



Advancing Technical, Research, and Political Engagement in the Prevention of Non-communicable Disease: A Response to Recent Commentaries



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We are pleased to respond to the wide-ranging commentaries stimulated by publication of our complexity systematic review: “Barriers and Opportunities for WHO ‘Best Buys’ Non-Communicable Disease Policy Adoption and Implementation From a Political Economy Perspective.”¹

This paper grew out of the work of the National Institute for Health and Care Research UK-funded Global Health Research Unit on Health in Situations of Fragility, and reflected three key impulses of our research programme.² First, we recognised the epidemiological significance of the growth of disease burden regarding non-communicable diseases (NCDs) across the globe, including in countries ill-equipped through their existing health systems and ongoing instability to deal with this. Second was a commitment to systems science and practice, notably the deployment of approaches utilising system dynamics principles and soft systems methodologies, as a means of capturing the complex interacting forces that shape population health in different contexts. Third was an awareness that whilst the health system was frequently the central focus of work and research, we needed to pay attention to much broader factors shaping health in what has been termed a “systems for health” approach.³

The central argument of our paper reflected these three key impulses. We recognise the Best Buys interventions as a credible basis for addressing the disease burden associated with NCDs globally. Their implementation, however, reflects a broad range of complex and interacting forces which are suitably mapped using system dynamic principles.

Our analysis points to key levers in the implementation of interventions to address NCD burden as being located not only within the health system but within broader social and economic environments.¹ Commentaries on our paper have generally extended or elaborated upon—although in some instances challenged—key elements of this thesis.

Best Buys as an Intervention Strategy

The potential contribution of the “Best Buys” interventions to address NCD burden is widely supported, as is consideration of the barriers to their implementation. However, Luyckx and Lou-Meda⁴ note the danger of a rigid adoption of the Best Buy’s 4 × 4 approach leading to the neglect of other risk factors and other NCDs which may contribute significantly to comorbidity in many settings. Reinforcing the need for contextual analysis, Hebbar et al⁵ also caution attempts to draw major generalisations when contextual factors can significantly shape the interaction of influences, giving the example of how subnational structures in India modulate significantly global drivers on issues such as tobacco control. Elliott and Topp⁶ observe that the sort of political economy analysis provided by our paper regarding the adoption of the Best Buys might also be appropriately applied to their formulation, observing that their framing reflects power dynamics in shaping what is seen to be feasible and tractable and what is not. We appreciate their call for “double loop learning” in the development of the Best Buys, which would see a re-examination of the premise that their non-adoption reflects an awareness deficit rather than production of a still more detailed list of actions.

Overall, we consider that at the global level the Best Buys remain a credible strategy with the potential to significantly reduce disease burden attributable to NCDs. While they are clearly neither comprehensive nor nuanced to local circumstance, they have, as Abdool Karim and Faure⁷ note, evolved in scope since their introduction in response to growing evidence and have significant potential to serve “double duty” with respect to other health conditions. The Best Buys provide a framework for advocacy and resource mobilization in an area still significantly requiring both,⁸ albeit a framework requiring contextualisation to specific national and sub-national settings.

The Role of Complexity Science

All commentaries welcomed the utilization of concepts and methods from complexity science and our broader call to strengthen engagement with implementation research in this field, although Hunter⁹ appropriately notes that calls for such forms of systems thinking to be applied in this area have been evident for some time. Luyckx and Lou-Meda⁴ commend the importance of implementation research, while Elliott and Topp⁶ welcome the integration of political economy analysis within our approach. Hebbar et al⁵ recognise the value of a complexity lens in understanding the factors that shape development and control of NCDs, but point out the challenge of integrating these various methodological approaches in a rigorous manner. We fully support their contention for integrating systems-oriented methodologies in a manner that both respects complexity in those systems yet also formulates clear and tractable pathways of action.

Addressing the Political Sphere

Our analysis foregrounded three key variables: (1) the ability to define, (re)shape, and pass appropriate policy into law; (2) the ability to implement the policy (linked to the enforceability of the policy and to addressing NCD local burden); and (3) ability to monitor progress, evaluate and correct the course. Analysis of barriers operating with respect to each of these led us to conclude that “the commercial determinants of health serve as a major barrier to defining, adopting, and implementing tobacco, alcohol, and diet-related policies.” It was with respect to this conclusion that there was the strongest element of critique in commentaries. However, this was not so much to challenge this assertion, but rather to call on broader recognition of the importance of engaging more directly in the political sphere if these barriers are to be addressed effectively.

Abdool Karim and Faure,⁷ for example, suggest that with an awareness of commercial determinants of health, the Best Buys represent “pretty small policy wins rather than integrated measures to address the NCD epidemic.” The title of Elliott and Topp’s commentary⁶—“Centring Politics in the Global NCD Policy Agenda”—summarises their call to use the evidence from our review in political engagement. Most strongly of all, Hunter⁹ sees the challenge as squarely one of engaging with the critique of neoliberal assumptions and developing an understanding that displaces a “vulgar individualism” with a “social individualism” that brings a policy focus “on prevention and precaution as well as a commitment to social solidarity in the face of widening health inequalities.”

The period since publication has made this case particularly stark. At the fourth United Nations High-Level Meeting on NCDs in September 2025, consensus on the political declaration could not be reached, with objections centring on recommended measures including taxation of unhealthy products. Although the General Assembly adopted the declaration three months later under the title “Equity and Integration,” this was amid strong political contestation.

The Way Forward: Leveraging Technical, Scientific, and Political Engagement

Taken together, the commentaries suggest an appropriately strategic way forward. This acknowledges the Best Buys as a pragmatic platform for advocacy, resource mobilisation and action.^{7,8} However, it suggests a more reflexive agenda for their continued development and use. Going forward, we see a need to make explicit the technical, scientific, and political dimensions of NCD prevention and, crucially, the interactions between them: how technical choices shape and are shaped by evidence, context and political priorities; how scientific framings establish what is visible and actionable; and how political and commercial forces constrain or enable both. Complexity thinking can help interrogate these relationships rather than simply explain implementation success or failure. It is through such iterative interrogation that technical development, scientific inquiry and political engagement can reinforce one another such that the next revision of the Best Buys—and the operational commitments of the next High-Level Meeting on NCDs—reflect greater emphasis on issues of equity and means of managing commercial influence as a core governance function.

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Not applicable.

Ethical issues

Not applicable.

Conflicts of interest

Authors declare that they have no conflicts of interest.

Authors’ contributions

Conceptualization: Alastair Ager.

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References

1. 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
2. Ager A, Witter S, Diaconu K, Wurie H, Samai M, Saleh S. Understanding and addressing mental health needs and non-communicable disease in situations of fragility: RUHF research programme synopsis. *Global Health Res.* 2026;2(2):1-20. doi:10.3310/OPNB9191
3. Ager A, Saleh S, Wurie H, Witter S. Health systems research in fragile settings. *Bull World Health Organ.* 2019;97(6):378-378A. doi:10.2471/BLT.19.233965
4. Luyckx VA, Lou-Meda R. Towards implementation of equitable and effective non-communicable disease policies: Comment on “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.* 2025;14:9064. doi:10.34172/ijhpm.9064
5. Hebbar PB, Bhojani UM, Srinivas PN. Finding the right balance: challenges in optimising the promise of complexity research for NCD

- best-buys implementation and adoption: Comment on "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.* 2025;14:9040. doi:[10.34172/ijhpm.9040](https://doi.org/10.34172/ijhpm.9040)
6. Elliott LM, Topp SM. No time like the present: centring politics in the global NCD policy agenda: Comment on "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.* 2025;14:9145. doi:[10.34172/ijhpm.9145](https://doi.org/10.34172/ijhpm.9145)
7. Abdool Karim S, Faure M. Future best buys can and should do more: Comment on "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.* 2025;14:9047. doi:[10.34172/ijhpm.9047](https://doi.org/10.34172/ijhpm.9047)
8. Jailobaeva K, Falconer J, Loffreda G, Arakelyan S, Witter S, Ager A. An analysis of policy and funding priorities of global actors regarding noncommunicable disease in low- and middle-income countries. *Global Health.* 2021;17(1):68. doi:[10.1186/s12992-021-00713-4](https://doi.org/10.1186/s12992-021-00713-4)
9. Hunter DJ. Acting on the evidence: the challenges facing policy and practice: Comment on "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.* 2025;14:9022. doi:[10.34172/ijhpm.9022](https://doi.org/10.34172/ijhpm.9022)