BOLIVIA

Cuarta Reunión de Alto Nivel de la Asamblea General de las Naciones Unidas sobre la Prevención y el Control de las Enfermedades No Transmisibles

Consulta en línea: primera fase (del 1 al 26 de mayo del 2024) Observaciones generales sobre las áreas prioritarias clave en el informe del Director General de la OMS

Instrucciones

En el <u>Plan de acción mundial para la prevención y el control de las enfermedades no transmisibles 2013-2030</u> se proporciona una hoja de ruta y un conjunto de opciones de política para que todos los Estados Miembros y partes interesadas adopten medidas coordinadas y coherentes, a todos los niveles, desde el local hasta el mundial, para alcanzar las nueve metas mundiales de aplicación voluntaria. Para acelerar el progreso en materia de prevención y control de las enfermedades no transmisibles (ENT), así como en materia de salud mental y bienestar, se necesitarán medidas específicas y colaborativas en torno a los seis objetivos del plan de acción mundial. Además, será necesario incorporar un enfoque para reducir la contaminación del aire y promover la salud mental como parte de la "agenda 5x5 para las ENT", respaldada por la *Declaración política de la Tercera Reunión de Alto Nivel de la Asamblea General sobre la Prevención y el Control de las ENT*, celebrada en el 2018.

Utilice el cuadro a continuación para proporcionar observaciones sobre las áreas prioritarias clave de cada objetivo que puedan catalizar la adopción urgente de medidas y la atención por parte de los Estados Miembros y las partes interesadas, a fin de acelerar el progreso en materia de prevención y tratamiento de las ENT, la promoción de la salud mental y el bienestar, y el tratamiento y la atención de los problemas de salud mental. Estas contribuciones podrían utilizarse para fundamentar las recomendaciones que se incluirán en el informe que el Director General de la OMS presentará a la Asamblea Mundial de la Salud en el 2025, titulado *Preparación para la cuarta Reunión de Alto Nivel de la Asamblea General sobre la Prevención y el Control de las Enfermedades No Transmisibles, que se celebrará en 2025*.

Nota: Se prefiere que los formularios sean completados en inglés, pero se aceptarán aquellos que estén en otros idiomas oficiales de la ONU. Estos últimos serán traducidos utilizando un traductor en línea, por lo que algunos mensajes podrían ser desvirtuados.

#	Objetivo del plan de acción mundial	Observaciones sobre las áreas prioritarias clave
1	Otorgar más prioridad a la prevención y el control de las ENT en las agendas mundial, regional y nacional y en los objetivos de desarrollo acordados internacionalmente, mediante el fortalecimiento de la promoción y la cooperación internacional.	
2	Reforzar la capacidad, el liderazgo, la gobernanza, la acción multisectorial y las alianzas para acelerar la respuesta de los países en materia de prevención y control de las ENT.	Aclarar: • "Prevención de la enfermedad"
3	Reducir la exposición a factores de riesgo modificables de las ENT y los determinantes sociales subyacentes mediante la creación de entornos que fomenten la salud.	 Aclarar: en Factores de Riesgo: ¿Alimentación malsana?, ¿inactividad física?, ¿consumo de tabaco? y ¿consumo nocivo de alcohol? En entornos saludables: ¿Qué estrategias? Por ejemplo, convertir kioskos normales a saludables. Disminuir el expendio de comida altas en ácidos grasos trans (comida chatarra, papas y pollo frito, entre otros)
4	Fortalecer y reorientar los sistemas de salud para abordar la prevención y control de las enfermedades transmisibles y los determinantes sociales	Añadir: "…mediante una atención primaria centrada en las personas, <mark>la familia y comunidad</mark> "

	subyacentes mediante una atención primaria centrada en las personas y la cobertura universal.	
5	Fomentar y apoyar la capacidad nacional de investigación y desarrollo de calidad en relación con la prevención y el control de las ENT.	Aclarar: • ¿Calidad humana? ¿Calidad técnica? ¿Calidad de los servicios de salud?
6	Vigilar la evolución y los determinantes de las ENT y evaluar los progresos hacia su prevención y control.	Cambiar: • "Evolución" por "cambio en el comportamiento de las determinantes de las ENT y evaluar los procesos hacia su prevención y control"
*	Objetivo adicional: Promover la salud mental y el bienestar como un componente fundamental para alcanzar la meta 3.4 de los ODS.	Propuesta: Reducir la prevalencia de los principales factores de riesgo de las ENT y fortalecer los factores protectores con énfasis en niños, niñas y adolescentes en edad escolar.

Por favor, envíe el formulario completado a <u>OnTheRoadTo2025@who.int</u> entre el 1 y el 26 de mayo del 2024.

COLOMBIA

Cuarta Reunión de Alto Nivel de la Asamblea General de las Naciones Unidas sobre la Prevención y el Control de las Enfermedades No Transmisibles

Consulta en línea: primera fase (del 1 al 26 de mayo del 2024)
Observaciones generales sobre las áreas prioritarias clave en el informe del Director General de la OMS

Instrucciones

En el <u>Plan de acción mundial para la prevención y el control de las enfermedades no transmisibles 2013-2030</u> se proporciona una hoja de ruta y un conjunto de opciones de política para que todos los Estados Miembros y partes interesadas adopten medidas coordinadas y coherentes, a todos los niveles, desde el local hasta el mundial, para alcanzar las nueve metas mundiales de aplicación voluntaria. Para acelerar el progreso en materia de prevención y control de las enfermedades no transmisibles (ENT), así como en materia de salud mental y bienestar, se necesitarán medidas específicas y colaborativas en torno a los seis objetivos del plan de acción mundial. Además, será necesario incorporar un enfoque para reducir la contaminación del aire y promover la salud mental como parte de la "agenda 5x5 para las ENT", respaldada por la *Declaración política de la Tercera Reunión de Alto Nivel de la Asamblea General sobre la Prevención y el Control de las ENT*, celebrada en el 2018.

Utilice el cuadro a continuación para proporcionar observaciones sobre las áreas prioritarias clave de cada objetivo que puedan catalizar la adopción urgente de medidas y la atención por parte de los Estados Miembros y las partes interesadas, a fin de acelerar el progreso en materia de prevención y tratamiento de las ENT, la promoción de la salud mental y el bienestar, y el tratamiento y la atención de los problemas de salud mental. Estas contribuciones podrían utilizarse para fundamentar las recomendaciones que se incluirán en el informe que el Director General de la OMS presentará a la Asamblea Mundial de la Salud en el 2025, titulado *Preparación para la cuarta Reunión de Alto Nivel de la Asamblea General sobre la Prevención y el Control de las Enfermedades No Transmisibles, que se celebrará en 2025*.

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#	Objetivo del plan de acción mundial	Observaciones sobre las areas prioritarias clave
las E 1 inte	rgar más prioridad a la prevención y el control de INT en las agendas mundial, regional y nacional y en los objetivos de desarrollo acordados rnacionalmente, mediante el fortalecimiento de la promoción y la cooperación internacional.	ENT y la importancia de su prevención y control en toda la población con mensajes estratégicos

internacional: Establecer y fortalecer alianzas

compartir

recursos,

para

internacionales

		conocimientos, mejores prácticas y experiencias exitosas en la lucha contra las ENT. ✓ Foros y cumbres internacionales: Organizar y participar en foros y cumbres internacionales específicamente dedicados a las ENT para fortalecer el compromiso global.
2	Reforzar la capacidad, el liderazgo, la gobernanza, la acción multisectorial y las alianzas para acelerar la respuesta de los países en materia de prevención y control de las ENT.	 ✓ Desarrollo de capacidades: Invertir en la formación y actualización de profesionales de la salud para la prevención y control de ENT. ✓ Capacitación en liderazgo de salud pública: Ofrecer programas de formación en liderazgo para profesionales de salud pública y responsables políticos enfocados en las ENT. ✓ Gobernanza efectiva: Crear y fortalecer estructuras de gobernanza que faciliten la coordinación de acciones y políticas entre diferentes sectores y niveles de gobierno. ✓ Alianzas multisectoriales: Fomentar la colaboración entre sectores como salud, educación, agricultura, transporte, medio ambiente, entre otros para abordar de manera integral los determinantes de las ENT. ✓ Creación de comités nacionales de ENT: Establecer comités nacionales dedicados a la planificación y coordinación de las políticas y programas para la prevención y el control de las ENT. ✓ Planes de acción nacionales: Desarrollar y actualizar regularmente planes de acción nacionales específicos para las ENT, asegurando su alineación con las estrategias globales.
3	Reducir la exposición a factores de riesgo modificables de las ENT y los determinantes sociales subyacentes mediante la creación de entornos que fomenten la salud.	 ✓ Regulación del consumo de tabaco y alcohol. Implementar y hacer cumplir políticas efectivas para reducir el consumo de tabaco y alcohol, incluyendo impuestos, restricciones publicitarias y espacios libres de humo (Convenio Marco control del tabaco). ✓ Promoción de alimentación saludable. Desarrollar políticas que promuevan el consumo de alimentos saludables, reduzcan el consumo de sal, azúcar y grasas trans, y regulen la publicidad de alimentos no saludables. Incluyendo etiquetado nutricional. ✓ Iniciativas de alimentación saludable. Fomentar iniciativas locales como mercados de agricultores y programas de agricultura urbana para mejorar el acceso a alimentos frescos y saludables. ✓ Regulación de marketing. Establecer regulaciones estrictas sobre la comercialización

		de productos no saludables, especialmente dirigidas a niños. ✓ Fomento de la actividad física: Mejorar la infraestructura urbana para promover la actividad física, como parques, ciclovías y programas comunitarios que incentiven el ejercicio regular. ✓ Programas escolares de salud: Implementar programas integrales de salud en las escuelas que incluyan educación sobre nutrición, actividad física y riesgos del tabaco y alcohol.
4	Fortalecer y reorientar los sistemas de salud para abordar la prevención y control de las enfermedades transmisibles y los determinantes sociales subyacentes mediante una atención primaria centrada en las personas y la cobertura universal.	 ✓ Integración de servicios de ENT en atención primaria: Asegurar que los servicios de prevención y control de las ENT estén disponibles en los centros de atención primaria en salud. ✓ Cobertura universal de salud: Garantizar el acceso a servicios de salud esenciales para toda la población sin barreras de acceso de ningún tipo. ✓ Atención centrada en las personas, familias y comunidades. Adoptar un enfoque de atención que considere las necesidades individuales, familiares y comunitarias y promueva la continuidad del cuidado. ✓ Modelos integrados de atención: Desarrollar modelos integrados de atención en salud, que incluyan la prevención y el control de las ENT junto con sus posibles comorbilidades. ✓ Tecnologías de salud digital: Utilizar tecnologías de salud digital para mejorar la gestión y el seguimiento de las ENT, como telemedicina y aplicaciones de salud móvil. ✓ Programas de manejo de enfermedades crónicas: Implementar programas de manejo de enfermedades crónicas en la atención primaria para mejorar el control y los resultados en salud de las personas con ENT.
5	Fomentar y apoyar la capacidad nacional de investigación y desarrollo de calidad en relación con la prevención y el control de las ENT.	 ✓ Inversión en investigación: Incrementar la financiación para la investigación en ENT, incluyendo estudios epidemiológicos, clínicos y de salud pública (poblacionales). ✓ Desarrollo de capacidades: Fortalecer las capacidades nacionales y regionales en investigación y desarrollo, a través de la formación de investigadores y la creación de infraestructuras adecuadas para dicho proceso. ✓ Innovación en prevención y tratamiento: Promover la innovación en tecnologías, tratamientos y enfoques preventivos para las ENT.

		 ✓ Redes de investigación colaborativa: Crear redes de investigación colaborativa que conecten a investigadores nacionales e internacionales para compartir conocimientos y recursos. ✓ Transferencia de tecnología: Facilitar la transferencia de tecnología y conocimientos de países con alta capacidad de investigación a aquellos con menos recursos. ✓ Becas y financiamiento: Establecer becas y programas de financiamiento para jóvenes investigadores y proyectos innovadores en el campo de las ENT.
6	Vigilar la evolución y los determinantes de las ENT y evaluar los progresos hacia su prevención y control.	 ✓ Sistemas de vigilancia de salud: Establecer y fortalecer los sistemas de vigilancia que recopilen datos precisos y oportunos sobre la prevalencia de las ENT y sus factores de riesgo. ✓ Evaluación de políticas e intervenciones: Implementar mecanismos para evaluar el impacto de las políticas y programas de ENT y ajustar las estrategias según sea necesario. ✓ Indicadores de desempeño clave: Definir y utilizar indicadores de desempeño clave para medir el progreso en la prevención y control de las ENT. ✓ Plataformas de datos abiertas: Desarrollar plataformas de datos abiertas que permitan el acceso público a la información sobre ENT y el avance en su prevención y control.
*	Objetivo adicional: Promover la salud mental y el bienestar como un componente fundamental para alcanzar la meta 3.4 de los ODS.	 ✓ Atención de salud mental centrada en Atención Primaria en Salud: Adoptar el enfoque de Atención Primaria en Salud para la atención integral en salud mental ✓ Articulación intersectorial: Implementar programas articulados que permitan la afectación de determinantes estructurales de la salud mental

Por favor, envíe el formulario completado a <u>OnTheRoadTo2025@who.int</u> entre el 1 y el 26 de mayo del 2024.

JORDAN

Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Web-based consultation: Informing key priorities before the next High-level meeting on NCDs (Phase I: 1 May-17 June 2024)

Directions

The WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030 (NCD-GAP) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, to attain the nine voluntary global targets on NCDs. In addition, sustainable development goal (SDG) target 3.4 calls for a reduction by one third of premature mortality from NCDs through prevention and treatment and the promotion of mental health and well-being, by 2030. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions.

#	NCD-GAP objective	Comments on key priority areas
1	To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.	 Adress the huge burden of NCDs in Gaza and Palestine and other emergency situations, and its consequences on NCDs burden on the region and globe especially mental health. Stating "tackling NCDs" specifically and clearly in the national agendas and plans, and presidents' speeches, like the level of interest taken for COVID and currently for UHC. Orient country leaders that NCD prevention and control is a public health discipline or
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	 even a public policy issue not a clinical topic! Develop a pioneer high-level master programme specialized in NCD prevention and control, that is affordable to member states (with scholarships especially for developing countries) to build the capacity of local leaders in the prevention and control of NCDs. This should be a continuous programme that accept at least 2 candidates yearly from a 10 million populated member state. Sharing member states' experiences in governing the prevention and control of NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	 Support member states in addressing the role of environmental risk factors in developing NCDs. Address commercial determinants of health

4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.	 Provide and update clinical guidel NCDs; the availability of WHO Guideline facilitate the adoption of guideline member states, especially develop countries. Improve mechanisms to ensure avaccess and affordability of essentiamedication (e.g. insulin, statins, armedications) 	elines will s of other ing ailability, al NCDs
5	To promote and support national capacity for high- quality research and development for the prevention and control of noncommunicable diseases.	 Provide scholarships and awards t local researchers in developing co 	
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	 Develop tools to support countries SMART national NCDs targets and effectively measure progress towa Support member states in surveilland NCDs including mortality and mortand capacity building in this regard 	to rds them ance of oidity data
*	In addition: To promote and protect mental health and well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.	 Consider supporting member state rare disorders that are making larg on some countries such as Thalass Hemophilia, Multiple Sclerosis, Cyr Fibrosis, including the affordability medicines. 	es in some ge burden emia, stic

Please send this completed form to OnTheRoadTo2025@who.int during the period 1 May-17 June 2024.

Ministry of Health, Republic of Indonesia

Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Web-based consultation: Informing key priorities before the next High-level meeting on NCDs (Phase I: 1 May-17 June 2024)

Directions

The WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030 (NCD-GAP) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, to attain the nine voluntary global targets on NCDs. In addition, sustainable development goal (SDG) target 3.4 calls for a reduction by one third of premature mortality from NCDs through prevention and treatment and the promotion of mental health and well-being, by 2030. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions.

NCD-GAP objective

To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

1

Comments on key priority areas

1. Integration of Mental Health

Emphasize that mental health should be recognized as integral to noncommunicable diseases, stating: "Elevate the prioritization of noncommunicable diseases, including mental healths, in global, regional, and national agendas." Emphasize the critical need for recognizing mental health as an integral component of NCDs, advocating for its inclusion in all relevant policies and programs to ensure comprehensive care.

2. Strengthened Financing and Procurement

Advocate for enhanced support through: "Strengthen international cooperation and advocacy efforts, specifically focusing on financing and procurement mechanisms to effectively address noncommunicable diseases and mental health."

3. Financial Burden Awareness

Highlight the significant financial impact: "Raise awareness about the substantial financial burden of noncommunicable diseases and mental health conditions, which account for approximately two-thirds of total healthcare costs, emphasizing the need for increased investment in preventative and curative measures."

4. Increase in Funding

Propose a specific funding goal: "Increase international and developmental assistance funding for noncommunicable diseases and mental health by at least 20%, ensuring sufficient resources to meet the growing healthcare needs."

5. Establishment of a Pooled Fund

Suggest the creation of a dedicated fund: "Establish an international pooled fund for noncommunicable diseases and mental health, aimed at promoting equitable resource

distribution and supporting comprehensive healthcare initiatives globally." **Access to New Medicines in LMICs** Strengthen international cooperation to ensure availability of new, effective medicines with minimal side effects in LMICs. Advocate for funding mechanisms and partnerships to support medication access in low- and middle-income countries. Detail the specific challenges faced by LMICs in accessing new medicines and propose practical solutions such as tiered pricing, patent pools, and technology transfer agreements To strengthen national capacity, leadership, **Integration of Mental Health** Emphasize mental health inclusion: "Integrate mental governance, multisectoral action and health into national strategies for noncommunicable partnerships to accelerate country response for diseases, ensuring a holistic approach to healthcare." the prevention and control of noncommunicable Provide a roadmap for integrating mental health into national NCD strategies, including steps for policy diseases. development, capacity building, and stakeholder engagement. 2. **Role of Civil Society** Highlight the importance of partnerships: "Strengthen national capacity, leadership, and governance through multisectoral action and partnerships, including robust collaboration with Civil Society Organisations (CSOs), to ensure comprehensive and inclusive responses to noncommunicable diseases and mental health." 3. Advocacy and Training Recommend focused capacity building: "Promote advocacy and provide comprehensive training to enhance capacity at all levels of governance, ensuring effective leadership in the prevention and control of noncommunicable diseases and 2 mental health conditions." 4. Leadership Advocacy Specify advocacy strategies: "Advocate for prioritizing noncommunicable diseases and mental health among leaders at various levels of government, from central to district levels, to ensure alignment with regional and national agendas and policies." **Multisectoral Partnership Models** Propose sharing successful examples: "Provide and disseminate key models and case studies of successful multisectoral partnerships that have effectively addressed noncommunicable diseases and mental health challenges, fostering a collaborative and integrated approach to healthcare." 6. Ensuring New Medicines with Minimal Side Effects Are Available in LMICs Promote international partnerships to enhance access to affordable, effective medicines in LMICs. Streamline regulatory frameworks to facilitate the rapid approval and distribution of new treatments. To reduce modifiable risk factors for 1. **Integration of Mental Health** Emphasize comprehensive approaches: "Ensure the noncommunicable diseases and underlying inclusion of mental health considerations in strategies social determinants through creation of healthaimed at reducing modifiable risk factors for promoting environments. noncommunicable diseases, recognizing the interconnections between physical and mental health." **Health-Promoting Environments** Suggest establishing clear standards: "Develop and implement measurable standards for creating health-

promoting environments across various settings, such as schools, workplaces, and communities, to support the reduction of risk factors associated with noncommunicable diseases and mental health conditions." 3. Policy Examples Recommend evidence-based policies: "Provide and highlight key examples and evidence of effective policies that have successfully created supportive environments for health and well-being, emphasizing the importance of a comprehensive approach that addresses both noncommunicable diseases and mental health." 4. Importance of Screening and Early Detection Implement systematic screening programs to identify at-risk individuals and facilitate early intervention. Integrate regular screening into national health agendas to reduce long-term healthcare costs and improve outcomes. 5. Learning from COVID-19: Importance of Detection, Vaccinations, and Therapeutics Incorporate lessons from the COVID-19 pandemic into strategies for reducing risk factors for NCDs. Emphasize the importance of robust health protocols, early detection, vaccinations, and therapeutic interventions. **Mental Health Integration** To strengthen and orient health systems to Advocate for comprehensive care: "Integrate mental health address the prevention and control of into health system strengthening efforts for noncommunicable diseases and the underlying noncommunicable diseases, ensuring a holistic and comprehensive approach that addresses the full spectrum of social determinants through people-centred healthcare needs." primary health care and universal health 2. Comprehensive Healthcare Services coverage. Highlight the need for layered care: "Expand health systems to include secondary healthcare and rehabilitation services, in recognition of the chronic nature of noncommunicable diseases. Emphasize the importance of people-centered primary healthcare, community-based services, and universal health coverage." 3. Training and Standards Emphasize capacity building: "Develop and implement training programs for measurable standards across all aspects of healthcare, including primary, community, and secondary health care services. This should also include 4 standards for the healthcare workforce, information systems, medicines, clinical pathways, and financing mechanisms." 4. Effective Healthcare Models Propose sharing best practices: "Showcase effective models and provide evidence of integrated, community-based healthcare systems that support layered healthcare services, promoting comprehensive and coordinated care for noncommunicable diseases and mental health conditions." 5. Importance of Screening and Early Detection Integrate screening and early detection programs into health systems for effective management of NCDs and mental health conditions. Establish robust screening initiatives to detect diseases early and provide timely treatment. **Ensuring Continuity of Treatment and Medicine for Chronic Diseases** Suggest policies and infrastructure improvements to ensure continuous access to essential medications and follow-up care, and provide examples of successful initiatives. To promote and support national capacity for 1. Integration of Mental Health in Research Advocate for the inclusion of mental health in national high-quality research and development for the research agendas, and propose specific areas of research that could yield significant benefits for NCD prevention and

	prevention and control of noncommunicable diseases.	2.	control. For example, studying the comorbidity of depression and diabetes. Building Research and Manufacturing Capacity Advocate for capacity enhancement: "Strengthen national capacity for high-quality research and development, including the enhancement of manufacturing capabilities and the effective communication of scientific advancements. This will support the development of new treatments and interventions for noncommunicable diseases and mental health conditions."
		3.	Research and Development for New Medicines in LMICs Propose specific initiatives to enhance research and development for new medicines in LMICs, such as funding mechanisms, international collaborations, and capacity- building programs.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	1.	Learning from COVID-19: Comprehensive Monitoring Propose integrated monitoring systems: "Develop comprehensive monitoring systems that integrate mental health with noncommunicable diseases, ensuring a holistic approach to tracking trends and determinants. This will enable the collection of robust data that informs effective interventions and policies."
6		2.	Financial Monitoring Highlight financial tracking: "Include mechanisms for monitoring and evaluating the financial aspects related to noncommunicable diseases and mental health, ensuring sustainable funding and the efficient allocation of resources to support ongoing prevention, treatment, and care initiatives."
*	In addition: To promote and protect mental health and well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.	prote preve critic (SDG nonc	hasize the SDG alignment: "Prioritize the promotion and ection of mental health and well-being, including the ention and management of mental health conditions, as cal components in achieving Sustainable Development Goal (1) target 3.4. This involves integrating mental health into all communicable disease strategies and ensuring dedicated urces and support for mental health initiatives."

Please send this completed form to <u>OnTheRoadTo2025@who.int</u> during the period 1 May-17 June 2024.

ITALY - Directorate General for Communication and European and International Relations

Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Web-based consultation: Phase I (1–26 May 2024)
General comments on key priority areas in the WHO-Director General's report

Directions

The WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030 (NCD-GAP) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, from local to global, to attain the nine voluntary global targets. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions. These inputs may inform the recommendations to be included in the report of the WHO Director-General to the WHA 2025 titled *Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, to be held in 2025.

#	NCD-GAP objective	Comments on key priority areas
1	To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.	Proposal: "To raise the priority accorded to the health promotion, the prevention…"
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Promoting the maintenance of good health throughout life (from before birth up to old age) produces important economic, social and individual benefits. Improving people's quality of life promotes self-sufficiency in old age, as well as productivity in working age, and it helps to reduce costs for the community and to maintain the sustainability of health and social systems. Moreover, shaping health promotion interventions through an equity-based approach is crucial to reduce the effect of social determinants.
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.	

5	To promote and support national capacity for high- quality research and development for the prevention and control of noncommunicable diseases.	
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	It's important to monitor and evaluate at several level (global, national and regional)
*	Additional: To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

Please send this completed form to OnTheRoadTo2025@who.int during the period 1–26 May 2024.

Web-based consultation to inform the WHO Director-General's report in preparation for the Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs – May-June 2024

Canada's Input

Canada welcomes the opportunity of this web-based consultation, for Member States, UN organizations, non-State actors and individuals with lived experience, to submit comments in relation to key priority areas to inform the recommendations to be considered in the WHO Director-General's report to the World Health Assembly (WHA) 2025.

We appreciate the efforts being undertaken by the WHO as part of the preparatory process leading to the Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs), recognizing the WHO's lead role as the primary specialized agency for health, and its leadership and coordination role in promoting and monitoring global action against NCDs.

Canada takes note of the associated form provided for this consultation, and its focus on the priority areas of the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2030 (NCD-GAP). We agree that a review of progress on implementation of actions in the NCD-GAP's 6 objective areas would be relevant for inclusion in the WHO Director-General's report to the WHA 2025. However, as the NCD-GAP does not comprise the full scope of NCD-related commitments made at the three High-level meetings of the United Nations General Assembly, we would like to note our expectation that the WHO Director-General's report will take a more comprehensive approach to reporting on progress. For instance, we acknowledge the requirement to report as well on progress on the promotion of mental health and well-being in order to inform the UN Secretary General's report as required by operative paragraph (OP) 50 of the 2018 United Nations Political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs.

Canada also notes that, within the WHA agenda for 2024, the item for Follow-up to the third high-level meeting (2018) has been included under 'Pillar 1: One billion more people benefiting from universal health coverage,' while several objectives of the NCD-GAP can be viewed as more closely aligning with 'Pillar 3: One billion more people enjoying better health and well-being.' While acknowledging the importance of advances in accessibility of universal health coverage as a key social determinant of health and health equity, Canada would like to express its expectation that the WHO Director-General's report and recommendations should be balanced across public health

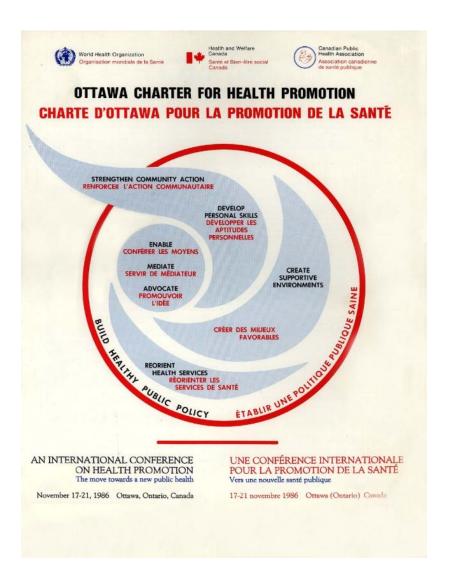
activities of health promotion, risk reduction and mitigation in addition to health care system delivered screening and treatment.

As the co-host with the WHO of the 1st International Conference on Health Promotion, Ottawa, 1986, Canada continues to uphold and stress the importance of The Ottawa Charter for Health Promotion and its pertinence to ongoing action to address NCDs and promote mental health and well-being. We note in particular that 'Reorient health services' is just one of three wings representing the five key action areas for Health Promotion, and that the other four areas – Strengthen community action, Develop personal skills, Create supportive environments, and Build healthy public policy – remain equally essential for successful action to address NCDs and promote mental health and well-being. Canada also recalls the reinforcing message of the 1997 Jakarta Declaration on Leading Health Promotion to the 21st Century, specifically that comprehensive approaches, combining all five action areas together, are more effective. As well, Canada continues to affirm the Jakarta Declaration's priority on increasing community capacity and empowering the individual. We note alignment between language in the Ottawa Charter and the 2011 and 2018 UN Political declarations' language, especially with respect to mobilizing different sectors. Of note, paragraph 3 of the 2011 Political declaration recognizes "the essential need for the efforts and engagement of all sectors of society to generate effective responses for the prevention and control of noncommunicable diseases."

Canada views the integration of more comprehensive information regarding progress on the social and structural determinants of health equity within WHO's reporting on progress as essential context, particularly given the commitments in OP 31-32 and OP 37 of the 2018 UN Political declaration. Canada would like to underscore the continuing relevance of WHO's work and intersectoral leadership on the social and structural determinants of health and health equity in alignment with efforts to address NCDs and to promote mental health and well-being. In particular, we also note the pertinence, to a comprehensive review of progress on NCDs, mental health and well-being, of the report of the WHO Commission on Social Determinants of Health and the Rio Political Declaration on Social Determinants of Health (2011), as well as the more recent resolution on the Social determinants of health (WHA74.16), which was co-sponsored by Canada.

Taking a balanced approach to efforts on NCDs – considering the range of public health activities including health promotion, risk reduction and mitigation in addition to health care – as well as taking into account the role of the broader social and structural determinants of health, will help ensure that the 2025 High-level Meeting milestone

recognizes the interplay of the various factors affecting health as we strive to achieve the 2030 Sustainable Development Goals, and in particular Goal 3 to ensure healthy lives and promote well-being for all at all ages.



UK Government

Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Web-based consultation: Phase I (1–26 May 2024)
General comments on key priority areas in the WHO-Director General's report

Directions

The WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030 (NCD-GAP) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, from local to global, to attain the nine voluntary global targets. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions. These inputs may inform the recommendations to be included in the report of the WHO Director-General to the WHA 2025 titled *Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, to be held in 2025.

NCD-GAP objective

To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

Comments on key priority areas

The UK has been committed to tackling non-communicable diseases, including risk factors and wider determinants. Smoking is the number one preventable cause of death, disability and ill health. It leads to around 80,000 deaths a year in the UK, including one in four of all cancer deaths.

Action taken on smoking to address this risk factor includes:

- the provision of £70m additional funding to local authority Stop Smoking Services in 2024/25. This investment is expected to result in around 360,000 people making quit attempts;
- through the 'Swap to Stop' scheme, enabling localities to request free vaping starter kits to provide to adults, alongside behavioural support to help them quit smoking.

To accelerate progress the HLM could consider:

- Emphasising the cost of inaction on NCDs and that is a shared global challenge across all countries.
- Emphasising increasing impact of climate and environmental factors on NCD burden.
- Emphasising the financial burden that treating NCDs is already having on households including in LMICs.
- Emphasizing the links between addressing NCDs and progress on UHC and health security (e.g. co-morbidity risks during COVID-19). While we need to elevate action on NCDs, important that this does not create another vertical silo but reinforces the

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need for integrated action to address determinants of health, strengthen health systems and enhance financial protection. To strengthen national capacity, leadership, governance, Good physical and mental health are underpinned by many factors multisectoral action and beyond the health service. That is why it is important to work across partnerships to accelerate country government on issues. response for the prevention and The NHS Health Check is England's cardiovascular disease (CVD) control of noncommunicable prevention programme. It aims to prevent heart disease, stroke, diseases. diabetes and kidney disease, and some cases of dementia among adults aged 40-74 years. Over 16 million people are eligible for an NHS Health Check every 5 years and each year the programme engages over 1 million people, preventing around 400 heart attacks or strokes. Recommendations from a review of the programme in 2021 included launching a digital service; extending the eligible population to a younger cohort and widening the check to include the assessment of 2 other conditions such as musculoskeletal conditions and mental health. To accelerate progress: Reiterate that coordinated, multi-sectoral action is at the heart of effectively addressing the burden of NCDs. Health ministries could galvanise investment and regulation across sectors, working with counterpart ministries, to promote better health and wellbeing and address the risk factors and causes of NCDs. Given the cost of treatment for NCDs and chronic conditions, prioritising health promotion and prevention, including in young persons, will be a critical pillar of action to effectively address rising non-communicable disease burdens within available resources. To reduce modifiable risk factors We know that factors such as eating healthier foods, moderating our for noncommunicable diseases alcohol intake and quitting smoking are some of the best ways to and underlying social prevent diseases like cancer and heart disease and to tackle health determinants through creation of disparities. health-promoting environments. Poor diet and obesity are major drivers of physical and mental ill health and early mortality and obesity increases the risk of several health conditions, including diabetes, several types of cancer, musculoskeletal 3 conditions, and cardiovascular disease. Action taken so far to address this risk factor includes, a soft drinks industry levy alongside a voluntary reformulation programme to reduce levels of salt, sugar, and calories in food and drink while not impacting on choice working with industry and civil society in the Food Data Transparency Partnership to shift towards the production and sale of healthier and more environmentally sustainable food and drink.

restricting the placement of less healthy products, including in key selling locations in store and online, and introducing calorie labelling in large restaurants, cafes and takeaways.

We know that physical Inactivity is a modifiable risk factor for a range of chronic diseases, including CVD, Type 2 diabetes, some cancers and musculoskeletal conditions. Physical activity is a positive driver of good mental health and can support the maintenance of a healthier weight.

Action taken includes:

- supporting schools to help boost children's physical activity, which helps children move more, develop healthy bones, muscles, maintain a healthier weight and achieve good overall health and well-being
- NHS branded social marketing health campaigns and digital health behaviour change tools to support adults to build activity into their everyday lives

To accelerate progress:

- Reflect the breadth of multi-sectoral action required to comprehensively address risk factors for NCDs: diverse, nutritious and affordable diets; air quality; adequate shelter; and regulation of harmful behaviours such as tobacco and alcohol use.
- Also note the need for coordinated international action given the global interdependencies on many of these issues, especially on food systems and air quality.
- Emphasise the role of public health in health promotion and prevention, elevating this as a public health agenda alongside the increased focus on public health functions for pandemic preparedness, prevention and response.

To strengthen and orient health and control of noncommunicable determinants through peoplecentred primary health care and universal health coverage.

We are committed to working closely with NHS England, Integrated Care systems to address the prevention Systems and other partners to support investment in prevention, including in response to the recommendations of the Hewitt diseases and the underlying social Review. This includes considering how to define preventive healthcare spending, and exploring options for local baselining to help local systems understand how their decisions compare with others.

> The recently formed Integrated Care Boards have enabled a more collaborative approach between local government and the NHS - that places prevention of poor health at the heart of what we do. Helping people build healthy habits from an early stage is vital, as excess weight usually continues into adulthood and drives multiple long-term conditions.

> We are providing guidance and services such as; the Healthy Steps email programme to encourage families with children aged 4 – 11 to eat better and move more; national guidance and best practice support to further

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empower local government to use their powers to support a healthy local food environment; the Healthy Start scheme encourages a healthy diet for families from low-income households.

In addition to preventative measures, the NHS and local government provide a range of services to help people living with obesity to lose weight. These range from 12-week multi-component programmes including dietary approaches, physical activity components and support for behaviour change to achieve a healthier weight to specialist services for those living with severe obesity and associated co-morbidities. In addition to local authority commissioned weight management services, the NHS provides:

- Complications from Excess Weight (CEW) clinics for children and young people - these are being piloted in 30 areas in England.
- the highly cost effective NHS Digital Weight Management Programme (DWMP) which supports people living with obesity and type 2 diabetes or hypertension as well as NHSE staff to achieve clinically meaningful weight loss.

NHS, and local government, provide a range of services and interventions to support local people, across the life course, access physical activity opportunities. This includes, for instance, exercise on referral schemes, structured physical activity interventions and access to local leisure and swimming activities. Through social prescribing and social prescribing link workers, people including those with long term conditions can get access to personalised support, local approaches and interventions that can support their health and well-being needs, including organised walks and activities.

To accelerate progress:

- Under this priority, the HLM could consider emphasizing the role
 of primary health care in acting as the first line of action on NCDs
 to promote good health and wellbeing, prevent ill health and
 modify risk factors for NCDs, and effectively screen and diagnose
 NCDs at early stages that enable effective management.
- It could be helpful to highlight the need for priority setting capacity to evaluate and scale up integrated prevention, detection and treatment of non-communicable diseases through health benefits packages, recognising the additional pressures on stretched health budgets that rising NCD burdens create and the risks that inequities in access based on wealth are exacerbated as NCDs become more widespread.
- It could be helpful to highlight the findings from UHC Global Monitoring Reports that it is progress on infectious disease service coverage (particularly ART coverage) that has driven progress on UHC in LMICs (esp. AFRO), and that there needs to be progress on NCD services, as well as core health system indicators, to sustain this progress towards 2030.

To promote and support national Current trends show that Healthy Life Expectancy (HLE) has stalled. In capacity for high-quality research the period from 2018 to 2020, HLE at birth in the UK for males was 62.8 and development for the years and 63.6 years for females, showing no significant change since prevention and control of 2015-17. noncommunicable diseases. In England in 2019, the conditions responsible for the greatest share of premature death (measured as years of life lost) were cancers (35%) and cardiovascular diseases (26%). The conditions responsible for the greatest proportion of ill-health (measured as years lived with disability) were musculoskeletal disorders (21%) and mental health conditions (15%), which are also the most cited conditions causing economic inactivity. Around one in four adults in England live with two or more health conditions. 5 The Department funds research through the National Institute for Health and Care Research (NIHR). The mission of the NIHR is to improve the health and wealth of the nation through research. Public health research plays a critical role in preventing diseases, promoting health equity, and enhancing the overall quality of life for individuals and communities. The NIHR is the largest funder of public health research in the UK and works with academia, healthcare and local government to develop population research that improves health and wellbeing, supports independence and reduces health inequalities. To monitor the trends and determinants of The UK monitors and evaluates its policies to understand their noncommunicable diseases and effectiveness and impact and to inform future policy design. Information evaluate progress in their from external modelling and evaluations, and learnings from prevention and control. international experience, is also considered. We regularly monitor change in products that are subject to the Soft Drinks Industry Levy and the voluntary reformulation programme. These assessments are published on GOV.UK. We publish the latest available data to help understand and monitor 6 patterns and trends in both childhood and adulthood obesity at national, regional, and local levels in England on fingertips.phe.org.uk. We also publish data to help understand trends in adult and child physical inactivity; the types of physical activity people participate in and use this to monitor levels of activity with respect to the UK Chief Medical Officer Physical Activity Guidelines. The main data sources for this are the National Child Measurement Programme (NCMP), Active Lives Survey data, Active Lives Children and Young People Survey data and Health survey for

England.

We also monitor adult obesity prevalence through the Health Survey for England which samples a representative proportion of the population to monitor trends in the nation's health and care. We monitor the population's diet through the National Diet and Nutrition Survey, the Diet and Nutrition Survey of infants and young children, and the Infant Feeding Survey, Kantar data (purchasing data for take home and out of home food and drink), and also the Family Food Survey. We are also required to undertake a post-implementation review of the legislation restricting the promotion of products high in fat, sugar or salt by location and by volume price every 5 years, and publish a report setting out the conclusions of the review. This postimplementation review is underway. The UK also monitors trends in smoking prevalence at the national level and amongst particular groups and evaluate the effectiveness of tobacco control interventions. In impact assessments, particularly on the smokefree generation, we attempt to estimate the impact the policy will have on the number of cases of several noncommunicable diseases. Additional: To promote mental Recognise that mental health disorders remain one of the top 10 health and well-being as a vital leading causes of disease burden globally and account for 1 in 5 component of achieving SDG years lived with disability. target 3.4. There is a need to invest in integrated mental health services and also interventions to target the social and environmental determinants that influence mental health, including during childhood and adolescence.