial drivers of one or multiple NCD/s, and related public health or the social determinants of health; or	
	• Involve a policy or intervention in line with the 16 WHO Best buys, these may involve:	
	• transformative coordinated action (including policies, strategies, practices) across a broad range of disciplines and stakeholders, including partners outside traditional health sectors;	
	• Operate across all levels of governance, including the local level so that such approaches are reinforced and sustained, and	
	• Identify and target opportunities throughout the life course (from infancy to old age)	

<sup>&</sup>lt;sup>2</sup>Advanced Care Research Centre, Usher Institute, University of Edinburgh, Edinburgh, UK. <sup>3</sup>Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden.

<sup>&</sup>lt;sup>4</sup>Department of Clinical Research, London School of Hygiene and Tropical Medicine, London, UK.

<sup>\*</sup>Correspondence to: Giulia Loffreda; Email: gloffreda@qmu.ac.uk

## Outcome

Outcomes are defined as:

Barriers and/or facilitators to adoption and implementation from a political economy perspective and may include (but not limited to):

Cost effectiveness; not reporting outcomes under study.

Organizational outcomes e.g., cross-sector collaboration; new partnerships; environmental changes; resource allocation; leadership etc.

Process outcomes, e.g., what each project aimed to achieve and barriers and facilitating factors associated with achieving or not achieving

Central level: funding, legal frameworks for implementation, etc. (or lack thereof)

Decentralized level: management/support skills, access to frontlines, enforcement power, communication/information/understanding (or lack thereof), competing priorities/values/ideas/interests, etc.

Frontline level: staffing, skills, infrastructure/materials, communication/information/understanding of the policy, competing priorities/values/ideas/interests,
Communities/demand side: information/understanding, cultural barriers, financial barriers, access/geographical barriers, etc.
Outcomes may be at population level, national/regional/global level.

## Study design

Primary/empirical research. These may be randomized controlled trials (RCTs) or non-RCTs, natural experiments, mixed methods studies, policy analysis, key informant interviews; policy documents on NCD prevention (including acts and laws, strategic plans, guidelines and government directives), case studies in successful policy formulation and implementation at national/international level.

Case-control studies; clinical studies; behavioral; etiological; systematic and scoping reviews; literature reviews.