

**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.	There is the need to attend to unaddressed or under-addressed hearing loss to minimise morbidity related to it. Moreover, the socio-economic as well as psycho-emotional aspects of hearing loss also need to be considered as potential sequelae, not only the impaired hearing, while also considering vocational aspects and impacts. Therefore, in line with the ICF, there is the need to increase participation while also addressing activity limitations related to hearing loss. The recent WHO World Report on Hearing highlights the need to include hearing care and hearing loss in health plans across the lifespan.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	There is the need for leadership to incorporate invisible disabilities, e.g. hearing loss, in long term health plans because of the cross-cutting effects of hearing impairment. Leadership can review crucial documents such as the WHO Assistive Product List and the WHO documents on hearing aid provision in LMICs to increase both personnel, training, resource, and capacity development to address hearing loss and thereby ameliorate disability adjusted life years (DALY) but also quality adjusted life years (QALY) in all spheres, from psycho-emotional to physical wellbeing. Multisectoral collaboration is necessary to address hearing impairment from the medical, rehabilitative, educational, assistive technology, and mental health sectors. WHO resources such as the Primary ear and hearing care training manual is a

		practical guide on the prevention, identification, and management of hearing loss and common ear diseases that lead to hearing loss and can be used by health workers and doctors who work at the primary care level and provide services to people either at health facilities or in communities.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	It is necessary to promote the resourcing related to hearing loss, from personnel, diagnostic equipment, assistive technology, and rehabilitation services for the early identification of hearing loss while also addressing preventative hearing loss, for example, due to noise (e.g. occupational hearing loss) or disease (e.g. otitis media). Moreover, hearing loss can exacerbate risks of cognitive disease such as dementia due to compounding of communication difficulties. Also, the psychological and mental health sequelae due to the possible exclusion experienced by people with hearing impairment can be far reaching.
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.	The WHO World Report on Hearing places a strong emphasis on people-centred approaches while the WHO document, HEARING screening: considerations for implementation, builds on the recommendations made in the World report on hearing. It aims to provide Member States with technical guidance for establishing evidence-based programmes for hearing screening in different target age-groups and to facilitate early interventions for ear diseases and hearing loss. Moreover, the WHO Basic ear and hearing care resource focuses on means for prevention and recognition of common ear disease and hearing loss through community involvement and raising awareness; while providing useful information for preventing and addressing ear diseases and hearing loss.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Again, through multisectoral engagements across levels, i.e. from primary health care to tertiary health care and including academia, research can identify the need as well as potential resources to address noncommunicable diseases related to deafness, as well as modifiable hearing loss.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	As per point 6.
*	<i>In addition:</i> 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.	As above, hearing loss does not only have a physical component; the consequent mental health fallout is significant while the potential for third-party disability of carers and spouses is substantial.

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

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

The Wine & Spirits Organisation Denmark (VSOD) is a trade association within the Danish Chamber of Commerce. We represent Danish wine and spirit importers, wholesalers and producers in Denmark and our members account for a large part of Denmark's total imports of wine and spirits as well as the production of wine, fruit wine and spirits. We are committed to play a constructive role in preparing and providing input for the 2025 High-Level Meeting on the UN Political Declaration on the Prevention and Control of NCDs.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. See examples of VSOD's specific actions in this regard in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. See examples of VSOD's specific actions in this regard in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. "To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases"

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

Driving under the influence of alcohol is completely unacceptable to the VSOD. Therefore, we have worked determined over the past many years to ensure that the law is enforced more strictly, to reduce the number of drunk drivers. Additionally, via campaigns, we have tried to further a culture where driving under the influence is socially unacceptable. The number of alcohol-related traffic fatalities in Denmark has decreased by more than 70 percent since 2001. This is a result of a general change in the cultural attitude, which has been brought about by a whole-of-society approach.

VSOD has also for many years been determined to eliminate underage drinking in Denmark. To this end, we have recommended for more than a decade that the legal purchasing age for alcohol be raised from 16 to 18 years. This will also contribute to a deeper cultural change in the attitude towards alcohol, that we assess will postpone the alcohol debut for children and young people.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

VSOD is a member of the Danish Alcohol Advertising Board, which is a board made up of both business and consumer organizations, led by an independent chairperson. When the Alcohol Advertising Board finds that the guidelines have been violated, the board issues a criticism of the business responsible for the marketing in question. The Alcohol Advertising Board expects that decisions will be followed by immediate action. If the business does not comply, the Alcohol Advertising Board can request the Consumer Ombudsman to take legal action. The board therefore contributes to the effective enforcement of ethical and responsible marketing of alcohol products in Denmark.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

The last two indicators are clearly focused on measuring the harmful use of alcohol. However, we join others in considering that the first indicator is insufficient on its own, as it does not measure progress against harmful drinking, since it does not measure drinking patterns or consequences of harmful drinking. It attempts to use reductions in global per capita alcohol

consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

Finally, data on the [prevalence of unrecorded alcohol](#), especially illicit alcohol, at global, regional, and national level, remains out-of-date, incomplete and almost certainly underestimates the toll taken on health, governments and society. As suggested by the [OECD](#), we believe this issue should be given more focus and made a key priority area in the future monitoring of trends and determinants of noncommunicable diseases.

**Fourth High-level Meeting of the UN General Assembly on the
Prevention and Control of NCDs
Web-based consultation: Phase I
General comments on key priority areas in the WHO-Director General's report
Submission from the World Brewing Alliance**

Summary: The World Brewing Alliance is a community of brewers that includes national and regional trade associations as well as the leading brewers in the world. We represent about 70% of the world's beer production, from large companies to small craft brewers. WBA's members are working to implement the WHO Action Plan (2022–2030) to Effectively Implement the Global Strategy to Reduce the Harmful Use of Alcohol (hereafter the GAAP) and support the target to **reduce harmful alcohol use by 20%**. According to the Global Burden of Disease study the mortality rate from the harmful use of alcohol has declined by 18.2% since 2010, **nearly achieving the WHO's ambitious target.**

#	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.	A whole of society approach is vital to ensuring the prevention and control of NCDs remains a priority for international cooperation. Brewers share the WHO's goal to reduce the <u>harmful use</u> of alcohol and are transforming their businesses to contribute to public health aims. The Global Alcohol Action Plan (GAAP) identifies a critical role for the private sector to reduce alcohol-related harm and brewers have taken multiple actions to implement the WHO's recommendations for economic operators' cooperation. The 2010 Global Alcohol Strategy also establishes a whole-of-society approach that recognizes economic operators as "essential for success," and asks them to "consider effective ways to prevent and reduce harmful use of alcohol within their core roles" as developers, producers, marketers, and sellers of alcoholic beverages. The Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, reaffirms this approach. Examples of our members' efforts to participate in this effort are included in the appendix.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Multi-stakeholder engagement and public/private partnerships, in line with the recommendations of the Global Alcohol Action Plan, are essential for tackling the harmful use of alcohol. At the country level, accelerating the adoption of lower and no-alcohol beverages requires a whole of society response with a particular role for policymakers, to nudge adult consumers more effectively toward lower ABV beverages like beer. Policies that nudge consumers towards lower alcohol beverages are a time-tested, evidence-based way to improve public health outcomes. For example, a comprehensive study of the impact of alcohol policies in Russia by WHO Europe (2019) found that policies shifting consumption away from high-strength alcohol beverages toward lower-alcohol beverages were associated with a decline in harm. Examples of effective policymaking and the impact of lower- and no-alcohol beverages at national levels are included in the appendix.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Portfolio and policy outcomes that support lower and no-alcohol beer category growth are aligned with efforts to encourage moderate consumption as part of a well-balanced lifestyle. Addressing harmful use of alcohol requires a holistic approach, considering multiple societal and cultural factors. Brewers recognize the request for the private sector to do more from the 2018 Political Declaration and, more recently, the 2022 Global Alcohol Action Plan, and have taken multiple steps to implement the core asks of Economic Operators. Evidence from studies and market-level policy outcomes is included in the appendix.

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.	Screening and Brief Interventions (SBIs) are crucial to holistic strategies to reduce the harmful use of alcohol. SBI should be integrated into primary care settings, enabling physicians to identify excessive drinking and provide guidance on reducing or ceasing alcohol consumption. There is a significant opportunity to expand SBI worldwide, supporting more people-centric health care experiences. Digital creates an opportunity to expand breadth and efficiency of these programs More information available in the appendix.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Brewers support the Global Alcohol Action Plan's (2022) call for alcohol policy research, including the impact of differentiated policies according to the alcohol content of alcoholic beverages. Further research is needed to assess the impact of substituting higher alcohol products with no and lower alcohol products. This would also include the role of an enabling policy environment based on differentiated policies according to the beverage type and strength of alcoholic beverages.¹
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	With developments in the growth of low- and no-alcohol beers and evidence of their potential to reduce alcohol harm, the NCD Monitoring Framework should also track the impact of substitution strategies across all three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	We welcome the formation of the Commission on Social Connection (2024-2026). ² We would urge the commission to prioritize and conduct studies on the importance of social connections as an important part of wellbeing.

¹ Global Alcohol Action Plan 2022-2030 action 5; pg. 28. (2022)

² WHO Commission on Social Connection

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.	Hearing Healthcare , Ear and hearing care is one of the critical but overlooked health Concern in NCDs , Hearing is critical for a healthy living and its very important to be prioritised at all levels Spotlighting hearing care and hearing loss prevention and rehabilitation shall add value to the global health advocacy agenda and path way to UHC
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Collaboration with Ministries of healthy to support capacity building for healthcare providers , (Audiologists) and advocacy agendas that aim at promoting hearing healthcare within the national healthcare priorities, as well as Civil society organisations and Organisations of persons with hearing loss
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Amplify awareness about hearing loss using various media platforms., Emphasise early intervention programs and provision of quality audiology services Promote safe listening and WHO ne at the frontline sharing relevant information to the General public.
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.	Capacity building for Audiologist and increase public circulation of information about hearing loss Prevention and rehabilitation, use change makers to amplify advocacy messages geared towards mindset change and action emphasise safe listening and primary healthcare interventions. Engage in international exchange and learning Conferences to aid understanding of crosscutting

		issues , leverage on the World Report on Hearing recommendations
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Strengthen Collaboration with national ministries of health, WHO Country offices , Audiologists and establish Media partnerships to increase reporting on hearing healthcare to catalyse research efforts and focus on hearing healthcare among children a youth and elderly having accurate balance of all and supporting researchers advance their efforts in conducting research about hearing healthcare
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Conduct annual monitoring and evaluation of hearing health at country level, Quarterly reports and information through surveys coordinated by the WHO/World Hearing forum and its members / Stakeholders
★	<i>In addition:</i> 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.	Living with hearing loss is associated traumatising experiences and makes us isolated this has the potential of impacting negatively on our mental health, navigating hearing loss and mental health is an important task to undertake to ensure persons with hearing loss have the proper support and other adaptations , including guidance and counselling on how to live with hearing loss .

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

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.	Lived experience consumers, survivors, individuals with psychosocial disabilities, and members of the Mad community have several key goals related to raising the priority of preventing and controlling noncommunicable diseases (NCDs) on global, regional, and national agendas. These goals focus on strengthened international cooperation and advocacy to ensure that mental health is integral to these efforts: 1. Inclusion and Representation: Ensure that the voices of individuals with lived experience are included in decision-making processes at all levels. This means advocating for meaningful representation in international forums, policy discussions, and program development related to NCDs. 2. Holistic Approaches: Promote a comprehensive understanding of NCDs that includes mental health. This involves integrating mental health prevention and treatment into broader NCD strategies, recognizing the interconnectedness of physical and mental health.

		3. Human Rights Focus: Advocate for a human rights-based approach to mental health and NCDs. This includes fighting against stigma and discrimination, ensuring access to quality care, and protecting the rights of those with mental health conditions. 4. Community-Based Interventions: Support the development and implementation of community-based mental health interventions that are accessible, culturally appropriate, and non-coercive. These interventions should empower individuals and communities, rather than relying solely on medical models. 5. Policy and Funding Prioritization: Push for mental health to be a priority in national health policies and budgets. This includes advocating for increased funding for mental health services and research, particularly in low- and middle-income countries. 6. Education and Awareness: Raise awareness about the importance of mental health in the context of NCDs among policymakers, healthcare providers, and the general public. This includes campaigns to educate about the impact of mental health on overall well-being and productivity. 7. Collaboration and Partnerships: Foster collaboration between governments, international organizations, civil society, and communities to create cohesive and effective strategies for mental health and NCDs. This includes sharing best practices, research findings, and resources. 8. Monitoring and Accountability: Advocate for the establishment of monitoring and accountability mechanisms to track progress on mental health initiatives within the broader NCD framework. This ensures that commitments are translated into concrete actions and measurable outcomes.

		9. Developing and implementing Paid Lived Experience WHO technical officer roles: Lived experience is a discipline that represents the varying intersecting NCD movement's aims, goals and objectives and WHO should be implementing these roles to aid the goals of NCD prevention. By pursuing these goals, lived experience advocates aim to ensure that mental health is recognized and prioritized as a critical component of NCD prevention and control, contributing to healthier, more inclusive societies globally.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Lived experience consumers, survivors, individuals with psychosocial disabilities, and members of the Mad community have several important goals for strengthening national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country responses for the prevention and control of noncommunicable diseases (NCDs). These goals are focused on ensuring that mental health is an integral part of these efforts: 1. Capacity Building and Training: - Develop and implement training programs for healthcare professionals, policymakers, and community workers that include the perspectives and needs of individuals with lived experience. - Enhance the capacity of mental health services through continuous education and support, emphasizing the importance of trauma-informed and person-centered care. 2. Leadership and Advocacy: - Foster leadership opportunities for individuals with lived experience in health governance and decision-making bodies to ensure their insights shape policies and practices. - Advocate for mental health to be a priority in national health agendas and integrated into broader NCD prevention and control strategies. 3. Governance and Policy Development: - Work towards the creation and implementation of inclusive mental health policies that are developed in collaboration with individuals with lived experience. - Ensure that mental health governance structures are transparent, accountable, and inclusive of diverse voices, particularly those from marginalized communities.

	4. Multisectoral Action and Collaboration: - Promote partnerships between various sectors, including health, education, social services, and employment, to address the social determinants of mental health and NCDs. - Encourage cross-sector collaboration to develop comprehensive strategies that address both physical and mental health needs. 5. Community Engagement and Empowerment: - Support community-led initiatives that provide peer support, advocacy, and education, empowering individuals with lived experience to take active roles in their own care and in community health promotion. - Develop and fund grassroots programs that focus on prevention, early intervention, and holistic care approaches. 6. Stigma Reduction and Public Awareness: - Implement national campaigns to reduce stigma and discrimination associated with mental health conditions, promoting a culture of understanding and acceptance. - Increase public awareness of the connections between mental health and other NCDs, emphasizing the importance of mental well-being for overall health. 7. Resource Allocation and Funding: - Advocate for increased funding and resources dedicated to mental health services, ensuring they are adequately equipped to meet the needs of individuals with lived experience. - Ensure equitable distribution of resources to support underserved and marginalized populations. 8. Research and Evidence-Based Practices: - Promote and support research that includes the perspectives of individuals with lived experience, focusing on developing and scaling up effective prevention and treatment interventions. - Advocate for the use of evidence-based practices that are culturally sensitive and tailored to the specific needs of different communities. 9. Monitoring and Evaluation: - Establish robust monitoring and evaluation frameworks to assess the effectiveness of mental health policies and programs, ensuring they are responsive to the needs of individuals with lived experience. - Use data and feedback from lived experience individuals to continuously improve and adapt mental health initiatives. 10. Developing and implementing Paid Lived Experience WHO technical officer roles:

		Lived experience is a discipline that represents the varying intersecting NCD movement's aims, goals and objectives and WHO should be implementing these roles to aid the goals of NCD prevention. By pursuing these goals, lived experience advocates aim to create a more inclusive, effective, and compassionate national response to the prevention and control of NCDs, ensuring mental health is recognized and prioritized within these efforts.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	From a Mad Studies perspective, mental health lived experience consumers, survivors, individuals with psychosocial disabilities, and members of the Mad community focus on reducing modifiable risk factors for noncommunicable diseases (NCDs) and addressing underlying social determinants by advocating for the creation of health-promoting environments. Here are some key goals: 1. Challenging Stigma and Discrimination: - Implement anti-stigma campaigns to foster inclusive and supportive environments, reducing the social isolation and marginalization that contribute to poor mental health and increased NCD risk. - Promote public education to dismantle stereotypes about mental health and psychosocial disabilities, emphasizing the strengths and contributions of individuals with lived experience. 2. Enhancing Social Support Systems: - Advocate for stronger community support networks, including peer support groups and community centers that offer safe spaces for individuals to connect and share experiences. - Develop and support initiatives that provide social, emotional, and practical assistance to those facing mental health challenges. 3. Promoting Holistic and Inclusive Health Practices: - Encourage the adoption of holistic health practices that integrate mental, physical, and social well-being, moving beyond purely biomedical approaches. - Ensure that health promotion activities are accessible and tailored to the needs of individuals with lived experience, including those with psychosocial disabilities. 4. Addressing Socioeconomic Inequalities: - Advocate for policies that reduce socioeconomic inequalities, such as affordable housing, fair wages, and access to quality education and employment opportunities. - Support initiatives that provide financial assistance and resources to individuals with lived experience,

helping them overcome barriers to health and well-being.

5. Creating Safe and Supportive Physical Environments:

- Push for urban planning and public space design that prioritize mental health, including green spaces, community gardens, and recreational areas that encourage physical activity and social interaction.
- Advocate for workplace policies that promote mental health, such as flexible working hours, mental health days, and supportive management practices.

6. Improving Access to Healthcare and Support Services:

- Work to remove barriers to accessing mental health services, including cost, transportation, and availability of culturally competent care.
- Promote integrated healthcare models that provide comprehensive care, addressing both mental and physical health needs in a coordinated manner.

7. Empowering Individuals through Education and Advocacy:

- Provide education and training programs that empower individuals with lived experience to advocate for their rights and participate in decision-making processes.
- Support leadership development initiatives that enable individuals with lived experience to take on advocacy roles within their communities and beyond.

8. Fostering Inclusive and Participatory Policy Development:

- Ensure that individuals with lived experience are actively involved in the development, implementation, and evaluation of health policies and programs.
- Advocate for participatory approaches that value and incorporate the insights and expertise of the Mad community in creating health-promoting environments.

9. Challenging Epistemic injustice through re-attention power given to all disciplines of knowledge including lived experience:

Paid designated Lived Experience roles at all multi sectoral levels and designated positions 50/50 to balance out medical/clinical staff approach.

By focusing on these goals, lived experience advocates from a Mad Studies perspective aim to create environments that promote health, reduce risk factors for NCDs, and address the social determinants of health, ultimately contributing to better outcomes for individuals with mental health challenges and psychosocial disabilities.

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.	Lived experience consumers, survivors, individuals with psychosocial disabilities, and the Mad movement aim to strengthen and orient health systems to address the prevention and control of noncommunicable diseases (NCDs) and the underlying social determinants through people-centered primary health care and universal health coverage (UHC). Here are some key goals: 1. Integrating Mental and Physical Health Care: - Advocate for the integration of mental health services into primary health care to ensure holistic treatment of individuals. - Promote training for primary care providers on mental health and psychosocial issues, enabling them to recognize and address these concerns effectively. 2. Ensuring Accessible and Affordable Care: - Campaign for universal health coverage that includes comprehensive mental health services, ensuring affordability and accessibility for all. - Address financial barriers by advocating for the elimination of out-of-pocket costs for mental health care, particularly for marginalized and low-income populations. 3. Implementing Community-Based Care Models: - Support the development of community-based mental health services that are easily accessible, culturally relevant, and responsive to local needs. - Encourage the use of peer support and peer-led services within primary health care settings, leveraging the expertise and empathy of those with lived experience. 4. Fostering Collaborative and Multidisciplinary Approaches: - Advocate for multidisciplinary care teams that include mental health professionals, social workers, and community health workers to provide comprehensive care. - Promote collaboration between health sectors and other sectors such as housing, education, and social services to address the social determinants of health. 5. Empowering Patients and Communities: - Support initiatives that empower individuals with lived experience to take an active role in their own care, including shared decision-making and self-management programs. - Advocate for the inclusion of individuals with lived experience in health system planning, policy-making, and evaluation processes. 6. Improving Health Literacy and Awareness:

		- Promote mental health education and awareness campaigns to increase health literacy and reduce stigma, encouraging individuals to seek help early. - Develop and distribute resources that inform individuals about their rights within the health system and how to navigate it effectively. 7. Enhancing Data Collection and Research: - Advocate for the collection of comprehensive data on mental health and NCDs to inform policy and practice, ensuring that lived experience perspectives are included. - Support research initiatives that explore the intersections of mental health, NCDs, and social determinants, focusing on innovative and effective interventions. 8. Strengthening Health System Governance and Accountability: - Promote transparency and accountability in health system governance, ensuring that mental health services are adequately funded and prioritized. - Advocate for the development of policies and frameworks that protect the rights of individuals with lived experience and promote equitable access to care. 9. Addressing Social Determinants of Health: - Push for policies that address the social determinants of health, such as poverty, education, housing, and employment, to reduce the burden of NCDs and improve mental health outcomes. - Advocate for a cross-sectoral approach that includes mental health considerations in all policies related to social determinants. 10. Address structural determinants of health: By addressing inequality and democracy issues, and addressing an issue such as safe, affordable and accessible housing, free education, universal basic income and ensuring epistemic injustice of knowledge is addressed through prioritising lived experience solutions to local and global issues through paid roles and building up understanding of lived experience as a discipline. By focusing on these goals, the lived experience community can help to create health systems that are more inclusive, equitable, and capable of addressing both the prevention and control of NCDs and the underlying social determinants, ultimately leading to better health outcomes for all.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Lived experience consumers, survivors, individuals with psychosocial disabilities, and the Mad movement have several goals for promoting and supporting national capacity for high-quality research and

	development (R&D) aimed at the prevention and control of noncommunicable diseases (NCDs). These goals ensure that research is inclusive, relevant, and impactful: 1. Inclusive Research Design and Methodology: - Advocate for research that includes individuals with lived experience in the design, implementation, and evaluation stages to ensure that studies are relevant and respectful. - Promote the use of participatory and co-production methodologies, where people with lived experience are active partners rather than passive subjects. 2. Funding and Resource Allocation: - Lobby for increased funding for mental health and NCD research, ensuring that resources are allocated to studies that address the unique needs and perspectives of individuals with lived experience. - Support equitable distribution of research funding, prioritizing underrepresented and marginalized communities. 3. Building Research Capacity: - Advocate for training programs that build research skills among individuals with lived experience, enabling them to contribute to and lead research projects. - Encourage the establishment of research centers or institutes focused on mental health and NCDs that actively involve lived experience researchers. 4. Promoting Ethical Research Practices: - Ensure that research involving individuals with lived experience adheres to strict ethical standards, including informed consent, confidentiality, and the right to withdraw. - Advocate for research practices that prioritize the well-being and autonomy of participants, avoiding any form of coercion or exploitation. 5. Fostering Multidisciplinary Collaboration: - Encourage collaboration between researchers from different disciplines, including mental health, public health, social sciences, and medical sciences, to develop comprehensive approaches to NCD prevention and control. - Promote partnerships between academic institutions, community organizations, and lived experience groups to facilitate knowledge exchange and co-learning. 6. Enhancing Data Collection and Utilization: - Advocate for the collection of data that captures the experiences and outcomes of individuals with psychosocial disabilities and mental health conditions.

	- Support the use of this data to inform policy and practice, ensuring that research findings translate into real-world improvements. 7. Disseminating Research Findings: - Promote the dissemination of research findings in accessible formats to a wide audience, including policymakers, practitioners, and the general public. - Encourage the use of diverse dissemination channels, such as community forums, social media, and public reports, to reach different stakeholders. 8. Prioritizing Community-Driven Research: - Support community-driven research initiatives that address local needs and priorities, ensuring that research outcomes are directly beneficial to those affected. - Advocate for flexible funding mechanisms that allow for the development and support of grassroots research projects. 9. Implementing Evidence-Based Interventions: - Advocate for the implementation of evidence-based interventions and practices that have been proven effective in preventing and controlling NCDs, especially those that incorporate lived experience insights. - Promote continuous evaluation and adaptation of these interventions to ensure they remain relevant and effective. 10. Policy Advocacy and Influence: - Use research findings to advocate for policy changes that support the prevention and control of NCDs, emphasizing the importance of mental health. - Engage with policymakers to ensure that research priorities align with the needs of individuals with lived experience and address broader social determinants of health. 11. Centring Mad studies as the discipline of mad people's experiences: - Addressing this knowledge to contribute to social change through solutions addressing issues such as sanism, capitalism and psychiatry conflation, and understanding / accepting multiple ways of existing in the world such as the neurodivergent movement. By pursuing these goals, the lived experience community can help build a robust national capacity for high-quality research and development, ensuring that efforts to prevent and control NCDs are inclusive, effective, and grounded in the real-world experiences of those affected.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Lived experience consumers, survivors, individuals with psychosocial disabilities, and the Mad movement have several goals to monitor the trends and determinants of noncommunicable diseases (NCDs) and evaluate progress in their prevention and control. These goals ensure that monitoring and evaluation efforts are inclusive, comprehensive, and reflective of the lived experiences of those affected: 1. Inclusive Data Collection: - Advocate for the inclusion of lived experience perspectives in the design and implementation of data collection tools and methodologies to ensure they are relevant and comprehensive. - Promote the collection of data that captures the social, economic, and cultural determinants of NCDs, as well as the mental health aspects. 2. Disaggregated Data Analysis: - Push for data disaggregation by factors such as age, gender, socioeconomic status, race, and disability to identify and address disparities in NCD trends and outcomes. - Ensure that the unique experiences and challenges of individuals with psychosocial disabilities and mental health conditions are represented in the data. 3. Community-Based Monitoring: - Support community-based monitoring initiatives that empower individuals with lived experience to contribute to data collection and analysis processes. - Encourage the use of participatory action research (PAR) methods, where community members are actively involved in monitoring and evaluating NCD trends. 4. Feedback Mechanisms: - Establish mechanisms for regular feedback from individuals with lived experience on the effectiveness of NCD prevention and control programs. - Use this feedback to inform continuous improvement of interventions and policies. 5. Transparency and Accountability: - Advocate for transparency in the reporting of NCD data and progress, ensuring that findings are accessible to the public and stakeholders. - Promote accountability by holding policymakers and health systems responsible for implementing evidence-based strategies and achieving measurable outcomes. 6. Integration of Lived Experience in Evaluation:

- Involve individuals with lived experience in the evaluation of NCD prevention and control programs to ensure their perspectives and insights are considered.
- Develop evaluation frameworks that prioritize the experiences and outcomes of those affected by NCDs and mental health conditions.

7. Interdisciplinary Collaboration:

- Foster collaboration between mental health experts, public health professionals, researchers, and individuals with lived experience to develop comprehensive monitoring and evaluation strategies.
- Encourage the use of interdisciplinary approaches to understand the complex interactions between mental health and NCDs.

8. Use of Technology and Innovation:

- Leverage technology, such as mobile health apps and digital platforms, to collect real-time data on NCD trends and determinants, making it easier for individuals with lived experience to contribute.
- Support the development of innovative data collection and analysis tools that are user-friendly and accessible.

9. Policy and Advocacy:

- Use monitoring and evaluation data to advocate for policy changes that address identified gaps and challenges in NCD prevention and control.
- Ensure that advocacy efforts are informed by robust evidence and reflect the lived experiences of those affected.

10. Capacity Building:

- Provide training and resources to individuals with lived experience to enhance their capacity to participate in monitoring and evaluation activities.
- Support the development of skills in data collection, analysis, and interpretation within the lived experience community.

11. Longitudinal Studies:

- Advocate for the establishment of longitudinal studies that track NCD trends and determinants over time, providing insights into long-term patterns and impacts.
- Ensure these studies include mental health components and consider the evolving experiences of individuals with psychosocial disabilities.

By pursuing these goals, the lived experience community can contribute to more effective monitoring and evaluation of NCD trends and determinants, ensuring that prevention and control efforts are inclusive, responsive, and grounded in the realities of those most affected.

★	<i>In addition:</i> 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.	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, mental health lived experience consumers, survivors, individuals with psychosocial disabilities, and the Mad movement focus on several key goals: 1. Advocacy for Mental Health Inclusion: Advocate for the explicit inclusion of mental health and well-being in national health policies, strategies, and budgets, ensuring they are recognized as integral to overall health outcomes. 2. Education and Awareness Campaigns: Conduct campaigns to raise awareness about mental health issues, reduce stigma, and promote understanding of the importance of mental well-being for individuals, communities, and societies. 3. Access to Comprehensive Mental Health Services: Push for equitable access to a range of mental health services, including prevention, early intervention, treatment, and rehabilitation, that are responsive to diverse needs and preferences. 4. Integration of Mental Health into Primary Health Care: Promote the integration of mental health services into primary health care settings to ensure early detection, continuity of care, and holistic health management. 5. Support for Community-Based Mental Health Initiatives: Advocate for community-led mental health initiatives that provide peer support, promote social inclusion, and empower individuals to manage their mental health effectively. 6. Addressing Social Determinants of Mental Health: Advocate for policies and interventions that address social determinants of mental health, such as poverty, unemployment, discrimination, and adverse childhood experiences. 7. Promotion of Peer Support and Self-Advocacy: Support the development of peer support networks and self-advocacy programs that empower individuals with lived experience to advocate for their rights and participate in decision-making processes. 8. Research and Evidence-Based Practices: Support research initiatives that focus on understanding the lived experiences of individuals with mental health conditions, evaluating the effectiveness of interventions, and identifying best practices for promoting mental well-being.

		9. Capacity Building and Training: Provide training and capacity-building opportunities for individuals with lived experience to become leaders, educators, and advocates in mental health promotion and policy development. 10. Collaboration and Partnerships: Foster collaboration between governments, civil society organizations, academia, and the private sector to develop comprehensive strategies and allocate resources effectively for mental health promotion and protection. 11. Monitoring and Evaluation: Advocate for the establishment of monitoring and evaluation frameworks to track progress towards achieving SDG target 3.4, ensuring accountability and continuous improvement in mental health outcomes. 12. Paid Lived Experience designated roles within WHO and civil society: Address epistemic injustice and build the discipline through promoting the broader movement's aims, goals and objectives. These goals collectively aim to ensure that mental health and well-being are prioritized, protected, and promoted as essential components of achieving Sustainable Development Goal 3.4, contributing to healthier and more resilient communities globally.

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

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



Introduction

This is a submission on behalf of the UK alcoholic drinks trade associations: British Beer & Pub Association (BBPA), National Association of Cider Makers (NACM), Scotch Whisky Association (SWA) and Wine and Spirit Trade Association (WSTA). Our membership ranges from small family run businesses up to multi-national companies.

There are millions of people around the globe that benefit from the responsible enjoyment of alcoholic beverages. This is compatible with a balanced lifestyle and the majority of adults that choose to drink alcohol do so without harm to themselves and others. However, harmful drinking is an issue which must be tackled; we and our member companies are committed to playing our part. As part of that effort we work closely with the International Alliance for Responsible Drinking (IARD) through the partnership council and other forums to support IARD’s responsibility standards as appropriate including supporting the UN goals to tackle the harmful use of alcohol.

We welcome the opportunity to provide comments to the phase 1 consultation process which are set out below and focus on the sections most relevant to our sector in relation to tackling harmful drinking.

#	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.	
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We respectfully request the Director General’s report include recognition of the positive role and contribution the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives.

		The UK alcohol industry is committed to partnership working as part of a whole of society approach to tackle harmful drinking. Recognition of such an approach will encourage further efforts to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Included at appendix 1 are examples of the action taken by the UK alcohol industry .
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	In relation to alcohol and health we urge the DG's report to continue to recognise and sustain the agreed multilateral framework which focuses on the harmful use of alcohol. Member States have agreed and endorsed the current approach consistently on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018. We also urge that it continue to reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, so that national policies design optimize the ten key areas for action according to the national and local contexts. Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that "...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources." We would also recommend that it include the contributions made by the alcohol industry to reduce the harmful use of alcohol. Examples of how the alcohol industry has responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are set out in appendix 2.

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.	Monitoring trends of all of the relevant indicators is critical for effective policy evaluation and further development . The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are: • Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context • Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context • Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context We fully support this framework and recommend the DG's report reflects the importance of using it to monitor progress in tackling the harmful use of alcohol. The last two indicators are clearly focused on measuring the harmful use of alcohol. The first indicator is insufficient on its own. Per capita consumption cannot distinguish between behaviors of different demographics, and it cannot evaluate progress against harmful drinking, since it does not measure determinants of harmful drinking (such as drinking patterns), nor observe consequences of harmful drinking. It attempts to use reductions in global per capita alcohol consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

		Appendix 3 provides an example of why using per capita consumption alone is not an effective approach to measuring the harmful use of alcohol. We also welcome a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. The is view is supported by the OECD. Current data is out of date or incomplete.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

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.	- Helpful to have guidance to most effectively raise the priority with governments in regions and individual countries. - Priority needs to be linked to specific recommended actions, most effective ways to achieve this, required resource and evaluation of coverage/outcomes. - Useful to reference right to health, the implementation gap breaches the right to health and that advocacy could include potential legal challenge
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- Useful to provide information about recommended actions, required resource, most effective ways to achieve this and evaluation of coverage/outcomes - In order to accelerate response, first require clear information about population size of unmet need for interventions to treat particular NCDs/ mental health conditions, prevent associated impacts, prevent them from arising, and promote mental wellbeing and resilience. Then information about most effective ways to address the gap through coordinated population scale up of evidence-based interventions by different sectors. Then ongoing monitoring of coverage and outcomes of interventions including for higher risk groups - Need for coordinated action by different sectors which will be implementing different interventions relevant to any particular NCD

		- Need for more targeted approaches to particular groups at increased risk - Need to focus on ways to support scale implementation to have maximum population impact given the scale of implementation gap for treatment, prevention of associated impacts, prevention and promotion
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Very important but need to consider which sector different modifiable risk factors are the responsibility of e.g. public health, preschool, schools, employers - Also to consider which risk factors have the biggest population impact and have the most effective implementable intervention. For instance, socioeconomic deprivation is an underlying risk factor for several other risk factors. Child adversity is responsible for a large proportion of mental health conditions and should be addressed as a rights issue - Then to consider the research to inform most effective ways to create health-promoting environments which can promote protective factors for health/ mental health and address risk factors for different NCDs/ mental health conditions. - Finally to monitor coverage and outcomes of interventions addressing particular risk factors including for higher risk groups
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.	- But not just health systems – prevention of NCDs depends on addressing relevant risk factors at population scale. Such factors are also important to address in people with mental health conditions to prevent relapse and promote recovery. - This requires coordinated actions with other sectors such as public health, schools, employers etc - Also requires data systems to monitor prevalence of risk factors and NCDs/ mental health conditions as well as coverage and outcomes of interventions
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- More research will always be needed. However, extremely well evidenced interventions already exist to treat mental health conditions, prevent associated impacts, prevent mental health conditions, and promote mental wellbeing and resilience – but these are not implemented. Therefore, research is specifically required about how to implement existing effective interventions to population scale targeting higher risk groups.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	- Very important but requires expansion of existing data collection systems particularly for certain areas such as mental health - Data is critical to understand the size of the implementation gap for treatment of mental health conditions, prevention of associated impacts, prevention of mental health conditions, and promotion of mental wellbeing and resilience including for higher risk groups. And then to monitor progress regarding closing the implementation gap
*	<i>In addition:</i> 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.	- Important to acknowledge that promotion and prevention are distinct. - Promotion of mental wellbeing (and resilience) is addressing protective factors. Prevention is addressing risk factors for mental health conditions. - Important acknowledge the value of mental wellbeing and the associated impacts across health and other areas - Needs specific actions regarding assessment of coverage of evidence-based interventions and then scaling up with required resource

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

United for Global Mental Health

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.	• We affirm this priority area for noncommunicable diseases and mental health. NCDs and mental health comorbidities should be addressed to deliver better and more cost-effective health outcomes. This will require investing in prevention, in addition to diagnosis, care and treatment. • We agree that supporting national efforts for the prevention and control of NCDs and mental health through the exchange of information on best practices and dissemination of research findings is critical. • We concur that collaborative partnerships, including with civil society organisations, will strengthen the capacity for agile and adaptive implementation and monitoring and evaluation of prevention and control action plans at global, regional and national levels.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	● We support this objective and agree that it is critical that countries develop and implement a national multisectoral NCD policy and plan, taking into account national priorities and domestic circumstances and in coordination with the relevant organisations and ministries. This must include an increase and prioritisation of budgetary allocations for addressing prevention, treatment and care of NCDs and mental health. ● We underscore further that mental health, specifically, is a multi-sectoral issue. Supporting better mental health for all requires ‘mental health in all policies’ (as set out by WHO, UNICEF and many other organisations). It is important to work with the education, judicial, social protection and environmental sectors, for example, and to jointly focus on strengthening primary and community care for the delivery of mental health promotion, prevention and treatment. Governments of all countries should boost mental health spending through increased direct financing. At a minimum, they should reach the conservative targets that the 2018 Lancet Commission set: allocating 5% and 10% of total health expenditure to mental health for low- and middle-income countries, and high-income countries respectively. ● We agree that to ensure a nationally led country-level response to the prevention and control of NCDs and mental health, there needs to be a greater focus on strengthening the institutional capacity of national actors across operational, management and governance domains and empowering local leadership. ● We concur that the quality of development aid for health for NCDs and mental health must improve. This includes, as outlined, strengthening national ownership, alignment, harmonisation, predictability, mutual accountability and transparency, results orientation and catalytic donor financing. In particular, increasing finance for global mental health requires bilateral and multilateral donors to immediately allocate at least 0.5% of their development assistance for health (DAH) to mental health, with this increasing to 1% by 2027, and 5% by 2030. ● There is no mention of addressing the pervasive stigma and discrimination that remains, particularly for mental health. Strengthening national capacity, leadership and governance will necessitate tackling stigma and discrimination. The Lancet Commission on Ending Stigma and Discrimination in Mental Health offers recommendations for policymakers in particular encouraging ‘governments to implement specific policies, and international organisations to issue guidance, that aim to reduce and eventually eliminate stigma’. ● We encourage governments to cater to child and youth mental health needs when addressing parental and caregiver NCDs and adverse experiences.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	● We agree that supportive environments that protect physical and mental health and promote healthy behaviour need to be created through multisectoral action. The mutual benefits of reducing modifiable risk factors such as tobacco control, promoting a healthy diet, increased physical activity and reducing harmful alcohol use are well established for both physical and mental health. ● We affirm that human rights-based legislation for both NCDs and mental health is essential for creating person-centred health-promoting environments. To effectively address risk factors and underlying social determinants, it is important to not only have standalone legislation i.e. updated mental health acts that align with international human rights

		standards but also the integration of NCDs and mental health in legislation across sectors. ● In addition, it is important to note that mental health promotion interventions improve overall wellbeing. They can be delivered in the settings where people live, work and learn, for example, and may include school and workplace mental health programs, early childhood interventions, social support and community engagement, women empowerment, anti-discrimination programs, and other interventions that address the social determinants of mental health. ● From the health financing lens, there are ways to foster health-promoting environments. Adequate finance for mental health systems must be raised in sustainable and equitable ways. Social health insurance schemes can help achieve universal health care (UHC) but only if they include a basic package of mental health services. As well as through general taxation and/or social health insurance, revenue for NCDs and mental health can be raised through progressive mechanisms such as health taxes, for example on unhealthy commodities such as alcohol. ● The 2022 Lancet Commission for Ending Stigma and Discrimination in Mental Health reports that careless media reporting perpetuates stigma and discrimination, by using stigmatising language and simplistically or inaccurately linking mental health conditions with violence. Media and tech companies have a responsibility to create positive online environments for mental health and wellbeing. Governments should commit to ensuring that media outlets are provided with or directed to sources of accurate health information that they need to report on mental health issues in a responsible and sensitive manner. Informed reporting will contribute to the improvement of public understanding of mental health, as well as the reduction of stigma and discrimination, promoting positive online environments.
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.	● This objective is aligned with our call for new models of care which ensure individuals get the comprehensive physical and mental health care they need and desire. For example, NCDs and mental health comorbidities should be addressed together through an integrated, person-centred care approach which will deliver more cost-effective outcomes. People living with mental health conditions such as bipolar disorder are at greater risk of certain physical health conditions, including cardiovascular and respiratory disease. As such, we recommend that the WHO DG's report should specifically identify people with or at risk of mental ill-health as a vulnerable group that has been left behind and must be specifically addressed in the HLM on NCDs and mental health. ● We agree that human resources development is a critical aspect of strengthening and reorienting the health system for the prevention and control of NCDs and mental health. To enable the workforce to deliver sustainable, person-centred NCD and mental health care, governments and partners need to prioritise production, training and retention of the health workforce and address it through policy options. ● Furthermore, task-sharing in primary care plays an important role in the delivery of mental health services. Expanding the mental health workforce requires an expansion of training programmes that are available not only to specialists but training that is also appropriate for those outside of specialist care such as primary health care professionals. The integration of preservice training to train a non-

		specialist workforce will support the expansion of health professionals capable of providing the necessary immediate mental health care. • Mental health-related stigma and discrimination leads to the exclusion of individuals from society and the denial of basic human rights, such as access to healthcare, including mental health care. The Lancet Commission on Ending Stigma and Discrimination in Mental Health offers recommendations for the health workforce to ‘engage in mandatory training sessions on the needs and rights of people with mental health conditions’ and recommends delivery of training includes people with lived experience (PWLE), to achieve progress in addressing stigma and discrimination. • We align ourselves with the WHO’s position on prioritising the integration of mental health into primary and community-based health care over psychiatric hospitals and long-term care facilities. Right now, in many countries, the majority of funds for mental health are spent on locking people up in institutions. Prioritising community-centred care and gradually transitioning towards complete deinstitutionalisation will reduce human rights violations and improve access to quality care. • We support financing policy options which enable progress toward UHC. Mental health financing requires a combination of cost-effective prevention and treatment interventions mainly at the primary and community level, transitioning resources away from hospital-based tertiary care. This is underpinned by both an economic and rights-based argument.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	• This is an important priority area to strengthen the localisation agenda and ensure the dismantling of the power structures within the research sector and create more equitable structures that amplify the work of national partners and national governments of low- and middle-income countries in contributing to the existing literature on NCD and mental health prevention and control. The report should also include support in the global dissemination of the high-quality research developed at the national level to ensure documentation of evidence-based research that can support resource mobilisation and national planning for prevention and control activities for NCDs and mental health.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	• This consultation is an opportunity to highlight the need for the collection and harmonisation of disaggregated mental health data. • We agree with the policy options to strengthen technical and institutional capacity for data management, analysis, and reporting. The report needs to emphasise timely, representative, good-quality data on mental health to provide an evidence base for decision-making, drive policy change, ensure accountability, and make the case for increased investment and improved access to mental health services. • To ensure the right data is being captured and monitored for progress on NCDs and mental health, governments must include questions about mental health in national census and population surveys. Strengthening administrative data systems (e.g. civil registration and vital statistics) is a prerequisite for better data-driven decision-making on preventative and community programmes. • In particular, longitudinal studies on mental health should be encouraged and supported by funders and governments as they are especially useful to inform decision-making on what works across the spectrum of promotion, prevention, treatment and recovery.

		● Mental health data from unofficial sources - academic institutions, CSOs, private sector organisations, polling organisations - can play a vital role in filling data gaps. This is especially true of people and communities frequently excluded from official data collection exercises. Therefore, the promotion and use of unofficial sources should be encouraged by all actors.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	● We commend the authors for raising the visibility of mental health in aiming for parity of attention and action on the physical health aspect. ● In addition, we would like to highlight two specific issues within the mental health landscape which are both vital to achieving SDG 3.4: youth and climate change. ● The mental health and wellbeing component must include the needs of the child, youth and caregivers as an important priority to achieve SDG 3.4. This includes supporting young people who are caregivers - especially young parents as an important means to improve their children's physical and mental health. This also requires a need for governments and donors to increase and improve spending on children's and young parents' and caregivers' mental health. Governments, global institutions, and service providers must be held accountable for their youth mental health commitments. ● Climate change and environmental degradation are directly impacting mental health now by increasing the risk of new mental health challenges, worsening pre-existing mental health conditions, and increasing the vulnerability of people living with mental health conditions. Therefore, to promote mental health and wellbeing and move towards SDG 3.4, the implications of climate change must be acknowledged and addressed so that mental health can be integrated across actions to respond to climate and environmental threats. This means, governments fully integrate mental health into key climate and environment policies and plans such as National Adaptation Plans, Nationally Determined Contributions, National Biodiversity Strategies and Action Plans, National Disaster Risk Reduction Strategies, etc.

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

**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.	a) Engage Heads of State and Government in the regional and global lead-up processes towards the 4 th UN-HLM and thereby consolidating NCD prevention and control at the highest level of political ownership. b) Engage other health and development areas advocating the ‘health-for-all’ and universal health coverage aspiration and the united ownership of the global health and development agenda.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	a) Advance and disseminate best practice country cases of NCD prevention and control programme implementation in terms of elevated national policy processes through e.g. cross-governmental and multi-stakeholder engagement strategies. b) Explore new partnership models across sectors and domains and disseminate results and learnings.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	a) Advance and disseminate best practice country cases of unhealthy food and beverage taxation, front-of-package labelling and other regulative measures. b) Advance and disseminate best practice country cases on prevention of childhood obesity incl. its interlinkage with maternal-child 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.	a) Advance and disseminate best practice country cases of integrated primary care models and related health workforce development reforms with focus on the feasibility of scale up and sustainability. b) Advance balanced health care coverage models to encompass basic NCD services targeting the most vulnerable populations and communities.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	a) Advance and disseminate best practice country cases analysed through research of NCD programme implementation with focus on integrated care models and primary care ('implementation research'). b) Advance and disseminate best practice country cases concerning the development and implementation of 'national NCD research strategies' led by national academic institutions.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	a) Advance and disseminate best practice country cases concerning NCD response data collection and their systematic compilation into national and global monitoring frameworks.
*	<i>In addition:</i> 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.	a) Advance and disseminate best practice country cases concerning the integration of mental health services at primary level. b) Build further alliances at different levels between NCD and mental health communities and stakeholders.

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

Sightsavers

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.

RESPONSE FROM [SIGHTSAVERS](#):¹

#	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.	<u>NCDs and disability, and associated health equity issues:</u> NCDs are a major cause of disability worldwide, accounting for around two thirds of years lived with a disability in low- and middle-income countries, and increasing rates of NCDs are having a profound effect on disability trends (WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020, p.59). An estimated 1.3 billion people – 16% of the global population – have significant disability (WHO (2022) Global report on health equity for persons with disabilities, p.23). Population ageing and an epidemiological shift towards chronic conditions means that the percentage of people living with a disability will continue to increase over the coming decades, placing further demands on social welfare and health systems, including prevention and control

¹ [Sightsavers](#) is an international NGO which works with partners to promote the rights, inclusion, and equality of opportunity for people with disabilities in over thirty low- and middle-income countries. Our programmes also include work to strengthen health systems and promote the right to health for people with disabilities, prevent avoidable blindness, eliminate neglected tropical diseases (NTDs), and ensure quality inclusive education. Sightsavers is a Non-State Actor in official relations with WHO, and is a member of the [International Disability and Development Consortium](#). For further information on this submission, please contact: Dr Sarah Collinson: scollinson@sightsavers.org

of NCDs. At the same time, persons with disabilities are more vulnerable to NCDs ([WHO \(2022\) Global report on health equity for persons with disabilities](#), p.39).

Going forward, much closer and systematic attention needs to be paid to the interrelationships between NCDs and disability, including health inequities for people with disabilities which *ipso facto* affect those with disabilities resulting from NCDs as well as people with disabilities who are living with or are more vulnerable to NCDs. Accordingly, health sector challenges relating to the health equity of persons with disabilities needs to be recognised and acted upon as a central and essential component of the NCD agenda. The 2021 World Health Assembly [Resolution 74.8 on the highest attainable standard of health for persons with disabilities](#) (WHA74.8), and the 2022 [WHO global report on health equity for persons with disabilities](#) coming out of this resolution (WHO global report) and accompanying technical guidance for Member States ([disability guide for action](#)), together represent important and positive steps forward in this regard. The WHO global report identifies and analyses the contributing factors to systemic health inequities for persons with disabilities, including inequities connected with NCDs, and outlines key policy and programmatic actions along with recommendations to reduce these inequities, including actions to address multiple barriers within the health sector itself.

To demonstrate that the financial investment necessary to advance disability inclusion in the health sector is an investment with dividends, the WHO global report references *inter alia* a published WHO-led cost-benefit analyses on NCDs and cancer prevention and control for which there is evidence of lower access for persons with disabilities. Results showed a good return on investment. For example, implementing cancer care with 10% increase in costs could bring an economic and societal return of nearly US\$ 9 per US\$ 1 spent. Similarly, there could be a return of between \$9 and \$10 USD per \$1 spent in disability inclusive cancer care and NCD prevention and care, assuming with a 10% increase in costs ([WHO \(2022\) Global report on health equity for persons with disabilities](#), p.43 & Annex 4).

[WHA Resolution 76.6 on strengthening rehabilitation in health systems](#) represents another important step

forward at the international level in encouraging health system investments that will deliver real-world gains in improving capacities to respond to morbidity and disabilities associated with NCDs and address the associated health inequities.

As regards people with mental health conditions and psychosocial disabilities, the WHO [QualityRights initiative](#) continues to play a very important role in promoting mental health systems, services, and practices that prioritize respect for human rights, in line with the Convention on the Rights of Persons with Disabilities, including deinstitutionalisation. Deinstitutionalization and moving to community-based models of care is important for improving the quality of life for persons with psychosocial disabilities and protecting them from a wide range of human rights violations; it is also more cost-effective since it leads to better recovery outcomes [WHO \(2022\) Global report on health equity for persons with disabilities](#), p.202, citing [Knapp et al. \(2011\)](#)).

Deinstitutionalisation and QualityRights are being implemented in many countries across the world, and community-based services are widely regarded as the best approach for providing mental health care. However, most LMICs spend the majority of their scarce resources for mental health on managing people with mental health conditions in institutions, meaning that significant challenges remain in achieving rights-based mental health services in the community ([Funk and Bold \(2020\)](#)).

- Eye health:

Since the development of the global NCD action plan, we have seen a number of developments on the prevention, treatment and control of eye health conditions in global, regional and national agendas. In 2019 the WHO's World Report on Vision was launched. The WRV, the first global report on vision and eye care, emphasised the need for a full spectrum of care from health promotion, prevention, treatment and rehabilitation. The WRV positioned eye health as a key component of the broader health system.

Since 2019, the World Health Assembly endorsed two global eye health targets for countries to achieve, a 30% increase in effective cataract surgical coverage and a 40% increase in effective refractive error coverage.

		In 2021 the UN General Assembly unanimously adopted a resolution called ‘Vision for Everyone; accelerating action to achieve the Sustainable Development Goals’ Resolution committing the international community to eye health for the 1.1 billion people living with preventable sight loss by 2030.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	• <u>NCDs and disability, and associated health equity issues:</u> The WHO global report on health equity for persons with disabilities includes a comprehensive review of the best available evidence on national leadership, capacities and progress in addressing disability-related health inequities. Despite many countries now having legal frameworks, or laws supporting the realization of the right to health for persons with disabilities, there are major gaps in capacities, leadership, governance, multisectoral action and partnerships to accelerate disability inclusion in the health sector, including in NCD prevention and control. This means poorer health outcomes globally for people living with NCDs who experience associated impairments or disabilities, and the (disproportionate) percentage of persons with disabilities living with NCDs. The evidence shows very clearly that, in most countries, significant barriers exist across all health system building blocks and that these combine with wider structural factors, social determinants of health and risk factors to create substantial health inequities for persons with disabilities, including greater vulnerability to NCDs and poorer health outcomes for people who have disabilities resulting from NCDs. These factors are very often successive, interconnected, and mutually reinforcing. Consequently, persons with disabilities face, on average, much poorer health and functioning than the general population and continue to die prematurely. For example: • They have 2.4-fold higher mortality rates than those without disabilities and they are missing 10 to 20 years of life- expectancy (Missing Billion Initiative (2022)); they are three times more likely to be denied healthcare, and four times more likely to be treated badly in healthcare facilities, and twice as likely to find facilities or healthcare providers’ skills inadequate (WHO global disability action plan 2014-2021). Other social factors and characteristics such as age, gender, race and poverty interact powerfully with

		disability to influence health inequities among persons with disabilities. For example, ageism frequently leads to older persons with disabilities being excluded from services or facing a shorter lifespan, cognitive decline, increased social isolation, loneliness, poverty, violence and abuse (WHO global report on health equity for persons with disabilities, p.25 & pp.84-87). - Available data on cancer screening and treatment, and prevention of NCDs revealed substantial gaps for certain interventions. For example, data showed that women with disabilities have 0.63 lower odds to receive or undergo cervical cancer screening compared to women without disabilities, and even lower chances (0.77) for breast cancer screening. Interventions for preventing NCDs such as supplement and nutrition programmes reach 20% less young adults with disabilities compared to the general population, and in some countries the gap in surgical interventions for cardiovascular disease can reach 45% (see WHO global report on health equity for persons with disabilities, pp.289-292 and various sources cited). National capacities, leadership, governance and multisectoral action need to be urgently strengthened to address the health system and wider factors that drive health inequities the world's 1.3 persons with disabilities, including many millions of people living with NCDs who experience long-term impairments or disabilities as a consequence of chronic health conditions. <u>Eye health:</u> Sightsavers works with national governments to strengthen health systems and make them more inclusive with a particular emphasis on inclusive eye health services. Over the last number of years we have supported governments to develop eye health policies in Liberia, Sierra Leone, Nigeria. We work in coalitions and networks at national level to advocate to governments for the inclusion of eye health within broader health systems.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	<u>NCDs and disability, and associated health equity issues:</u> Based on a comprehensive review of the best available evidence regarding the causes and consequences of health inequities for persons with

disabilities, the [WHO global report on health equity for persons with disabilities \(2022\)](#) reports the following as regards modifiable risk factors for health for persons with disabilities:

- The mechanisms which cause health inequities are complex and multidimensional, and result from a range of interdependent contributing factors, including structural factors, social determinants, risk factors, and the health system itself. Whereas all these factors affect the general population negatively, there is an incremental and additional negative effect for persons with disabilities. For example, poverty is associated with poorer health across all populations and different risk factors for health disproportionately affect persons with disabilities; the additional exposure to out-of-pocket payments for health care or catastrophic health expenditure, as well as disproportionate barriers in accessing education and employment, contribute to higher rates of poverty among persons with disabilities and their households (WHO global report, p.97 & pp.65-66 & various sources cited). Poor diet is often associated with lack of financial means and evidence suggests that persons with disabilities, particularly children with disabilities, often have higher rates of poor nutrition, which can manifest sometimes in higher levels of obesity. Adults with disabilities are significantly more likely to be physically inactive compared to persons without disabilities. Persons with disabilities are also exposed, to greater extent, to environmental risk factors such as air pollution or road traffic injuries. This exposure is to very large extent associated with the higher levels of poverty among these groups (WHO global report, pp.87-89 & various sources cited). Persons with disabilities are frequently not included in social protection schemes, and even when they are, they may encounter barriers to accessing them (WHO global report, pp.70-71 & various sources cited).
- The increased exposure to risk factors for persons with disabilities is due significantly to public health interventions often not being inclusive. Health prevention and promotion campaigns that aim to address population health through reducing the impact of risk factors often do not reach persons with disabilities. There are several reasons for this. For instance, public health information may be provided in a format that is

not accessible, or not tailored to the needs of persons with disabilities or distributed in locations and spaces not accessed by persons with disabilities. A lack of appropriate and affordable transport and/or inaccessible spaces can create barriers for persons with disabilities to access in public health interventions that take place in group sessions or at specific facilities (WHO global report, pp.88-89 & various sources cited).

- Persons with disabilities have lower health literacy on average, linked to lower literacy rates resulting from barriers to accessing education which in turn hinders access to health information, tools and resources, compounded by non-inclusive health information and a failure to identify and incorporate the specific needs of persons with disabilities in the planning and design of public health interventions (WHO global report, p.101 & p.76 & various sources cited).
- Other sectors may establish public policies to reduce specific exposure to health damaging factors, e.g. improving conditions related to housing, water and sanitation, work, security, public spaces, restricting sales of tobacco and alcohol, food security, or elimination of environmental pollutants; these policies may not be inclusive and frequently do not reach persons with disabilities (WHO global report, p.71 & various sources cited).

In the light of the close interconnection of NCDs and disability, as detailed above, modifiable risk factors for health for persons with disabilities merit 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.

- Eye health:

Myopia (shortsightedness) is projected to continue to increase with half the world's population expected to be myopic by 2050. Environmental factors and gene-environment interactions are thought to play a large role. Studies have shown that there is a correlation between high myopia and increased near work (school work and/or computer use) at a young age. Time spent outdoors has been shown to have a

		reduction in myopia. Optical interventions such as glasses or contact lenses can help reduce myopia progression. Ocular and general health conditions might share common risk factors. Smoking is associated with lung cancer, chronic obstructive pulmonary disease, stroke, coronary artery disease, dementia, and numerous eye conditions including cataract, age-related macular degeneration, diabetic retinopathy, and possibly glaucoma. Sun exposure is associated with cataract and skin cancer. Poor diet, obesity, and low physical activity are common to systemic diseases and eye diseases. Consumption of vegetables, fruit, and micronutrients are protective for some cancers, cardiovascular disease, and depression. Similarly, a Mediterranean diet and some micronutrients might protect against cardiovascular disease and cataract, diabetic retinopathy, glaucoma, and age-related macular degeneration.
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.	• <u>NCDs and disability, and associated health equity issues:</u> Persons with disabilities – including those living with or at higher risk from NCDs – are disproportionately disadvantaged by a lack of available primary care services in many countries due to greater health care needs and multiple barriers they experience in accessing the health services they need. People-centred primary health care (PHC) presents an opportunity to advance health service delivery in communities and to address the contributing factors to health inequities and NCDs. Integrated people-centred care is intrinsically inclusive as it adopts the perspectives of individuals, carers, families and communities as active participants in the health systems that respond to their needs and preferences in a holistic way. When implemented, such an approach has the potential to generate significant benefits to the health of persons with disabilities, including improved health and clinical outcomes, better health literacy and self-care, increased satisfaction with care, and reduced overall costs. As countries make progress towards strengthened primary health-care services, it is imperative that disability-inclusive policies, strategies and approaches are integrated systematically into

mainstream country action on NCDs and across the full spectrum of health system strengthening efforts at PHC level, with targeted action to identify and address health system barriers.

A key step towards improving health equity for persons with disabilities is to ensure that health services are provided close to where people live, and to. Any accessibility plan needs to ensure the provision of health care in an integrated people-centred manner across the life course. ([WHO \(2022\) global report on health equity for persons with disabilities](#), pp.202-3). Capacity-building and training of health professionals on disability-related issues and the accessibility of health facilities, services and information are central considerations. When provided in an accessible manner, digital health can also be an important platform to reach persons with disabilities.

The availability of support and services that are specific to the underlying impairments and health conditions of persons with disabilities are also essential (e.g. vision rehabilitation, assistive technology (AT) and community-based support). A lack of systematic integration of AT as a component of other health programmes, such as rehabilitation, NCDs, or care for older people, feeds the lack of awareness among health personnel and limits opportunities for action or referral ([WHO \(2022\) global report on health equity for persons with disabilities](#), p.99).

Deinstitutionalization is a major factor in moving forward. Evidence, including from low- and middle-income countries, shows that primary health-care services for people with mental health conditions or psychosocial disabilities leads to significant improvement in health outcomes and have been shown to be the most cost-effective option of care as well as avoiding violations of rights through deprivation of liberty based on disability. Analyses show that scaling up a package of primary care services for mental health conditions such as schizophrenia, bipolar disorder, depression and use of alcohol over a 10-year period requires a total additional investment of US\$ 0.20 per capita per year in low-income countries and US\$ 0.30 per capita per year in lower-middle-income countries (WHO global report, p.205).

The engagement and participation of persons with disabilities in the processes and decision-making of

		the health sector is a resource needed for advancing health equity in person-centred PHC. The participation of persons with disabilities provides strong support towards ensuring that policies, strategies, and programmes are more effective in addressing factors that drive health inequities, such as shifting attitudes, and dismantling stigmatization. Persons with disabilities have first-hand experience of the challenges they face and know best what can be done to enhance their rights, health, and well-being. Monitoring which interventions work and where improvements are needed, by collecting and disaggregating data by disability, directs the actions of the health sector, including at PHC level. Integrating disability in data collection allows countries to better understand the drivers of health inequities for persons with disabilities. • <u>Eye health:</u> WHO is calling for a change in eye health care delivery towards a more person-centred approach, with increased emphasis on service delivery initiated in primary care (World Report on Vision). There is also scope to include eye health in NCD services as the alignment with, for example, diabetes management is well known. Refractive error services can also be provided at community and primary care level. There is also scope for the services to be included in school health screenings as recommended by the Stepping up Effective School Health and Nutrition partnership.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	• <u>NCDs and disability, and associated health equity issues:</u> There are clear structural factors and social determinants, risk factors and health system barriers that drive health inequities for persons with disabilities, including in the close interconnections between NCDs and disability, and with age and other key characteristics and determinants. However, much of the existing evidence is indirect and important gaps remain in quality data on disability, including within HMIS. The wider range of structural factors or social determinants such as discrimination, poor living conditions, and non-inclusive education and employment call for a health policy and systems research agenda to inform countries about the intersection of NCDs, disability and health inequities and how these can be better addressed in wider NCD

		prevention and control and in health system strengthening more broadly. It will be essential to ensure the participation of persons with disabilities in research on NCD prevention and control, and to ensure their inclusion in clinical research testing medicines and health products.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	• <u>NCDs and disability, and associated health equity issues:</u> NCDs are a major cause of preventable disability worldwide. While actions to monitor NCDs have gained significant momentum in the global health agenda, similar developments to monitor and manage the growing burden of NCD-related disability have been relatively slow); the NCD action plan monitoring framework has been criticized for neglecting adequate measures of morbidity / chronicity of NCDs (Richards, Gouda et al. (2016)). There is a need to improve health data by incorporating measures of NCD-related disability into discussions on NCD prevention and control, to strengthen information systems to better capture and use data on disability, and to align NCD and disability measurement and monitoring strategies (ibid.). A wide range of differences in health outcomes exist between persons with disabilities and those without disabilities. Some of these differences are inequalities that can be explained by the underlying health conditions or impairments; however, others are associated with factors that are unjust or unfair. These factors align with the contextual factors of a person's environment (as described in the International Classification of Functioning and the definition of disability in the Convention on the Rights of Persons with Disabilities). There are significant gaps and weaknesses in disability data in the health sector which need to be urgently addressed in order to better evidence and respond to the intersection of disability and NCDs. The collection of data on disability is often deprioritized in many countries, consequently the evidence of health inequities and their contributing factors is more limited than for other groups in marginalized situations. However, lack of evidence should not be interpreted as a lack of inequities. Richards, Gouda et al. (2016) highlight that to obtain a more accurate picture of disability in low- and middle-income countries, existing disability estimation techniques need to be further developed and improved. This requires local valid data on rates

	of NCD-related disability, statistics on functional status, rehabilitation needs, and the coverage and utilization of relevant health services. The required data range from simple counts to disaggregated indicators, and to complex comparisons of quality of life and social participation for those with and without disability. With such data, disease burden can be measured, the effectiveness of health interventions can be evaluated and planning decisions can be made. Many countries will struggle to collect data on disability, but while it is important to be pragmatic about country capacities, it is also essential that we avoid skewing global efforts and neglecting the significant and growing burden of NCD-related disability. On the basis of a comprehensive review of available evidence, the WHO global report on health equity for persons with disabilities reports stark inequities for persons with disabilities in terms of premature mortality, increased morbidity, and increased functioning limitations (WHO global report, pp.62-64 & various sources cited). For example: • Mortality: Persons with disabilities have higher rates of premature mortality compared to persons without disabilities. For example, in persons with psychosocial disabilities in high-income countries, the mortality gap is 20 years for men, and 15 years for women. Inequities in mortality of persons with intellectual disabilities are evident across all life stages, and a major factor for the elevated levels of mortality is often the poor quality of health services. • Morbidity: The health inequities in morbidity faced by persons with disabilities are reflected in the higher rates of co-morbid health conditions in persons with disabilities compared to those without disabilities (including higher incidence of NCDs), and higher rates of acquiring new health conditions or increased morbidity. This includes conditions such as diabetes, stroke or cardiovascular disease. A major factor for the increased morbidity among persons with disabilities is their limited or delayed access to health services. Persons with disabilities also have an increased risk for mental health conditions and often rate their mental health as being worse than those without disabilities. • Functioning: Persons with disabilities experience greater limitations of functioning. Data from the WHO Model Disability Survey (MDS)¹² conducted in 11 countries, showcases that for persons with

disabilities, various environmental factors appear to be hindering and limiting their functioning, especially in terms of day-to-day activities and participation in society, more than for those without disabilities. A brief snapshot of the available evidence shows that inaccessible health facilities are a factor affecting a larger proportion (up to six times greater) of persons with disabilities compared to those without disabilities. Non-existent, inaccessible or unaffordable transportation limits persons with disabilities up to 15 times more than the general population. Similar numbers can be seen for other factors, such as places to socialize that make it hard for persons with disabilities to engage in this activity, or joining community activities, where a striking 25-fold difference can be seen in some countries. Data show that women are more likely to experience limitations in functioning than men.

Improved health information systems must extend beyond single risk factors and disease-based perspectives, to create surveillance systems that include the whole life course. This will require a shift in health policies and systems, including strengthening capacities and accountabilities to measure improvements in health outcomes across multiple conditions, stronger disability and rehabilitation information systems and better coordination with disability services. Data on functional limitations, including physical activities and social participation, should also be included and collected among people living with NCD-related disabilities. This is essential for the development of meaningful measures of NCD-related disability ([Richards, Gouda et al. \(2016\)](#)).

- Eye health:

Two global targets on eye health were endorsed by the World Health Assembly in 2021, a 40% increase in effective refractive error coverage (eREC) and a 30% increase in effective cataract surgical coverage (eCSC). Current estimates put eREC at 36 meaning 2/3 of people are not receiving the quality services they need. Coverage for effective cataract surgery is lower at 17%. Approximately 50% of those with unsatisfactory outcomes of cataract surgeries could also be improved by access to quality refractive error services.

		The inclusion of eREC within the General Programme of Work 14's monitoring framework under outcome 4.1 is an indicator not only for equity in access to NCD services but also highlights the importance of the inclusion of eye health services within health systems.
*	<i>In addition:</i> 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.	• <u>NCDs and disability, and associated health equity issues:</u> Persons with disabilities also have an increased risk for developing mental health conditions and often rate their mental health as being worse than those without disabilities. There is an increased diagnosis of mental health conditions such as depression or anxiety compared to individuals without disabilities; those with severe disabilities have a 2.5-fold higher likelihood of having depression (WHO (2022) global report on health equity for persons with disabilities, p.63 & various sources cited). Social isolation and loneliness associated with the place to live are a strong determinant of poor health and well-being in persons with disabilities. Compared to the general population, persons with disability have fewer friends, less social support and are more socially isolated. The place to live has an enormous impact on the levels of isolation and loneliness. Alongside other important factors such as unemployment, the type of accommodation, living alone or having low levels of access to environmental assets contribute to the higher rates of loneliness among persons with disabilities (WHO (2022) global report on health equity for persons with disabilities, pp.77-8 & various sources cited). A lack of formal community support services is also reflected in persistently high numbers of persons with disabilities living in institutions or special homes; in many countries, the health provision for individuals with psychosocial disabilities is still predominantly provided in psychiatric or social care institutions. Persons with disabilities frequently enter these institutions as children or adolescents, often against the wishes of their parents, and remain for their entire lives. Institutionalisation, particularly for persons with psychosocial, intellectual and cognitive disabilities, is associated with poor quality services, inadequate living conditions, loneliness and isolation, and exposure to a range of human rights violations including forced treatment and coercive practices, and psychological, physical, and sexual abuse or

violence. Persons with autism or learning disabilities are often detained long-term in institutions or inpatient facilities located far from their families where they can be subjected to abusive, restrictive and inhumane practices. Inadequate provision of formal community support and housing can also lead to homelessness among persons with disabilities if deinstitutionalisation is not conducted through a regulated and systemic process with appropriate support and access to affordable accommodation ([WHO \(2022\) global report on health equity for persons with disabilities](#), p.78, p.112 & p.202 & various sources cited).

Deinstitutionalization and moving to community-based models of care is important for improving the quality of life, mental health and wellbeing and health outcomes for persons with psychosocial disabilities and is essential for protecting them from a wide range of human rights violations; it is also more cost-effective since it leads to better recovery outcomes.

Deinstitutionalization in the area of mental health is ongoing in several countries, although most low- and middle-income countries still spend the majority of their scarce resources for mental health managing people with mental health conditions in institutions (WHO global report, p.202).

The [WHO QualityRights](#) Initiative is a good example of an intervention that engages persons with psychosocial disabilities and their representing organizations, and includes the design and delivery of training. The WHO QualityRights Initiative aims to promote the human rights of persons with psychosocial, intellectual and cognitive disabilities globally through changing the attitudes of policy-makers, mental health professionals and other stakeholders. The initiative works at the ground level to change attitudes and practices directly, as well as through policy to create sustainable change. Persons with disabilities and their organizations are central actors in all aspects of the QualityRights Initiative, from its design to its implementation (see also [WHO \(2022\) global report on health equity for persons with disabilities](#), p.94 & various sources cited).

- Eye health:

A meta-analysis of data from high-income and middle-income countries found that 25% of people with eye conditions also have pronounced depressive symptoms. Depressive symptoms have been shown

		to increase with more severe eye disease. Another meta-analysis found a significant reduction in depression after cataract surgery. While the mechanism is yet to fully be explored it appears to be a linkage worth considering in planning NCD services.

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

**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.	1-Raising Priority: This is crucial because without adequate attention and resources allocated to hearing loss, progress towards prevention and control will be hindered. 2-Strengthened International Cooperation 3-Advocacy: Efforts should focus on educating stakeholders about the burden of hearing loss and the importance of prevention strategies,
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	National Capacity Building: This includes training programs, infrastructure development, and ensuring access to essential technologies for diagnosis and treatment. 2- Governments must demonstrate political commitment, establish clear policies and regulations, and allocate adequate resources to address hearing loss comprehensively. 3- Collaboration among various sectors such as health, education & building partnerships with diverse stakeholders including government agencies, civil society organizations, academia, private sector entities, and international organizations 4. Incorporate neonatal hearing screening programs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Vaccination ,public awareness with Early identification and early intervention strategies as use of hearing aids and implantable technology with rehabilitation facilities whether as family based ,

		individuals or society involve are highly modifying impact of hearing loss
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.	1- People-Centered Primary Health Care: Prioritizing people-centered PHC emphasizes the importance of placing individuals, families, and communities at the center of health systems. 2- 2- Integration of Hearing loss Services: This includes screening and early detection programs, management of chronic conditions, lifestyle counseling, and referral systems for specialized care when needed.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Genetics and epidemiology of hearing loss is still a fertile era in the research related to hearing care ,technical advances to correct hearing impact are escalating region in research together with very recent trials of genetic therapy .
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	1- Surveillance Systems: Developing and enhancing surveillance systems to track the prevalence, incidence, and risk factors associated with hearing loss 2- Risk Factor Identification: Identifying and understanding the key determinants and risk factors contributing to the burden of hearing problem 3- Implementing comprehensive health promotion and prevention strategies 4- Investing in research and innovation to advance our understanding of hearing loss, develop new prevention and treatment strategies
*	<i>In addition:</i> 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.	Mental health and wellbeing are much impacted with hearing loss and it was proven to be protected by correcting hearing loss with hearing aids and implantable technologies across all ages and in particular for seniors

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

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.	Regional and sub-regional collaborations should enhance knowledge and best practice sharing between countries of similar socio-cultural backgrounds.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Governance models should emphasize health in all policies and foster high-level cross-sectoral collaborations, particularly focusing on the upstream determinants of non-communicable diseases (NCDs).
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Health promoting environments should be considered in all aspects of life such as neighbourhoods, workspaces, schools, parks, and recreational areas. Air quality should also be considered a main factor in health-promoting environments.
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.	Primary health care centres should incorporate evidence-based lifestyle medicine and behavioural modifications as a management option for NCDs.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Translational research focusing on specific cultural and behavioural determinants of NCDs should be prioritized.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	It's essential to monitor outcome indicators as well as indicators related to the social determinants of NCDs.

*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Consider the effects of daily stress and promote digital well-being, especially among young generations (Generation Z).

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

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.	To raise the priority of NCD prevention and control, For Pakistan focused area can be 1) policy advocacy and international collaboration through global health diplomacy, strategic alliances, and policy coherence; 2) comprehensive national and regional NCD for Diabetes, Mental health strategies with national action plans and multisectoral approaches; 3) health system strengthening and capacity building; and 4) public awareness and community engagement.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Countries especially UD should focus on enhancing leadership and governance, fostering multisectoral action, building robust healthcare infrastructure, forming strategic partnerships, implementing comprehensive national policies, and promoting public awareness and education on NCD risk factors and healthy lifestyles.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	To reduce modifiable risk factors for noncommunicable diseases, Pakistan & other countries should focus on: enforcing strict tobacco and alcohol control policies, promoting access to healthy foods, developing public spaces for physical activity, conducting nationwide health education campaigns, and addressing social determinants through improved education, poverty reduction, and better healthcare access

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.	To strengthen health systems for NCD prevention and control, countries should focus on: integrating NCD services into primary care, training healthcare workers, achieving universal health coverage with financial protection, developing robust health information systems, fostering multisectoral collaboration, empowering communities, enhancing governance, and ensuring access to essential medicines and technologies.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	To enhance national R&D capacity for NCD prevention and control, prioritize: upgrading research infrastructure and securing funding; building research skills and fostering a supportive culture; fostering international and public-private collaborations; improving data systems and sharing; developing enabling policies and ethical standards; engaging communities and stakeholders; translating research into effective interventions; promoting innovation and adopting digital health tools for enhanced research capabilities.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	To effectively monitor NCD-especially Diabetes & mental health issues trends and evaluate prevention efforts, prioritize: robust surveillance and data systems; regular assessment of risk factors and socio-economic determinants; utilization of digital health tools and electronic records; support for research and evidence-based policies; establishment of monitoring frameworks; capacity building for healthcare professionals; and international collaboration for data sharing and standardized monitoring practices.
*	<i>In addition:</i> 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.	

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

**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.	- Tunisia has participated in elaborating consensus statement about the global public health agenda for NAFLD (https://www.nature.com/articles/s41575-021-00523-4) as well as in “a global research priority agenda to advance public health responses to fatty liver disease (https://www.journal-of-hepatology.eu/article/S0168-8278(23)00323-9/fulltext) -Tunisia is going to participate in a study about the prevalence and risk factors of MASLD at North African and Middle east level by collaborating with https://slmena.org/
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	-Being a member of the Tunisian Association of Gastroenterology, we are promoting continuing medical development about “Metabolic Associated Steatotic liver Disease” in collaboration with colleagues from other national associations such as “Heart and Coronary disease association”, “Diabetes Association”
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	-this could be achieved, among others, by promoting health caravans in deprived regions in all countries
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.	-we are promoting continuing medical development about NCDs among General Practitioners in Tunisia as they are playing a major role in controlling NCDs, particularly MASLD and MASH.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	-Multiple national studies has been conducted at a national level to provide state of play of the situation in the country such as https://www.em-consulte.com/article/1343707/prevalence-of-cardiovascular-risk-factors-in-the-t ” https://diabetesatlas.org/data/en/country/202/tn.html -we encourage the implementation of InterUniversities Diplomas about NCDs particularly MASLD and MASH
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	-this could be achieved by regular assessment of the NCD national statistics, particularly MASLD and MASH
*	<i>In addition:</i> 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.	-health related quality of life should be evaluated through generic and specific questionnaires in all patients with NCDs.

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

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.	Political Commitment: Encourage Member States to prioritize NCD prevention and control by embedding it in national policies and strategies, backed by high-level political commitment. This can be achieved through advocacy efforts highlighting the economic and social impacts of NCDs. Global Cooperation: Foster collaboration among Member States, international organizations, and civil society to develop comprehensive strategies for NCD prevention and control. Establishing platforms for knowledge sharing, resource pooling, and joint action can amplify the effectiveness of interventions. Integration with Development Goals: Advocate for the integration of NCD prevention and control into existing international development frameworks, such as the Sustainable Development Goals (SDGs). Emphasize the interconnectedness of NCDs with other development priorities like poverty reduction, gender equality, and environmental sustainability. Resource Mobilization: Encourage increased investment in NCD prevention and control, both domestically and through international aid mechanisms. Mobilizing resources for research, infrastructure development, and healthcare delivery is crucial for scaling up interventions and ensuring equitable access to services. Community Engagement: Promote community participation and empowerment in NCD prevention efforts, recognizing the importance of local knowledge and context-specific approaches. Engaging communities in advocacy, awareness-raising, and decision-making processes can enhance the sustainability and effectiveness of interventions. By focusing on these priority areas, Member States and stakeholders can catalyse urgent action and attention to accelerate progress in addressing the prevention and management of NCDs, thereby contributing to improved global health outcomes.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Capacity Building: Prioritize investments in building the capacity of national health systems to effectively prevent, diagnose, and manage NCDs. This includes training healthcare professionals, improving infrastructure, and strengthening health information systems to facilitate data-driven decision-making. Leadership and Governance: Foster strong political leadership and governance structures at the national level to drive coordinated and sustainable responses to NCDs. Establish clear accountability mechanisms and ensure alignment of NCD strategies with broader health and development agendas. Multisectoral Action: Promote multisectoral collaboration and integration of NCD prevention efforts across various government departments, including health, education, urban planning, agriculture, and finance. Engage stakeholders from diverse sectors to address the complex determinants of NCDs and implement holistic interventions. Partnerships: Forge partnerships between governments, civil society organizations, academia, private sector entities, and international agencies to leverage expertise, resources, and networks in the fight against NCDs. Foster collaboration based on shared goals, mutual respect, and transparent communication.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Health Promotion: Implement comprehensive health promotion campaigns targeting modifiable risk factors such as tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol. Utilize evidence-based approaches to raise awareness, change behaviors, and promote healthy lifestyles across the lifespan. Policy Interventions: Advocate for the adoption and implementation of policies and regulations that create supportive environments for health. This includes measures to improve access to nutritious foods, promote physical activity, regulate tobacco and alcohol marketing, and create smoke-free and alcohol-free public spaces. Addressing Social Determinants: Address underlying social determinants of health, such as poverty, inequality, education, and employment, that contribute to NCD risk factors. Implement interventions that aim to reduce socioeconomic disparities and create equitable opportunities for health and well-being. Community Empowerment: Empower communities to take ownership of their health by providing education, resources, and support for collective action. Facilitate community-led initiatives that address local priorities and empower individuals to make healthier choices in their daily lives.
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.	Primary Health Care Strengthening: Prioritize the strengthening of primary health care systems to deliver comprehensive, integrated, and people-centered services for NCD prevention, diagnosis, and management. This includes ensuring access to essential medicines, diagnostics, and technologies at the primary care level. Universal Health Coverage (UHC): Advance efforts towards achieving universal health coverage by ensuring that all individuals and communities have access to quality health services without financial hardship. This requires equitable distribution of health resources, removal of financial barriers, and promotion of solidarity-based financing mechanisms.

		Integration of NCD Services: Integrate NCD prevention and management services into existing primary health care platforms to enhance efficiency and accessibility. This includes incorporating NCD screening, counseling, and treatment into routine health consultations and leveraging community health workers for outreach and follow-up. Community Engagement and Empowerment: Empower communities to actively participate in decision-making processes related to their health needs and priorities. Foster partnerships between health care providers, community organizations, and local leaders to co-design and implement culturally appropriate interventions.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Research Infrastructure: Invest in strengthening national research infrastructure and capacity for conducting high-quality research on NCDs, including epidemiological studies, clinical trials, and health systems research. This involves building research institutions, training researchers, and promoting interdisciplinary collaboration. Knowledge Translation: Facilitate the translation of research findings into policy and practice through effective knowledge translation mechanisms. Establish platforms for disseminating research findings, engaging policymakers, and fostering evidence-informed decision-making at all levels of the health system. Innovation and Technology: Encourage innovation and the use of technology to develop new tools, interventions, and approaches for preventing and managing NCDs. Support initiatives that leverage digital health solutions, telemedicine, and data analytics to improve diagnosis, monitoring, and treatment outcomes.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Surveillance Systems: Strengthen national surveillance systems to monitor trends in NCDs and their risk factors, including data collection, analysis, and reporting. Ensure the availability of reliable and timely data to inform policy development, program planning, and resource allocation. Risk Factor Assessment: Conduct regular assessments of modifiable risk factors for NCDs, such as tobacco use, unhealthy diets, physical inactivity, and alcohol consumption. Use population-based surveys and surveillance tools to identify high-risk groups and target interventions effectively. Evaluation Frameworks: Develop comprehensive frameworks for evaluating the effectiveness and impact of NCD prevention and control interventions. This involves setting clear objectives, defining indicators, and conducting regular assessments to track progress towards national and global targets.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Integration of Mental Health Services: Integrate mental health promotion, prevention, and treatment services into primary health care and community-based settings. This includes training primary care providers in mental health screening, counseling, and referral, as well as expanding access to psychosocial support services. Reducing Stigma and Discrimination: Combat stigma and discrimination associated with mental health conditions through public awareness campaigns, education programs, and advocacy efforts. Promote a culture of acceptance, empathy, and inclusion to facilitate help-seeking behavior and social support for individuals living with mental illness. Addressing Social Determinants: Address underlying social determinants of mental health, such as poverty, unemployment, social isolation, and trauma, through multisectoral action and policy interventions. Promote supportive

	environments that foster resilience, social connectedness, and mental well-being for all individuals and communities.

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.

#	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.	Advocacy is the key to changing perceptions and priorities, especially for issues like NCDs that may not receive as much attention as infectious diseases or immediate public health crises. At the same time international cooperation will strengthen and accelerate this objective
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	To ensure the objective is actionable, it would benefit from the inclusion of measurable outcomes. Defining clear indicators for success, such as reductions in NCD incidence or improvements in healthcare infrastructure, can provide benchmarks for evaluating progress. We'd like to recommend establishing regular monitoring and evaluation mechanisms to track the effectiveness of the interventions and make necessary adjustments.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Considering the crucial role of sustainability and scalability of interventions, strategies should be designed to be sustainable in the long term, with plans for scaling successful initiatives to reach broader populations. Again, partnerships with local governments, NGOs, and the private sector can enhance the sustainability and reach of health-promoting initiatives.
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.	Emphasizing people-centred primary health care is a valuable approach. It ensures that health services are tailored to the needs and preferences of individuals, improving access, quality, and patient satisfaction. This approach can lead to better health outcomes by fostering stronger relationships between patients and healthcare

		providers, encouraging continuity of care, and enhancing the overall effectiveness of the health system.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Supporting training programs for researchers, investing in advanced research facilities, and fostering a culture of scientific excellence are key strategies for achieving high-quality research outcomes. The KAP program may play an important role in this issue.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	The objective should ensure the inclusion of various data sources, such as health surveys, electronic health records, and population studies, to create a robust and comprehensive data set.
*	<i>Additional:</i> To promote mental health and well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.	Addressing stigma and discrimination associated with mental health conditions is important for promoting help-seeking behaviours and fostering supportive environments.

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

Rosemary Richings

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.	As someone with a neurological condition, I am aware that my community falls under the NCD umbrella, but someone in my community may be somewhat confused by how prevention and control apply to us considering what most neurological conditions have in common (apart from conditions acquired through accidents and trauma) is that prevention is not possible. I also require a bit of elaboration on what control means. The current thinking in a lot of neurological condition advocacy communities has shifted towards the social model of disability. In other words, many don't see their symptoms as something that needs to be controlled or the source of their impairment or difference, but the environment that they live in, work in, go to school in, etc as the thing that needs to be designed differently for them to thrive.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	If this involves independent advocacy groups and small charities run by disabled people at all, keep in mind that many are volunteers and often have a job, other responsibilities, a chronic illness, and limited finances that may make it difficult to easily make it in-person for a meeting. Openness to virtual

		participation and/ or providing travel compensation address these barriers.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	If disabled people are consulted and listened to in the decision-making process when decisions are made about their community, addressing this goal should address a lot of barriers in place.
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.	This should be considered on an intersectional identity basis. E.G: certain genders, sexualities, cultures, etc may experience healthcare differently than others, but also having certain combinations of NCDs may change your experience getting healthcare. I have read about this a great deal in terms of autistic people and getting treatment for other health issues unrelated to autism. An autistic person may find out they need surgery for example, and struggle with communicating their questions and concerns during a surgical consultation, booking an appointment in the first place and face poorer recovery outcomes in hospital ICUs than their neurotypical peers because of their oversensitivity to certain sounds, lights, and textures.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	I am dyspraxic, one of the most poorly researched neurological conditions. I want to take this opportunity to encourage better support of those who choose to research the experiences of those who have dyspraxia (Developmental Coordination Disorder). Many within my community are facing enormous challenges with getting support at school, work, and all aspects of life because the public knowledge of dyspraxia is so limited, making it very difficult to thrive in these areas. Individual advocates are working very hard to get resources in the hands of the right people, but to truly make an impact, that research needs to be greatly increased in scientific research circles too.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	To take into consideration neurological NCDs, the emphasis needs to be on coping particularly with the societal barriers around getting a diagnosis, understanding how that affects you on an individual basis, and jumping the challenging hurdles of being believed and supported about your need for support in everyday life. Most advocates in that community don't want to be seen as something that needs to be changed or cured and the discourse around their condition being a disease isn't exactly welcomed.
*	<i>In addition:</i> 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.	Access to mental health care is an issue of equitable access and I feel not enough people acknowledge that. Barriers to getting mental health support are often not only financial but based on lack of access to

		that support in the first place. Also, in some cultures there's still a stigma barrier too, a belief that mental health issues are something "to be ashamed of or ignored". That management aspect of mental health care will not be possible unless these social barriers are factored in somehow.

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

FROM: West Indies Rum & Spirits Producers Association

DATE: 17th June 2024

**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)**

Thank you for the opportunity to contribute to your Phase I consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

WIRSPA and its members in 15 Caribbean countries have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

WIRSPA is a member of the Partnership Council of the International Alliance of Responsible Drinking. Together IARD's members and Partnership Council represent the large majority of Caribbean beverage alcohol production. We are committed to upholding IARD's responsibility standards and supporting the UN goals to tackle the harmful use of alcohol.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health.

	Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

Caribbean economic operators in alcohol production and trade, in partnership at the national level, have taken many positive actions to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

The WIRSPA Code of Practice for Responsible Advertising & Marketing of Spirit Drinks has been adopted by all members and is used as a template for other sectors. The code:

- Recognises some persons choose not to drink (abstinence) and promotes a responsible approach to consumption
- Prohibits the targeting of youth, vulnerable persons or pregnant women; contains specific advice to protect those under the legal purchase age; contains detailed provisions on promotion and sponsorship to avoid targeting underage persons
- Recommends that those who drive should not drink
- Addresses responsible targeting of ads to protect under the legal purchase age; contains best practice for trade promotions, tastings and sponsorship; and recommends a range of protections for underage in digital marketing.

Producers have participated in national and regional consultations to develop actions plan to reduce harmful use of alcohol, in particular the industry has successfully advocated raising the legal purchase age to 18 across Caribbean Community member states and to remove exceptions for certain types of alcohol products.

Brands campaigns promote responsible consumption with messaging and labelling of products; many larger brands have active awareness raising programmes around minimum age rules and drinking & driving. Server training initiatives are increasingly used around promotions and festivals to prevent underage access and to recognise and limit over-consumption.

In several states producers have partnered with road safety agencies to introduce and promote the use of sobriety checks including provision of breathalysers, association with ride apps, party promotions that include sobriety checks and ‘drinksense’.

Producers have actively pursued a premiumisation strategy, especially in export markets to focus on quality and story, as opposed to quantity.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on “the harmful use of alcohol” to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.

- **Reflect a flexible menu of policy options, taking national and local context into account.** Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that “...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources.”
- **Contributions by the private sector to implementing the 2018 Political Declaration.** The 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Since then, IARD Members have taken [significant actions to do so](#), as individual companies and in partnership with the digital marketing sector including social influencers, physical and on-line retailers, global e-commerce platforms, and the hospitality sector.

Specific examples include:

WIRSPA members adopted in 2019 new product labels which dramatically increase the information provided to consumers and include:

- The three internationally accepted advice logos that advise against drinking underage; drinking in pregnancy; and drinking and driving. Minimum standards have been agreed for the size of these logos to ensure they are eligible.
- Information relation to serving size, standard drink (10gms of alcohol) and number of servings per container. Minimum font sizes have also been agreed for these depictions and text to ensure legibility.

Implementation of these commitments has been highly successful across WIRSPA membership and have been adopted by other beverage alcohol producers.

Digital Marketing – WIRSPA members have incorporated best practice digital marketing guidelines on digital platforms to restrict underage access that incorporate prominent RDMs; age gating/affirmation where possible, control over user generated content, and forward advice notice warning against forwarding to underage persons.

WIRSPA supports the IARD [standards for online advertising](#) and [influencer promotions](#), and partnerships with leading platforms to develop robust safeguards as well as [IARD’s Digital Guiding Principles](#), the gold standard across the industry in terms of ensuring that alcohol is not marketed to those underage or in ways that promote harmful use.

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by IARD Members and partners, which can be informed through regular dialogues with economic operators. These dialogues have been ongoing between the WHO Secretariat and economic operators since 2018 and should continue going forward.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context

- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

The last two indicators are clearly focused on measuring the harmful use of alcohol. However, we join others in considering that the first indicator is insufficient on its own, as it does not measure progress against harmful drinking, since it does not measure drinking patterns or consequences of harmful drinking. It attempts to use reductions in global per capita alcohol consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

WIRSPA believes further that per capita consumption statistics do not reflect the true level of consumption of the local population in our small open economies. Existing methodologies for calculation per capita consumption are crude measures which do not properly take account of the tremendous impact of tourism on the import and consumption of alcoholic beverages in our highly tourism dependent economies.

The per capita data tends to be adversely skewed for small open tourism-based economies for the following reasons:

- Stay-over visitor consumption is a very important factor which is not accounted for. As an example, in many eastern caribbean island states the number of stay-overs exceed the population size and the opportunities-to-drink in a given period for visitors are up to 7 times higher. This translates into a far greater impact than the simple number of visitors implies.
- Cruise passengers consume an unrecordable quantity while on island, through bar visits or on scheduled tours, often complimentary and so approach higher average consumption levels.
- There is a heavy incidence of informal exports by visitors and nationals who take out supermarket purchased alcohol in their bags (cheaper than duty-free; alcohol must be checked if there is a stopover).
- The presence of external/enclave educational entities in small economies bring in substantial numbers of drinking age young adults (21-30) will also skew results considerably; further, their drinking patterns tend to be higher than average.

We refer you to the submission by IARD for more details.

Finally, data on the [prevalence of unrecorded alcohol](#), especially illicit alcohol, at global, regional, and national level, remains out-of-date, incomplete and almost certainly underestimates the toll taken on health, governments and society. As suggested by the [OECD](#), we believe this issue should be given more focus and made a key priority area in the future monitoring of trends and determinants of noncommunicable diseases.

The West Indies Rum & Spirits Producers Association (WIRSPA) is one of the oldest private sector trade associations in the Caribbean. It represents rum producers in Antigua & Barbuda, the Bahamas, Barbados, Belize, Haiti, Dominica, Dominican Republic, Grenada, Guyana, Jamaica, St. Kitts-Nevis, Saint Lucia, St. Vincent & the Grenadines, Suriname, and Trinidad & Tobago.

West Indies Rum & Spirits Producers' Assn. Inc.

Mars House, #13 Pine Road, Belleville, St. Michael BB11113, Barbados, WI

t +1 246 228 8033 m +1 246 253 2925 e vaughn.renwick@wirspa.com

www.wirspa.com www.acr-rum.com

**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.	- Strengthen existing networks like the World Hearing Forum (WHF). - Educate governments on importance of prevention and control of hearing loss, particularly in developing countries. - Collaborate with International, regional and local organization of people with hearing loss, such as International Federation of Hard of Hearing (IFHOH), Asia-Pacific Federation of Hard of Hearing and Deafened (APFHD), European Federation of Hard of Hearing (EFHOH) and African Federation. - Collaborate with Local / national level health related NOGs.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- Develop capacity of health workers of NGO and government. - Develop leadership and advocacy capacity of NGOs and organizations of people with hearing loss so they can advocate for policies and legislation on prevention and control of hearing loss.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Conduct a national or local survey on the causes of hearing loss. - Launch a public awareness campaign on the causes of hearing loss and potential preventive measures. This include educating

		public about the dangers of noise exposure and promote safe listening practices - Enforce stricter noise exposure limits in workplaces and provide workers with personal protective equipment like earplugs or noise-canceling headphones Develop and implement policies and legislation to reduce noise levels in public places
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.	- Integrate Hearing Screening at primary health care facilities. - Make hearing healthcare services accessible and affordable, for all. - Engage communities. Empower individuals to take charge of their hearing health..
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- Convince government to increase grants for health related NGOs. - Promote academic and NGO cooperation on high-quality research and development for preventing and controlling hearing loss.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	- Develop a data collection system on hearing loss and causes. - Empower Government, NGOs, on data collection and monitoring.
*	<i>In addition:</i> 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.	- People with hearing disabilities and their networks can be useful partners they should be involved in all levels, planning and implementation, and monitoring.

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

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.	- The World Health Organization (WHO) should play a leading role in increasing information exchange on the prevention and control of hearing loss. Organizing workshops and conferences on the importance of prevention and control of hearing loss, in collaboration with local government and NGOs, is particularly helpful to bring this topic as a priority in developing countries. Additionally, for international cooperation, strengthening existing networks like the World Hearing Forum (WHF) is crucial. Establishing similar sub-forums at the regional and country levels would further enhance collaboration.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- The capacity of NGO and government health workers needs to be developed in preventing and identifying hearing loss. This includes offering short-term training on audiology, as there is a lack of audiologists, particularly in rural areas. - NGOs and organizations of people with hearing loss need to develop their capacity in leadership and advocacy to promote policies and legislation on prevention and control of hearing loss. This includes developing policies on noise levels in workplaces and the entertainment sector.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Conduct a national or local survey on the causes of hearing loss. Additionally, launch a public awareness campaign on the causes of hearing loss and potential preventive measures. - Implement an awareness campaign alongside the provision of protective earbuds and other devices, particularly for workers in heavy industries and noisy environments - Develop and implement policies and legislation to reduce noise levels in public places
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.	- Integrate Hearing Screening at primary health care facilities. And train primary health care provider. - Make hearing healthcare services accessible and affordable, particularly in rural areas. Address poverty and lack of education that contribute to hearing loss. - Engage communities. Empower individuals to take charge of their hearing health. - Encourage partnerships between public health systems, NGOs, and private sector entities like hearing aid manufacturers to improve access and affordability.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- Provision of grants for health related NGOs. promoting academic and NGO cooperation on high-quality research and development for preventing and controlling hearing loss.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	- Develop a data collection system at healthcare units (hospitals and clinics) that integrates with the monitoring and analysis system of the proposed national network on hearing loss prevention and control.
★	<i>In addition:</i> 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.	

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

**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.	- The World Health Organization (WHO) should play a leading role in increasing information exchange on the prevention and control of hearing loss. Organizing workshops and conferences on the importance of prevention and control of hearing loss, in collaboration with local government and NGOs, is particularly helpful to bring this topic as a priority in developing countries. Additionally, for international cooperation, strengthening existing networks like the World Hearing Forum (WHF) is crucial. Establishing similar sub-forums at the regional and country levels would further enhance collaboration.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- The capacity of NGO and government health workers needs to be developed in preventing and identifying hearing loss. This includes offering short-term training on audiology, as there is a lack of audiologists, particularly in rural areas. - NGOs and organizations of people with hearing loss need to develop their capacity in leadership and advocacy to promote policies and legislation on prevention and control of hearing loss. This includes developing

		policies on noise levels in workplaces and the entertainment sector.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Conduct a national or local survey on the causes of hearing loss. Additionally, launch a public awareness campaign on the causes of hearing loss and potential preventive measures. - Implement an awareness campaign alongside the provision of protective earbuds and other devices, particularly for workers in heavy industries and noisy environments - Develop and implement policies and legislation to reduce noise levels in public places
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.	- Integrate Hearing Screening at primary health care facilities. And train primary health care provider. - Make hearing healthcare services accessible and affordable, particularly in rural areas. Address poverty and lack of education that contribute to hearing loss. - Engage communities. Empower individuals to take charge of their hearing health. - Encourage partnerships between public health systems, NGOs, and private sector entities like hearing aid manufacturers to improve access and affordability.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- Provision of grants for health related NGOs. promoting academic and NGO cooperation on high-quality research and development for preventing and controlling hearing loss.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	- Develop a data collection system at healthcare units (hospitals and clinics) that integrates with the monitoring and analysis system of the proposed national network on hearing loss prevention and control.
*	<i>In addition:</i> 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.	

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

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.	Recognition and integration of Oral Health , including prevention and management of oral health conditions, in all the relevant policies and public health programmes as part of the broader NCD and UHC agendas, as stated in the WHA 74.5 resolution (May 2021) and in action 10 of the WHO Global Oral Health Action Plan.
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.	Recognition of Oral Health globally as the 6 th NCD with sugar as the 6 th key risk factor to implement a 6 by 6 agenda on the prevention and control of NCDs
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.	
*	<i>In addition:</i> 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.	

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

**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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) e.g. metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD and MASH. This is critical given the complex interactions between NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level. To put a special focus on disparities/inequities/diversity
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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver blood work related testing in diabetes care). This work should aim to surface and document good practice.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, personalised, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	To recognise that mental health is closely related to liver disease including through stigma and discrimination due to body image and/or an association with alcohol use and/or drug use.

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

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 a 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.	Raising the priority of preventing and controlling noncommunicable diseases (NCDs) is vital for several reasons: 1. Global Health Impact: NCDs cause 71% of global deaths, necessitating urgent action to improve health outcomes. 2. Economic Burden: Addressing NCDs can significantly reduce healthcare costs and economic losses from reduced productivity. 3. Health Inequities: NCDs disproportionately affect low- and middle-income countries, exacerbating health disparities. 4. Integration into Development Goals: Including NCD prevention in development goals like the SDGs enhances their visibility and resource allocation. 5. Comprehensive Approaches: Effective strategies require health promotion, early detection, treatment, and palliative care. 6. Advocacy and Awareness: Advocacy raises awareness and drives policy changes, engaging governments, civil society, and the private sector. 7. Building Resilient Health Systems: Strengthened health systems better manage NCDs and other health challenges.

		8. International Cooperation: Collaborative efforts mobilize financial and technical support, leveraging resources and expertise globally.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Strengthening national capacity, leadership, governance, multisectoral action, and partnerships is essential to accelerate country responses for the prevention and control of noncommunicable diseases (NCDs). Here are some key contributions to consider: 1. Capacity Building: - o Training Healthcare Workers: Enhance the skills and knowledge of healthcare professionals to effectively prevent, diagnose, and manage NCDs. - o Infrastructure Development: Invest in healthcare infrastructure, including facilities and equipment, to improve NCD care services. 2. Leadership and Governance: - o Policy Development: Formulate and implement robust national policies and strategies for NCD prevention and control. - o Monitoring and Evaluation: Establish systems to monitor and evaluate NCD programs, ensuring accountability and continuous improvement. 3. Multisectoral Action: - o Whole-of-Government Approach: Engage various government sectors (health, education, agriculture, finance) to address the social determinants of health and create supportive environments. - o Community Engagement: Involve communities in NCD prevention efforts through awareness campaigns, local initiatives, and empowerment programs. 4. Partnerships: - o Public-Private Partnerships: Collaborate with the private sector to leverage resources, technology, and innovation for NCD prevention and care. - o International Collaboration: Work with international

		organizations, NGOs, and other countries to share best practices, technical expertise, and funding. 5. Health Promotion and Prevention: - o Public Awareness Campaigns: Educate the public on the risk factors and prevention methods for NCDs through mass media and community outreach. - o Healthy Lifestyle Programs: Promote healthy lifestyles by encouraging physical activity, healthy eating, tobacco cessation, and reduced alcohol consumption. 6. Integrated Health Services: - o Primary Healthcare Strengthening: Integrate NCD prevention and management into primary healthcare services to ensure accessible and continuous care. - o Chronic Disease Management Programs: Develop and implement programs for the ongoing management of chronic conditions, including patient education and support. 7. Research and Innovation: - o Data Collection and Research: Invest in research to understand NCD trends, risk factors, and effective interventions specific to the national context. - o Innovative Solutions: Foster innovation in healthcare delivery, such as telemedicine and mobile health applications, to improve access and efficiency in NCD care.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	To reduce modifiable risk factors for noncommunicable diseases (NCDs) and address underlying social determinants, creating health-promoting environments is essential. This can be achieved by implementing public policies that encourage healthy lifestyles, such as regulating processed foods to reduce salt, sugar, and trans fats, and promoting diets rich in fruits, vegetables, and whole grains. Additionally, developing infrastructure that encourages physical activity, like parks, bike lanes, and recreational spaces, is crucial. Public education campaigns to raise awareness about the risks of

		smoking and excessive alcohol consumption, alongside smoking cessation and alcohol control programs, are fundamental. Addressing social determinants of health, such as socioeconomic inequality and limited access to healthcare, education, and employment, is vital for creating a sustainable foundation for NCD prevention. Intersectoral collaboration and community participation are key to ensuring the effectiveness and sustainability of these initiatives.
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.	Strengthening and orienting health systems to address the prevention and control of noncommunicable diseases (NCDs) requires a strategic focus on people-centred primary health care and universal health coverage (UHC). Decision-makers should prioritize integrating NCD prevention and management into primary health care services, ensuring these services are accessible, affordable, and equitable for all. This involves training healthcare workers, investing in health infrastructure, and ensuring the availability of essential medicines and technologies. Policies should be designed to address the social determinants of health, such as poverty, education, and living conditions, to create a supportive environment for health. Emphasizing a holistic, patient-centred approach will enhance the effectiveness of NCD interventions and promote overall health system resilience. Collaboration across sectors and sustained political commitment are essential to achieving these goals and ensuring that no one is left behind.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promoting and supporting national capacity for high-quality research and development (R&D) in the prevention and control of noncommunicable diseases (NCDs) is essential. Investment in research infrastructure and training programs enhances innovation and quality of research, as evidenced by studies showing improved outcomes with well-funded facilities and skilled researchers. Collaborative initiatives, both nationally and internationally, as well as public-private partnerships, have proven effective in advancing R&D for NCDs. Robust data collection through national health surveys and the use of big data analytics and AI provide critical insights for policy development. Ensuring that research findings are translated into evidence-based policies and effectively disseminated can significantly improve public health strategies. These efforts collectively build a strong foundation for combating NCDs and improving health outcomes.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	In recent years, several new approaches and technologies have emerged to enhance the prevention and control of noncommunicable diseases (NCDs). Here are some recent innovations: 1. Digital Technology and Telemedicine: - o The expansion of telemedicine has facilitated healthcare access, particularly for patients with chronic conditions like NCDs. Remote monitoring platforms and mobile apps enable ongoing patient management, improving treatment adherence and enabling early interventions. 2. Artificial Intelligence (AI) and Big Data Analysis: - o AI and big data analytics are increasingly used to predict disease patterns, identify risk factors, and personalize treatments. AI algorithms can analyze vast health datasets to uncover patterns that may not be evident through traditional methods. 3. Precision Medicine: - o Precision medicine is revolutionizing NCD treatment by tailoring care based on each patient's genetic and molecular profile. This approach promotes more effective treatments and potentially reduces side effects. 4. Multisectoral Approaches and Social Determinants: - o Recognizing the influence of social determinants of health, such as socioeconomic and environmental conditions, new initiatives integrate policies and programs that address these factors. This includes partnerships across different government sectors and civil society to create health-supportive environments. 5. Innovations in Global Public Health: - o Global health organizations are promoting innovative initiatives to tackle NCDs, including global awareness campaigns, digital health education programs, and

		international collaborations to share best practices and resources.
*	<i>In addition:</i> 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.	To address the mental health and well-being of healthcare professionals experiencing stress, particularly in the context of achieving SDG target 3.4, it is crucial to implement supportive actions: 1. Mental Health Support Services: - o Establish confidential and accessible mental health support services within healthcare facilities, offering counseling, therapy, and peer support groups tailored to the needs of healthcare professionals. 2. Training and Education: - o Provide training on stress management, resilience-building techniques, and self-care practices for healthcare workers at all levels. This training can empower them to recognize signs of burnout and seek timely support. 3. Workplace Policies and Practices: - o Develop and enforce policies that promote work-life balance, reasonable work hours, and adequate rest periods to mitigate stress and prevent burnout among healthcare staff. 4. Peer Support Networks: - o Foster peer support networks and mentorship programs where healthcare professionals can share experiences, seek advice, and provide mutual support in managing job-related stressors. 5. Recognition and Appreciation: - o Implement mechanisms to recognize and appreciate the efforts of healthcare professionals, including feedback systems, awards, and appreciation events, to boost morale and reduce stress levels. 6. Crisis Intervention and Support: - o Establish clear protocols and resources for responding to critical incidents and traumatic events experienced by healthcare professionals, ensuring timely

		debriefing and psychological support. 7. Leadership and Organizational Support: - o Promote supportive leadership practices that prioritize staff well-being, encourage open communication, and provide resources for professional development and stress management. 8. Research and Evaluation: - o Conduct research to understand the factors contributing to stress among healthcare professionals and evaluate the effectiveness of interventions in improving mental health outcomes.

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

**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.	1. Incorporate mental health and well-being into NCD prevention and control programs
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	2. Advocate for the development and implementation of policies that prioritise mental health and well-being within NCD prevention and control strategies, including securing funding for mental health services, promoting research in the field, and raising the profile of mental health in global, regional, and national agendas.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	3. Advocate for policy changes to improve access to mental health services for individuals with NCDs.
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.	4. Foster international collaboration to share best practices, experiences and resources in addressing mental well-being among those suffering NCDs.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	5. Combat stigma and discrimination associated with both NCDs and mental health conditions.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	6. To promote mental health and well-being as a vital component of achieving SDG target 3.4. To promote rehabilitation as a vital component of achieving SDG target 3.4. To work towards integrating mental health and rehabilitation in all NCD offices and UN initiatives, as they are a central component to all conditions and we cannot afford to work in silos.
*	<i>Additional:</i> 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.

**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.	This commitment reflects the urgency to improve health outcomes and well-being by prioritizing NCD prevention and control efforts worldwide.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	This commitment calls for a holistic approach, involving all relevant parties, to accelerate NCD prevention and control efforts within a country
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	This statement underscores the importance of comprehensive efforts to create environments that support health and reduce NCD risk factors
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.	This statement underlines to enhance health systems, promote people-centered care, and achieve UHC while considering social determinants—a holistic approach to combating NCDs.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	This sentence emphasizes the need to enhance national capabilities in research and development to address noncommunicable diseases (NCDs). By doing so, countries can better prevent and control NCDs, which include conditions like cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. Strengthening health systems, promoting multisectoral action, and monitoring trends are essential components of this effort. Although

		effective interventions exist, there's still a need for research and innovation to maximize impact
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	This sentence underscores the importance of monitoring trends and evaluating progress in preventing and controlling noncommunicable diseases (NCDs). By doing so, health authorities can assess the effectiveness of interventions and identify areas for improvement. Monitoring involves tracking NCD incidence, prevalence, risk factors, and outcomes over time. Determinants refer to the underlying factors (such as lifestyle, genetics, and environment) that influence NCD development. Regular evaluation ensures evidence-based strategies and better health outcomes.
*	<i>In addition:</i> 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.	

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

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.	Recognition and integration of Oral Health in all the relevant policies and public health programmes as part of the broader NCD and UHC agendas, as stated in the WHA 74.5 resolution (May 2021) and in action 10 of the global oral health action plan.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	These actions can have a positive effect on noncommunicable diseases
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Improve prevention campaign in Oral 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.	This is an important point for the prevention of noncommunicable diseases
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	This is an important point for the prevention of noncommunicable diseases
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	To monitor is an important way to evaluate the progresses
*	<i>In addition:</i> 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.	

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

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.	An increasing amount of research is highlighting the impact of oral diseases on development, public health, and the economy, in addition to their significant role in contributing to other non-communicable diseases.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Country level response to prevention and control of noncommunicable diseases should include oral diseases and sugars as risk factors.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Modifiable risk factors must include sugars as the 6th risk factor and oral diseases as the 6 th disease group in the 6x6 approach to NCDs. Recognising sugars as risk factor for oral diseases can also help in addressing its significant presentation of risk for diabetes, insulin resistance and cardiovascular diseases and helps creation of health -promoting environments.
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.	The food environment of the poor, disadvantaged and marginalised populations have a major role in determining the burden of NCDs they face, with oral diseases leading the way across the life course. Therefore, inclusion of oral diseases and sugars as risk factors using a common risk factor approach can strengthen and orient the health systems to address prevention and control of NCDs. Universal health coverage and primary health care approaches can therefore inevitably include oral diseases among

		other major NCDs to create more effective people-centred health systems.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Governments should promote <u>‘health policy and systems research’ on oral diseases</u> focusing on supporting the development of holistic prevention and control mechanisms by using opportunities for synergistic effects of upstream health risks and determinants of common NCDs.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Since oral diseases and other NCDs share common risk factors, it only makes reasonable to include them under the NCDs and track trends and determinants.
*	<i>Additional:</i> 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.

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.	Recognition and integration of Oral Health in all the relevant policies and public health programmes as part of the broader NCD and UHC agendas, as stated in the WHA 74.5 resolution (May 2021) and in action 10 of the global oral health action plan.
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.	
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.	
*	<i>In addition:</i> 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.	

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

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.	Based on Argentina's experience, we consider it essential to strengthen control mechanisms regarding the effective implementation of international cooperation plans and the goals set therein for the prevention and management of NCDs: increased frequency in reporting requirements, informational meetings, and issuance of recommendations.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Regarding the strengthening of governance for the promotion of healthy environments, the following are priority areas: the creation and/or strengthening of areas specifically dedicated to the control of NCDs, funding in line with the need to appropriately address policy challenges, and the formation of robust technical teams. Additionally, it is recommended to promote collaboration with civil society organizations in an institutionalized manner, for example through the establishment of forums or spaces for exchange that provide technical support, hold regular meetings, and issue recommendations to be considered in public policy development. Finally, concerning the creation and/or improvement of frameworks that ensure the continuity of these policies, it is a priority for countries that have not yet ratified treaties or conventions in public health to urgently move forward. This is the case of Argentina

		regarding the WHO Framework Convention on Tobacco Control.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	It is recommended to create and/or strengthen programs that address all NCD risk factors jointly. In this way, action plans could be comprehensive with synergistic objectives. In the case of Argentina, we particularly highlight the following needs: 1) Tobacco control: Promotion of national regulations that ensure compliance with the standards established in the WHO Framework Convention on Tobacco Control (FCTC) and its guidelines, with a special focus on 100% smoke-free environments, complete bans on advertising, and tax policies that increase the prices of tobacco and nicotine products to reduce their affordability. 2) Promotion of healthy eating: • Comprehensive implementation of the Healthy Eating Promotion Law (No. 27.642), with a special focus on advertising of products with warning labels, healthy school environments, and public procurement. • Measures to increase the production, availability, and affordability of healthy and sustainable foods and to discourage the consumption of products with excess critical nutrients. 3) Alcohol consumption control: Updating the existing regulatory frameworks in the countries to meet the standards contained in the WHO's SAFER technical package, concerning alcohol advertising, availability, access to treatment in the public health system, and increased taxes to discourage consumption. For example, in the case of Argentina, the national law to "combat alcoholism" dates back to 1997, and its tax scheme does not include taxes designed with public health objectives.
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.	It is essential to create and/or strengthen mandatory and universal health coverage that ensures, within national regulatory frameworks, comprehensive coverage for the prevention and treatment of noncommunicable diseases, associated health issues, and their risk factors. Additionally, the design of programs and budget allocations that allow for training and full implementation in hospitals and primary care centers under sub-national entities (provincial, municipal).

		Finally, it is also a priority that the implementation of universal health coverage includes community participation at all stages of the policy process (design, implementation, and evaluation). This involvement is necessary for policies to appropriately respond to the specific needs of different contexts.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	To increase research and development capacities, it is essential to ensure access to appropriate levels of funding, especially for low- and middle-income countries (LMICs). Governments must guarantee sufficient budget allocations (e.g., through the creation of taxes on harmful products, with specific allocation). On the international funding side, financial cooperation between countries and through international organizations should be strengthened.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	On the international stage, there is a reinforced need for greater and more frequent accountability mechanisms from the States. For countries, they must develop and maintain risk factor surveys to evaluate the evolution of population behaviors and health status. In Argentina, we have the "National Risk Factor Survey," with the last one conducted in 2018, meaning the country has lacked updated data for more than five years.
*	<i>Additional:</i> 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.

**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.	• There is need to improve coordination and leadership at the national and regional levels to respond to WHO recommendations and leverage WHO technical assistance. • To increase efforts in conflict resolution and prevention. Conflict creates a favourable environment for impeding progress in NCD prevention and control and a persistent environment that exacerbates the negative impact of existing NCDs and their determinants.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	• Member states need to increase efforts in establishing better coordination mechanisms for NCDs, that integrate decades-long NCD-Siloed Structures and allow for the emergence of multisectoral structures of coordination, accountability, collaboration and oversight • Member states need to invest in NCDs to protect their citizens by allocating budgets to NCDs from internally generated revenues and acting on securing multilateral partnerships for their national NCD prevention and control efforts.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social	• Member states need to take the lead to secure people's health over exclusive economic interests

	determinants through creation of health-promoting environments.	by investing in Best Buy policies and defending these policies from industry interference.
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.	- Progress should be sustained in raising awareness of tobacco and the negative impact of unhealthy diets, and other risk factors which still have low levels of response and coverage - Access to medications at the primary health level is critical and must be a focus for LMICs. Also, Scale-up of the PEN /PEN Plus package should be encouraged.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Institutions, mainly those in higher learning, need to develop NCDs as a speciality at tertiary levels to increase local capacity for research and action on NCDs.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Member states need to increase their efforts on the STEPs survey to be conducted every five years and use the WHO surveillance tools to establish structures and systems for sustained data generation to monitor and evaluate NCD prevention and control efforts.
*	<i>In addition:</i> 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.	A spotlight should be given on Social Media, the use of AI and other emerging technologies, especially among youths, to mitigate unintended consequences or addictions and to protect from mental health challenges associated with misuse or abuse.

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

Submitted by: The Africa NCDs Network:

**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.	Need to promote education and public awareness, showing the epidemiological importance, engaging patient organizations and healthcare professionals and developing realistic international guidelines
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	To discuss the disease in govern areas responsible to dictate national guidelines on health care
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	To promote healthy lifestyles, diet, exercise, smoking reduction, educate about safe alcohol consumption, develop cities that are prone to exercising, decrease unhealthy foods advertising.
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.	Train primary health care professionals to recognize steatosis risk factors and incorporate questions about eating habits, alcohol consumption, family history of liver disease, and liver-related symptoms
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	To get support from private entities whose values are the promotion of a healthy life

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	To build reliable and up-to-date databases
*	<i>In addition:</i> 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.	

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

Wayne Eskridge

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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) e.g. metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH)
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD and MASH. This is critical given the bi-directional relationship between NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level. To put a special focus on disparities/inequities

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.	Accelerate efforts to develop person-centered models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document good practice.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centered, personalized, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	To recognize that mental health is closely related to liver disease including through stigma and discrimination due to body image and/or an association with alcohol use.

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

Carla Mucignat

**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.	Recognition and integration of Oral Health in all the relevant policies and public health programmes as part of the broader NCD and UHC agendas, as stated in the WHA 74.5 resolution (May 2021) and in action 10 of the global oral health action plan.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Including oral health in national policies of prevention and control.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Including reduction of sugar consumption (in food industry, beverages etc) for maintaining of oral 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.	Include oral health in these policies: oral health is the base of good nutrition, particularly relevant in children and older persons. Including persons in programs of oral health control and maintenance may reduce further risks of diseases.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Forster research on oral health to pave the way for universally improving oral health maintenance.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Implementation of national databases for the monitoring of oral health, including also oral tumours.

★	<i>In addition:</i> 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.	Including management of oral health for long-term healthcare and well-being in special needs patients, including psychiatric patients.

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

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.	This objective can also be achieved by giving more space and funding to the community and civil society to invent and provide innovative, peer-led, low-threshold prevention services. This approach was successful in the field of harm reduction and can be transferred to the prevention of NCD.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We need to take action at several levels by acting on structural determinants of NCD such as food and alcohol advertising or by preventing the spread of unhealthy food in socially deprived areas where the prevalence of NCD is higher. Increasing taxes on unhealthy food and alcohol and reducing prices of healthy food.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	The use of low-threshold sites, particularly in specific neighbourhoods, can increase literacy and empower communities to adopt healthier behaviours. For instance, make people adopt cheap healthy foods by distributing them free to try out with recipes. Support community initiatives aimed at getting people involved in physical activity (from gardening to walking) and tackling isolation. Identify a specific day and time to serve specific groups who feel more stigmatised (for example, people suffering from obesity or alcohol-related disorders). Finally, identify actions to prevent bullying, particularly at school.

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.	A prevention consultation, which also deals with entitlements to care and issues of social deprivation should be available in all services delivering care of NCDs.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	This investment will reduce costs in the future. Medico-economic analyses need to be conducted for all possible intervention scenarios.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	This can be achieved through repeated surveys in the general population and mapping of local initiatives to prevent NCD and tackle their social determinants.
*	<i>In addition:</i> 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.	Implement anti-stigma interventions in healthcare setting and in the general population as well as mental health screening and referral actions, particularly in groups at risk of NCD.

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

International Federation of Hard of Hearing People

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.	There are 430 million people around the world who live with hearing loss that has an enormous impact on their quality of life, and that of their families, etc. Hearing loss must be recognized and included as a noncommunicable disease that requires and would benefit exponentially from coordinated and coordinated action. Hearing health care is to be included in global, regional and national agendas. International cooperation and advocacy are needed to provide person-centred care. Support is desperately needed in low to middle income countries. Hearing loss has a demonstrated impact on other aspects of health, most notably mental health, dementia, etc.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	There are existing networks/partnerships that would benefit from further support and enhanced networking capabilities, such as the World Hearing Forum. States should be educated and sensitized to the importance of hearing health care and its impact on the prevention and control of hearing loss. Also, dealing with hearing loss will eventually financial benefits not only to citizens but to States as well.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Support NGOs such as the International Federation of Hard of Hearing People (IFHOH), the Asia-Pacific Federation of Hard of Hearing and Deafened (APFHD), the European Federation of Hard of Hearing People (EFHOH), and the African Federation of Hard of

		Hearing People (AFHHP) in their advocacy and outreach work in hearing loss prevention (e.g. noise reduction) and in their efforts to promote hearing health care. This includes networking efforts between international and national NGOs.
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.	Universal hearing health care strategies can be designed to respect several core objectives, adapted to availabilities within States. Hearing health care training can be provided more broadly to health and/or social workers to reach out to communities that otherwise would not have any help. Hearing assessments, including screening of newborns/infants, should be available at several key health centres in every country. Hearing health care is to be made available and affordable to all who need it; this includes hearing aids, assistive listening devices, cochlear implants, etc.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	In addition to research in the areas of hearing technology, there is emerging gene therapy research that is making great strides in dealing with certain types of hearing loss. This should be supported.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	States should actively participate in a data collection system on hearing loss (e.g. causes, treatment course, technology used, availability of captioning, etc.)
*	<i>In addition:</i> 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.	There is a demonstrated link between hearing loss and issues relating to well-being and mental health. Inadequate hearing health care, even in developed countries, can result in social isolation, inadequate social skills, depression, dementia, etc.

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

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.	Promote awareness about the wide-ranging effects of noncommunicable diseases (NCDs), including how they affect health, death rates, and economic costs. This should extend beyond the common focus areas to include conditions like steatotic liver disease (SLD), metabolic dysfunction-associated steatotic liver disease (MASLD), and metabolic dysfunction-associated steatohepatitis (MASH), especially for vulnerable populations.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	WHO should quickly update its guidelines to include more types of noncommunicable diseases (NCDs) beyond the usual ones. This will help countries get clear and complete support to prevent and manage NCDs, including liver diseases like MASLD and MASH. This is very important, especially for vulnerable groups, because these diseases are often connected and need a well-coordinated response.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Increase efforts to understand and address how business practices affect health by studying policy-making and economic factors at all levels. Focus particularly on reducing health disparities and supporting vulnerable populations, such as low-income groups, minorities, the elderly, and people with disabilities. These groups are often more negatively affected by unhealthy products and environments. Develop policies that protect these populations and ensure they have equal access to health resources and opportunities.

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.	Prioritize the development of healthcare models that focus on the needs of vulnerable populations, considering their complex health issues rather than just single diseases. This includes creating strategies for screening and testing multiple conditions at once, like checking for liver fibrosis in diabetes patients. The goal is to find and share effective practices that provide comprehensive care for those who need it most, ensuring equitable health support for everyone.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Focus on research that helps vulnerable populations by ensuring health services are practical and work well in everyday life. Support studies that address multiple chronic illnesses, like liver disease, using methods that look at the whole person and their individual needs. This research should aim to improve health services for those who are most at risk, making sure they get the care they need.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Set up effective methods, such as regular health surveys, electronic health records, and real-time data reporting systems, to quickly use health data for improving policies and practices. Develop clear guidelines to track and understand multiple chronic diseases, like liver disease, especially in people who have several common health issues. Make sure to focus on vulnerable populations so they receive the best care based on the latest information.
*	<i>In addition:</i> 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.	Recognize the strong link between mental health and liver disease. Individuals with liver disease often experience stigma and discrimination due to their appearance or misconceptions about alcohol use. Addressing these mental health challenges is crucial to meeting the goal of reducing noncommunicable diseases by one-third by 2030. Emphasize the importance of support and stigma reduction, especially for vulnerable populations.

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

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.	While there has been some progress in reducing premature mortality from NCDs, the world is currently off-track to meet the SDG target 3.4, as well as the nine global voluntary NCD targets for 2025. Despite the financial recommendations, the current allocations of government and development health spending do not match national disease burdens. The allocation of national budgets to health is inadequate, and limited information exists on national spend on NCDs. As noted in the 2024 EB154 report, nearly all countries (95%) have staff responsible for NCDs in their ministry of health or equivalent entity, but government funding for NCD-related activities varies widely, with just half of low-income countries reporting any funding for such activities. Only 1-2% of Official Development Aid (IHME), and only 5% of the WHO budget goes towards NCDs, all of these in stark contrast of the 74% global burden of NCDs. CRUK endorses the NCDA key priority areas to catalyse action, namely: LEADERSHIP • Heads of State and Government must strongly reaffirm their political commitment to accelerate the

implementation of the 2011 political declaration and the 2014 and 2018 outcome documents of the previous high-level meetings of the General Assembly on the prevention and control of non-communicable diseases, and, in line with the 2030 Agenda for Sustainable Development, to reduce by one third premature mortality from NCDs by 2030.

- Heads of State and Government should commit to participate in the annual gathering of the Global Group of Heads of State and Government for the Prevention and Control of NCDs, held during the high-level segment of the UN General Assembly, using it as an opportunity to share progress in accelerating action on NCDs.

- Action on NCDs must be mainstreamed on the agenda of regional and economic blocs.
BREAK DOWN SILOES: Bring NCD to the centre of global health and development agendas to consolidate efforts and achieve more through integrated action.

- Development planning: Fully integrate NCD into health and development planning instruments and related SDG accountability processes, including National Sustainable Development Plans, Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs), as well as national responses related to other non-health SDG areas.

- Commercial determinants of health: Health, Trade and relevant sectors should be convened through multisectoral platforms to establish coherent solutions, protected against undue influence and conflicts of interest, and raise a collective voice in addressing the commercial determinants of health that cause NCDs, are detrimental to mental health and exacerbate climate risks, as outlined in the Bridgetown Declaration.

MOBILISE INVESTMENT: Provide sustainable financing for NCD across the full continuum of care that is sufficient to match the disease burden.

- Countries to commit to a set of global financing targets for NCD investment, informed by recommendations from the WHO and World Bank International Dialogue on Sustainable Financing for NCDs and Mental Health process, and supported by increased data collection, transparency, and

		accountability for NCD financing within integrated health systems and cross-government multi-sectoral action on NCDs, and development assistance. • Mobilize bilateral and multilateral resources, e.g. through development aid for health (DAH), for integrated health systems to further develop sustainable domestic financing models in line with national NCD priorities and development plans. • Integrate investment for the prevention and care of NCDs within climate financing mechanisms and in health emergency financing mechanisms for pandemic prevention, preparedness and response, and in humanitarian settings. • Call upon WHO and World Bank to: • Provide recommendations and technical assistance to establish policies and best practice to finance sustainable national NCD investment, including a framework for use of catalytic capital and private sector contributions to encourage partnerships and whole of society responses. • Support member state capacity development to secure climate finance for health-related projects. • WHO to further evaluate structure and capacity for providing technical support for NCD responses. • Prioritise NCDs: adequately reflect the burden of NCDs through WHO planning, activities and indicators to measure progress, e.g. General Programme of Work, and via UN agency mechanisms, e.g. the UN Inter-Agency Task Force (IATF). • NCD financing: Ensure there are adequate WHO resources and budget for tackling NCDs at global, regional and national levels. • WHO co-ordination: Ensure smooth collaboration and NCD integration across WHO areas of work, including humanitarian and emergency settings, UHC, Primary Health Care, maternal and child health, HIV, TB, malaria, pandemic preparedness and response, food systems, nutrition and planetary health.
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.	
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.	
*	<i>In addition:</i> 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.	

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

**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.	1. National policy and implementation plan for NCD 2024 to 2030 completed and is being reviewed 2. Continued partnership with PAHO and WHO with regards to control of NCDs
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	1. National coordinator for NCD engaged. 2. ToR for National commission on NCD completed 3. The private sector and other NGOs engaged. Several meetings have been had to discuss the plan forward for NCD control in Dominica.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	1. Several of the health centres are renamed as health and wellness centres 2. Town hall meetings are being done in all the health districts to discuss the NCDs with the view to reduce the modifiable risk factors. 3. Public service announcements with regards to life style changes and the reduction of modifiable risk factors are being formulated to be aired on all radio stations and TV stations 4. A concept note dubbed Move Dominica, is completed and it will focus on physical activities at a community and National level 5. Healthy lifestyles and wellness policies and programs in special settings like schools, workplaces, and faith-based settings are to be developed and implemented
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants	1. NCD clinics are being conducted throughout the primary health care system

	through people-centred primary health care and universal health coverage.	2. HEARTS program has been rolled out in Dominica and it is now being strengthened 3. Guidelines/ Standard operating procedures for screening of prostate, breast and cervical cancer developed and is under review 4. Screening for hypertension, diabetes, and other chronic non communicable diseases is ongoing in all primary health care facilities
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	1. Questionnaire for the Global School Health Survey (GSHS) completed and discussion with PAHO and WHO for execution of the survey along with the Global Youth Tobacco Survey (GYTS) 2. Talks to be held for the next STEP survey for Dominica
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	1. To establish a National Research Committee 2. To develop a national cancer registry for Dominica. Several meetings have been had with PAHO
*	<i>In addition:</i> 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.	1. mental health represented in the National Commission for NCDs 2. several programs are being planned to engage youth with regards to coping and mental health 3. Discussions have been held with the National Youth Council of Dominica to partner with the office of NCDs at the Ministry of Health to help in the fight against NCDs and mental health

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

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.	We would like to propose inclusion of hearing loss into the NCD list. Hearing loss (HL) is a chronic health condition that significantly impacts healthy ageing in older adults. Currently, 430 million people worldwide experience moderate or higher levels of hearing loss (HL), attributable to ageing in 90% of cases.¹ According to the World Health Organisation's Integrated Care for Older People (ICOPE) model, preserved hearing, visual, cognitive, psychological and locomotive capacities are vital for health-ageing. Our data from the general Australian population suggest that untreated HL in older adults increases the risk of cognitive impairment,² dementia,³ depression, anxiety and stress,⁴ loneliness⁵ and frailty⁶. If untreated, HL could impede healthy ageing in older adults. It is expected that, inclusion of untreated hearing loss would strengthen international cooperation and advocacy for hearing loss, provide adequate, sustainable resources, build capacity to increase awareness on hearing loss, early detection and treatment at global, regional, national and state levels.

		References: 1. World Health Organisation. World Report on Hearing. Geneva, Switzerland: World Health Organization, 2021. https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/highlighting-priorities-for-ear-and-hearing-care 2. Jayakody DMP, Friedland PL, Eikelboom RH, Martins RN, Sohrabi HR. A novel study on association between untreated hearing loss and cognitive functions of older adults: Baseline non-verbal cognitive assessment results. <i>Clinical otolaryngology</i>. 2017;43(1):182-91.doi: 10.1111/coa.12937 3. Ford AH et al. Hearing loss and the risk of dementia in later life. <i>Maturitas</i>, 2018;112:1-11. doi:10.1016/j.maturitas.2018.03.004 4. Jayakody DMP, Almeida OP, Speelman CP, Bennett RJ, Moyle TC, Yiannos JM, et al. Association between speech and high-frequency hearing loss and depression, anxiety and stress in older adults. <i>Maturitas</i>. 2018;110:86-91. doi: https://doi.org/10.1016/j.maturitas.2018.02.002 5. Jayakody DMP, Wishart J, Stegeman I, Eikelboom R, Moyle TC, Yiannos JM, et al. Is There an Association Between Untreated Hearing Loss and Psychosocial Outcomes? <i>Frontiers in Aging Neuroscience</i>. 2022;14. doi: 10.3389/fnagi.2022.868673 6. Tian R et al. Hearing impairment and frailty in later life: The Health in Men Study (HIMS). <i>Maturitas</i>, 2022;156:30-36. doi: 10.1016/j.maturitas.2021.10.008
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Initiate and facilitate discussions with the government and Department of Health to ensure that suitable support is provided at all levels for identifying, preventing, and treating hearing loss. In addition, steps should be taken to ensure equal distribution of workforce and resources for the rural regions and culturally and linguistically disadvantaged communities, including Indigenous communities. For example: Current evidence suggests that older Indigenous Australian adults show a higher rate of HL⁷, dementia⁸ and mental health conditions⁹ and depression¹⁰ than the general Australian population. References: 7. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey, 2018–19. Canberra, 2019.

		8. Flicker L, Holdsworth K. Aboriginal and Torres Strait islander people and dementia: A review of research: Alzheimer's Australia, 2014. 9. Shen YT et al. Depression, Suicidal Behaviour, and Mental Disorders in Older Aboriginal Australians. <i>Int J Environ Res Public Health</i> 2018;15(3) doi: 10.3390/ijerph15030447 10. Almeida OP et al. The Kimberley assessment of depression of older Indigenous Australians: <i>PLoS One</i> 2014;9(4):e94983.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants by creating health-promoting environments.	Initiate and facilitate discussions with the government and the health departments to develop a national policy framework for promoting healthy behaviours and reducing risk factors. Other multidisciplinary and industry stakeholders should also be included in these discussions. Healthy hearing can be promoted while reducing risk factors by utilising multiprong measures, including the introduction of new policies, healthy hearing education and promotion, broadening the current definitions (for example, mental well-being could include reducing social isolation and loneliness) and re-examining the risk factors (for example, untreated hearing loss increases the risk of mental distress including depression, anxiety and stress¹⁰ and social isolation and loneliness¹¹) References: 10. Jayakody DMP, Almeida OP, Speelman CP, Bennett RJ, Moyle TC, Yiannos JM, et al. Association between speech and high-frequency hearing loss and depression, anxiety and stress in older adults. <i>Maturitas</i>. 2018;110:86-91. doi: https://doi.org/10.1016/j.maturitas.2018.02.002 11. Jayakody DMP, Wishart J, Stegeman I, Eikelboom R, Moyle TC, Yiannos JM, et al. Is There an Association Between Untreated Hearing Loss and Psychosocial Outcomes? <i>Frontiers in Aging Neuroscience</i>. 2022;14. doi: 10.3389/fnagi.2022.868673
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.	The outcomes of this objective should result in strengthening the current health system, including the health workforce. This should include new policies that aim to set targets for reducing an x% of risk factors and an X% increase in healthy behaviours. To achieve these targets, the policies should promote interdisciplinary communication between relevant health disciplines, industry and clinical and research institutions, develop/revise clinical guidelines and protocols, increase the workforce pertinent to facilitate the changes, develop new health disciplines, investigate the

		service delivery techniques using advanced technology (i.e., telehealth) to prevent and treat NCDs and mental health conditions. For example: In Australia, General Practitioners are typically a patient's first point of contact. International data indicate an increase in the odds of a patient being rated as cognitively impaired by their GP when HL is also present.¹² Current evidence suggest that there is relatively low rate of HL diagnosis among Australian GPs.¹³ Further, the prevalence of HL among patients is high in memory clinics, but the uptake of hearing-rehabilitative treatment is all but non-existent.¹⁴ However, there is lack of interdisciplinary communication between GPs, memory clinics and hearing healthcare professionals in supporting older adults with cognitive and hearing impairment. Hence, building capacity, educating the healthcare professionals in supporting older adults with hearing and cognitive impairment would help reduce the burden on healthcare systems. Reference: 12. Pentzek M et al. GPs' Judgment. J Gen Intern Med. 2009;24(12):1314-1317. 13. Schneider JM et al. Role of GPs in managing hearing loss. Med J Aust. 2010;192(1):20- 14. Feldman A. Listen Carefully. PhD Thesis, Technical University of Denmark; 2022.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	There is sufficient evidence on the impact of contributing risk factors on NCDs and mental well-being. Still, there is a lack of evidence on effective interventions, including randomised control clinical trials to prevent and treat NCDs and mental health conditions, monitoring and evaluating interventions, promoting healthy behaviours and implementing research findings to real-world situations, and the economic impact of such implementations. There is also a lack of evidence on risk factors for NCDs and mental well-being, poor healthy behaviours, and barriers to accessing healthcare in rural areas and also across different linguistically and culturally diverse communities. Further, the use of advanced technologies to facilitate interventions across regional and rural areas and communities seems lacking. Discussions need to be initiated with the international, regional, and national funding bodies to facilitate research on the above-mentioned factors regarding increasing funding for clinical trials and implementation research.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Factors and trends that could increase/decrease the risk of NCDs and mental well-being could depend on factors specific to each country, region, population risk factors, age, gender, cultural and linguistic factors, economic factors, and access to healthcare. With the advancement in emerging technologies, there could be new ways of promoting healthy behaviours, reducing risk factors and delivering services to disadvantaged populations more effectively. Simultaneously, advancing technologies could also introduce new risk factors (i.e., the impact of social media on mental well-being). These trends need to be carefully monitored and evaluated, and data on trends in risk factor determinants should be collected to facilitate the decision-making process.
*	<i>In addition,</i> 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.	

This Form is submitted by Dr Dona Jayakody on behalf of Ear Science Institute Australia and Deafness Forum Australia.

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

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.

#	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.	Benefits: happier and healthier population, higher productivity, lower healthcare costs for relatively low-cost of investment. However, include <u>all</u> NCDs (not only cancer, cardiovascular disease, respiratory disease, diabetes, neurologic disease), invest in proportion to economic and environmental burden (e.g. kidney disease with dialysis very expensive and environment-unfriendly), invest also in screening. Need for cheap markers covering as many as possible diseases, e.g. albuminuria for cardiovascular disease, chronic kidney disease, diabetes, hypertension, (malignant) obesity. Prevention refers not only to NCDs per se, but also to their complications. Incorporate approaches to NCD's during natural and man-made disasters including pandemics (if approach in disasters is inadequate, a faster evolution occurs to more advanced stages and complications – appropriate advance planning prevents this dismal evolution).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Propose clear, simple and feasible guidelines about what can be done, including different scenario's, depending on the GDP and the geographic situation of the country. Special focus on primary prevention and lifestyle. Also consider environmental factors (global warming, pollution).
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Important are societal factors and inequities, which may cover many social groups: minorities, the poor, the less educated, the less health-educated, and should also cover inequities related to gender,

		ethnicity, regional differences (urban/rural), age (children, adolescents, elderly). Special focus on educational efforts with the necessity to search for specific methods for groups that now stay beyond reach, e.g. those with language problems or those who do not use the media that are commonly employed for information of the public, like standard press or TV (populations left out might include minorities, migrants, youth) or internet (exclusion of the older population). Involve influencers with impact on specific populations. Use telemedicine but accompanied by measures coping with computer illiteracy. Impoverished individuals often live in less healthy conditions, are less health-literate, and have less access to quality care, and thus progress more quickly to advanced stages of NCDs. Hence, attention for these groups has an extra impact on quality of life, outcomes and health-economy. These efforts should also include improving the living conditions of the populations with less financial resources.
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.	Going via primary care is important but depends on the quality and know-how of the providers of primary care and their education/information. Hence, all campaigns should be accompanied by appropriate education. Also consider in case of shortage of physicians, alternatives like nurses, pharmacists, or other people with only basic training (barefoot nurses). For universal coverage, this may be too difficult to reach at once for many countries and an outline of the most appropriate stepwise schedules might be useful.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Research should include health-economic analysis, role of inequities, societal and environmental factors, and innovations with societal impact (e.g. technological solutions that are applicable in remote regions and difficult conditions). Stimulate development of solutions with a health-economic and environmental benefit.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Registries of <u>all</u> NCDs based on appropriate parameters and correct and reliable data. Include incentives for countries to install such registries.
*	<i>Additional:</i> To promote mental health and well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.	Attention for quality of life assessment. Development of a simple quality of life tool, including factors that are important in NCDs. Tool may need to be different based on the targeted disease. Include factors with impact on social and family life.

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

**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.	Since the development of the global action plan we have seen a number of developments on the prevention, treatment and control of eye health conditions in global, regional and national agendas. With at least 2.2 billion people living with vision impairment or blindness in the world, and knowing that 1 billion of these people have a vision impairment or blindness that could have been prevented or treated, eye care should be integrated into the NCD and UHC responses through costeffective interventions. In 2019 the WHO’s World Report on Vision was launched. The WRV, the first global report on vision and eye care, emphasised the need for a full spectrum of care from health promotion, prevention, treatment and rehabilitation. The WRV positioned eye health as a key component of the broader health system. Since 2019, the World Health Assembly endorsed two global eye health targets for countries to achieve, a 30% increase in effective cataract surgical coverage and a 40% increase in effective refractive error coverage. In 2021 the UN General Assembly unanimously adopted a resolution called ‘Vision for Everyone; accelerating action to achieve the Sustainable Development Goals’ Resolution committing the international community to eye health for the 1.1 billion people living with preventable sight loss by 2030.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	As an International Non-Government Organisation (INGO) The Foundation can be a catalyst, but national government investment is critical to scaling eye health solutions. Opportunities exist to proactively engage with

		governments on the economic and development benefits of investments in eye health, drawing on research which demonstrates the high return on investment and a positive impact on multiple Sustainable Development Goals (SDGs). The Fred Hollows Foundation works with national governments to strengthen health systems with a particular emphasis on inclusive eye health services. We are an active member of the NCD Alliance network and work in coalitions and networks at national level to advocate to governments for the inclusion of eye health within broader health systems.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Myopia (shortsightedness) is projected to continue to increase with half the world's population expected to be myopic by 2050. Environmental factors and gene–environment interactions are thought to play a large role. Studies have shown that there is a correlation between high myopia and increased near work (school work and/or computer use) at a young age. Time spent outdoors has been shown to have a reduction in myopia. Optical interventions such as glasses or contact lenses can help reduce myopia progression. Ocular and general health conditions might share common risk factors. Smoking is associated with lung cancer, chronic obstructive pulmonary disease, stroke, coronary artery disease, dementia, and numerous eye conditions including cataract, age-related macular degeneration, diabetic retinopathy, and possibly glaucoma. Sun exposure is associated with cataract and skin cancer. Poor diet, obesity, and low physical activity are common to systemic diseases and eye diseases. Consumption of vegetables, fruit, and micronutrients are protective for some cancers, cardiovascular disease, and depression. Similarly, a Mediterranean diet and some micronutrients might protect against cardiovascular disease and cataract, diabetic retinopathy, glaucoma, and age-related macular degeneration.
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.	WHO is calling for a change in eye health care delivery towards a more person-centred approach, with increased emphasis on service delivery initiated in primary care (World Report on Vision). There is also scope to include eye health in NCD services as the alignment with, for example, diabetes management is well known. Refractive error services can also be provided at community and primary care level. There is also scope for the services to be included in school health screenings as recommended by the Stepping up Effective School Health and Nutrition partnership.
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.	Two global targets on eye health were endorsed by the World Health Assembly in 2021, a 40% increase in effective refractive error coverage (eREC) and a 30%

		increase in effective cataract surgical coverage (eCSC). Current estimates put eREC at 36 meaning 2/3 of people are not receiving the quality services they need. Coverage for effective cataract surgery is lower at 17%. Approximately 50% of those with unsatisfactory outcomes of cataract surgeries could also be improved by access to quality refractive error services. The inclusion of eREC within the General Programme of Work 14's monitoring framework under outcome 4.1 is an indicator not only for equity in access to NCD services but also highlights the importance of the inclusion of eye health services within health systems.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	There is evidence that good vision leads to better health and wellbeing. A meta-analysis of data from high-income and middle-income countries found that 25% of people with eye conditions also have pronounced depressive symptoms. Depressive symptoms have been shown to increase with more severe eye disease. Another meta-analysis found a significant reduction in depression after cataract surgery. While the mechanism is yet to fully be explored it appears to be a linkage worth considering in planning NCD services.

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

**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.	Hearing loss is should be included in this objective. Please refer to the 2021 WHO World Report on Hearing for facts and statistics about the large gaps in care from cradle to grave for hearing loss issues.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Prevention and habilitation of hearing loss across the life span should be included in this objective.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	
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.	Health systems must include pediatric hearing loss in their maternal and child care. This includes universal newborn hearing screening, affordable access to hearing technology (hearing aids, cochlear implants), and affordable access to critical habilitation services (audiology, therapy, early intervention). When such services are in place for children 0-3 years of age, they can benefit fully from hearing technology, learn to listen and speak, and integrate into mainstream schools where they live.
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.	
★	<i>In addition:</i> 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.	

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

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.	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. Intersectoral Collaboration: Effective NCD prevention and control require collaboration across various sectors, including health, education, agriculture, and finance. Policies should promote multisectoral approaches that address the complex interplay of factors contributing to NCDs. Sustainable Financing: Long-term success in combating NCDs depends on sustainable financing. Governments and international donors should commit to consistent funding streams dedicated to NCD prevention and control. Cultural Sensitivity: Interventions and campaigns must be culturally sensitive and tailored to the specific needs and contexts of different populations to ensure their effectiveness and acceptance. Innovative Approaches: Leveraging technology, such as mobile health applications and telemedicine, can enhance the reach and impact of NCD prevention and management programs, especially in underserved areas. By focusing on these priority areas and implementing comprehensive, collaborative, and sustained efforts, the global community can significantly advance the prevention and control of noncommunicable diseases, ultimately improving health outcomes and quality of life worldwide.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	1. National Capacity and Leadership: Training and Development: Invest in training programs to enhance the skills and knowledge of healthcare providers and policymakers in NCD prevention and control. Leadership Development: Identify and nurture leaders who can champion NCD initiatives at various levels of government and within communities. 2. Governance: Develop and implement robust policy frameworks that prioritize NCD prevention and control. Establish clear accountability mechanisms to monitor the implementation of NCD policies and programs. 3. Multisectoral Action: Encourage collaboration across different sectors, including health, education, agriculture, transportation, and finance. Adopt a whole-of-government approach where various departments and ministries work together to address NCDs comprehensively. Reducing Modifiable Risk Factors and Addressing Social Determinants 1. Creation of Health-Promoting Environments: Design cities and communities in ways that promote physical activity, such as by creating parks, pedestrian paths, and cycling lanes. Implement and enforce regulations that reduce exposure to NCD risk factors. 2. Ensure equitable access to healthcare services for all populations, including marginalized and underserved communities. This includes providing preventive services, early detection, and effective management of NCDs. General Comments: Addressing NCDs requires a holistic approach that considers both direct health interventions and broader social determinants. Integrated strategies are more likely to succeed in reducing the burden of NCDs. Engaging communities in the design and implementation of NCD initiatives ensures that interventions are culturally appropriate and more likely to be accepted and sustained. Secure long-term funding for NCD prevention and control programs. Sustainable financing mechanisms are essential for maintaining and scaling up successful initiatives. Regularly monitor and evaluate NCD programs to assess their effectiveness, identify areas for improvement, and demonstrate the impact of interventions.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Integrated Approaches: Integrate efforts across sectors such as health, education, transportation, and urban planning to address NCD risk factors and social determinants comprehensively. Collaborative approaches can create synergies and amplify impacts. Community Engagement: Involve community members in the design and implementation of health-promoting initiatives to ensure they are culturally appropriate and meet local needs. Community buy-in is crucial for the sustainability of these efforts. Policy Advocacy: Advocate for policies that create supportive environments for health. This includes lobbying for legislative changes, securing funding, and building political will to prioritize NCD prevention and control. Monitoring and Evaluation: Establish robust monitoring and evaluation frameworks to track the effectiveness of interventions, identify best practices, and make data-driven decisions. Regular assessment helps to refine strategies and ensure they remain relevant and impactful. Equity Focus: Pay special attention to vulnerable and marginalized populations who may face greater barriers to healthy living. Tailor interventions to address the specific needs of these groups to reduce health disparities and promote equity.
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.	1. Enhancing Primary Health Care (PHC) Ensure that PHC services include prevention, early detection, treatment, and management of NCDs. This includes integrating NCD care into existing PHC structures. Promote a multidisciplinary approach to PHC, involving doctors, nurses, nutritionists, social workers, and community health workers to provide holistic care. Train healthcare providers in PHC settings on NCD management, including the use of evidence-based guidelines and protocols. 2. Universal Health Coverage (UHC) Implement policies that reduce out-of-pocket expenses for NCD-related services, ensuring that financial barriers do not prevent access to care. Ensure that all individuals, regardless of socio-economic status, have access to essential health services, including prevention, treatment, and palliative care for NCDs. Expand health insurance coverage to include NCD services, making it comprehensive and inclusive. 3. People-Centred Care Involve patients in their care plans and decision-making processes. Empower them with information and support to manage their conditions effectively. Ensure continuous and coordinated care across different levels of the health system, from primary care to specialized services. 4. Addressing Social Determinants of Health Implement policies that address the broader determinants of health, such as education, housing, employment, and environment, to reduce the risk and burden of NCDs. Community Health Initiatives 5. Strengthening Health Systems Invest in health infrastructure, including facilities, equipment, and technologies that support the delivery of comprehensive NCD care. Develop robust health information systems to collect, analyze, and use data on NCDs for informed decision-making and policy development. General Comments:

		Integrate NCD services into existing health programs and initiatives to maximize resources and ensure a coordinated approach. This includes maternal and child health, infectious diseases, and mental health services. Engage communities in planning and implementing health initiatives to ensure they are tailored to local needs and contexts. Community health workers can play a crucial role in outreach and education. Secure sustainable financing for NCD programs through government budgets, international aid, and innovative financing mechanisms. Ensure funds are allocated efficiently and transparently. Establish robust mechanisms for monitoring and evaluating the effectiveness of NCD programs. Use data to track progress, identify gaps, and inform continuous improvement. Raise public awareness about NCDs and their risk factors through education campaigns. Promote healthy lifestyles and behaviours to prevent NCDs from developing in the first place. Leverage technology and innovation to improve NCD care. This includes telemedicine, mobile health applications, and digital health records to enhance access and continuity of care. By focusing on these priority areas, health systems can be oriented to effectively address NCD prevention and control, ensuring that all individuals have access to comprehensive, people-centred care. This holistic approach not only improves health outcomes but also addresses the underlying social determinants that contribute to the burden of NCDs.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Sustainable Research Ecosystem: Establish a sustainable research ecosystem that supports continuous innovation and development in NCD prevention and control. This involves creating a supportive policy environment and fostering a culture of research and inquiry. Ethical Standards: Ensure that all NCD research adheres to high ethical standards, including informed consent, confidentiality, and the protection of participants' rights. Focus on Implementation Science: Promote implementation science research to understand how best to integrate evidence-based interventions into real-world health systems and communities. This helps bridge the gap between research and practice. Innovative Research Methods: Encourage the use of innovative research methods, such as digital health technologies, big data analytics, and artificial intelligence, to enhance the quality and scope of NCD research. Capacity for Rapid Response: Develop capacity for rapid research response to emerging NCD challenges, such as the introduction of new risk factors or changes in disease patterns. This involves flexible funding mechanisms and adaptive research protocols. By focusing on these priority areas, countries can build and strengthen their national capacity for high-quality research and development in NCD prevention and control. This will lead to more effective interventions, better health outcomes, and a stronger evidence base to guide policy and practice.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	1. Establishing Robust Surveillance Systems 2. Utilizing Health Information Systems a comprehensive view of health trends. 3. Conducting Regular Surveys and Research. 4. Analyzing and Disseminating Data 5. Evaluating Progress and Impact 6. Enhancing Capacity and Infrastructure General Comments: Foster collaboration between government agencies, healthcare providers, academic institutions, and international organizations to enhance data collection, sharing, and utilization. This collaborative approach can lead to more comprehensive and actionable insights.

		Develop capabilities for real-time monitoring of NCD trends and risk factors. This can enable rapid response to emerging issues and support timely public health interventions. Engage communities in the monitoring process to ensure data reflects local realities and to foster trust and cooperation. Community-based participatory research methods can be particularly effective. Ensure that the data collected is directly relevant to policy needs and can inform decision-making. Policymakers should be involved in defining data collection priorities and interpreting findings. Leverage innovative technologies such as mobile health (mHealth) tools, wearable devices, and remote sensing to enhance data collection efforts. These technologies can provide new insights and increase the reach of surveillance systems. Establish sustainable funding and resource allocation to maintain and expand NCD surveillance and evaluation systems. Long-term planning and investment are essential for continuous improvement. Protect the privacy and confidentiality of individuals' health data. Implement ethical guidelines and protocols for data collection, storage, and sharing. Converging on these priority areas, countries can build a comprehensive system to monitor NCD trends and determinants and evaluate progress in prevention and control. This will support evidence-based policy and program development, leading to more effective interventions and improved health outcomes.
*	<i>In addition:</i> 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.	Holistic Health Approach: Recognize mental health as an integral part of overall health. Efforts to improve physical health should simultaneously address mental health to ensure comprehensive well-being. Multi-Sectoral Collaboration: Engage multiple sectors, including health, education, social services, and labor, to create a supportive environment for mental health. Collaboration across sectors can enhance the effectiveness of mental health initiatives. Community-Based Interventions: Develop and support community-based mental health interventions that are culturally appropriate and tailored to local needs. Community involvement can improve program acceptance and sustainability. Empowering Individuals: Empower individuals and communities to take an active role in promoting mental health and supporting those with mental health conditions. Peer support networks and self-help groups can be valuable resources. Research and Innovation: Encourage research into mental health to develop new treatments, interventions, and approaches. Innovation in mental health care can lead to more effective and accessible services. Crisis Intervention Services: Ensure the availability of crisis intervention services, including hotlines and emergency care, to provide immediate support to individuals experiencing mental health crises. Workplace Mental Health: Promote mental health in the workplace by implementing policies that support work-life balance, reduce stress, and provide access to mental health resources. School Mental Health Programs: Integrate mental health education and support services into schools to address the mental health needs of children and adolescents. Early intervention can prevent the development of more severe mental health conditions.

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

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.	Launch coordinated global advocacy campaigns led by local communities (decolonized) to raise awareness about the impact of NCDs. Strengthen local networks and ecosystems. Engage international organizations, governments, and NGOs to emphasize the importance of NCD prevention and control in achieving Sustainable Development Goals (SDGs). Strengthen international cooperation through partnerships and alliances. Facilitate knowledge exchange, technical assistance, and resource sharing among countries. Ensure NCD prevention and control are integrated into all relevant international, regional, and national development policies. Advocate for the inclusion of NCD-related targets in development agendas.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Strengthen local networks and ecosystems to drive gaps mapping and solutions building. Invest in training and capacity building for health professionals, policymakers, and community leaders. Provide tools and resources to enhance leadership and governance in NCD prevention and control. Promote multisectoral action by engaging various sectors such as health, education, finance, and environment. Establish partnerships with civil society, private sector, and academic institutions to create comprehensive strategies. Develop and strengthen governance structures to oversee NCD prevention efforts. Establish national

		committees or task forces to coordinate actions and monitor progress.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Implement policies that create health-promoting environments. This includes regulations on tobacco, alcohol, unhealthy diets, and physical inactivity. Develop and implement community-based interventions to address social determinants of health. Focus on education, housing, employment, and access to healthy food. Conduct public awareness campaigns to educate the population about modifiable risk factors. Promote healthy lifestyle choices through media, schools, and community programs.
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.	Integrate NCD prevention and control into primary health care services. Ensure these services are accessible, affordable, and people centred. Advocate for UHC that includes comprehensive NCD services. Ensure financial protection and equitable access to health services for all populations. Train health workers in NCD prevention, diagnosis, and management. Provide continuous professional development opportunities to keep up with the latest best practices.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Increase funding for NCD research to understand the determinants, risk factors, and effective interventions. Encourage both public and private sector investment in NCD research. Foster collaboration between research institutions, universities, and industry. Promote innovation in developing new prevention, diagnostic, and treatment methods. Establish platforms for sharing research findings and data. Facilitate access to research outputs to inform policy and practice.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Develop robust national and regional surveillance systems to monitor NCD trends and risk factors. Utilize digital health tools for real-time data collection and analysis. Implement frameworks to evaluate the effectiveness of NCD prevention and control programs. Use these evaluations to refine strategies and allocate resources efficiently. Ensure transparent reporting mechanisms to track progress. Hold stakeholders accountable through regular progress reviews and public reporting.
*	<i>In addition:</i> 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.	Integrate mental health promotion and prevention into all NCD strategies. Recognize mental health as a key component of overall health and well-being. Expand access to community-based mental health services. Train primary health care providers to recognize and manage mental health conditions.

		Stigma Reduction: Conduct campaigns to reduce stigma associated with mental health conditions. Promote mental health literacy to encourage help-seeking behaviour. Establish support systems for individuals with mental health conditions. Provide resources for family members and caregivers to support their well-being. Ensure appropriate funding to Mental Health. Elaborate innovative financing mechanisms to unlock health investments and intersectoral accountability.

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

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.	If we talk about Mental Health (MH): primary, secondary and tertiary prevention are all paramount. In Romania, there is a law that permits secondary prevention through screening for MH disorders done by general practitioners (the national insurer pays GPs for the screening of MH disorders), but like many other tokenistic Romanian laws about MH and PWLE, doesn't offer guidance for the GPs (like how, when, screening tools etc). Regional and national agendas should be followed by very clear steps, targets and protocols. Accountability for governments that don't follow the agenda should be clear as well, if incentive tactics are not useful.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Strengthen national capacity, leadership, governance, multisectoral action and partnerships are not enough for the MH Services' reform in Romania. Without SMART objectives (specific, measurable, achievable, relevant and time-bound) and government accountability (this is a notion that I emphasize a lot, because is lacking in Romanian politics) for not achieving the objectives, the "acceleration" of one country's response for prevention will be only a political campaign.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social	This statement should be followed by clear steps, a business plan and project management.

	determinants through creation of health-promoting environments.	We need to hear about how, when and in what way (culturally and economically specific for every country) we can achieve that. People with a business or project management background are, in my opinion, the ones who should lead the way (together with PWLE). Letting this matter only in the politicians' (who change every 4 years in Romania) hands leads to nowhere, and we have seen that in the lack of MH services reform in Romanian adult psychiatry after Romania adhered to European Union in 2007.
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.	For prevention and control in MH problems/disorders in Romania, clear and detailed laws are required. For example, there is a positive discriminating law for people with disability in Romania, regarding employment. In addition, companies have a lot of financial incentives when they hire people with disabilities. The state pays for accommodations necessary for integrating a person with disabilities in a company. Although we have all these laws in place, people with documented/publicly admitted psycho-social disabilities or lived experience in MH, are still missing in great numbers in the employment field. Bear in mind that many PWLE in MH who work don't declare their lived experience in MH to the employer, to avoid public stigma (employers and colleagues can avoid hiring or working with PWLE), but also discrimination (systemic stigma). No official instrumental support is provided for integrating PWLE in MH in the workplace (like IPS- Individual Placement and Support, that is done in France). As employment and poverty are big psycho-social elements in the primary and tertiary prevention of MH problems/relapses, more detailed laws could help PWLE to enter and persist in the work field if they desire . People-centred primary health care must be developed through the collaboration between the Romanian GP, PWLE and the National Insurer. Many GPs are overwhelmed by the workload and very clear protocols must be in place.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	This item requires a big investment from the part of Romanian government or European Union. Also, we have to offer access to research and accept research ideas from "regular" professionals and PWLE. PWLE should be involved in research projects from the beginning and not only for ethical reasons . In Romania there is research political "elite", where only people in certain position propose and lead the

		research (government officials/medical universities' personnel/big NGOs leaders), while the usual psychiatrist and PWLE (who might know better what should be studied) are often excluded from the decision loop.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	A very important step in project management and business is indeed the monitoring the trend and determinants. Adapting the "business plan" and the project management when challenges are encountered while monitoring, is a flexibility that could influence the success of a project (we are not talking here about people not willing to do their job and the lack of accountability). As I said before, conducting reforms should be done like a business plan or project management. Leaving the governmental structures/politicians to chose what they are willing to do and when, is a total disaster, as we, the Romanians had already seen in MH services reform.
*	<i>In addition:</i> 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.	For a business administrator or project manager trained mind (like mine), this statement does not mean anything. I want SMART objectives, a business plan (yes, business plans can be done even when you work in policy reform), a Gantt chart (done by a project manager) and governmental accountability for failing the targets. Otherwise, these are words in the wind, like the Paris Agreement for Climate Change.

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

**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.	It's pivotal to increase worldwide collaboration and campaigning on prevention and control of noncommunicable diseases as globally accepted development goals.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The multisectoral activities, partnerships, leadership, and governance should work together to improve a nation's ability to prevent and control noncommunicable illnesses.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	The promotion of health should be achieved creating environments to lower modifiable risk factors for noncommunicable illnesses and underlying socioeconomic 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.	Leaders should strengthen and reorient health systems to prioritize people-centered primary care and universal health coverage in order to address the prevention and control of noncommunicable illnesses as well as the underlying social causes.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	University and research units should encourage and assist the nation's ability to do top-notch research and development to prevent and manage noncommunicable illnesses.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	One of the most complicated goals will be to track the trends and factors of noncommunicable illnesses and assess progress in prevention and control. In this picture, it will be mandatory the use of AI.

★	<i>In addition:</i> 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.	Hot topic is to safeguard mental health and improve individual wellbeing, as well as to prevent and treat mental health disorders.

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

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.	Recognition and integration of Oral Health in all the relevant policies and public health programmes as part of the broader NCD and UHC agendas, as stated in the WHA 74.5 resolution (May 2021) and in action 10 of the global oral health action plan.
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.	
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.	

★	<i>In addition:</i> 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.	

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

**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.	Cooperation among high education institutions, such as universities, across the globe can be pivotal for the development and implementation of programs and strategies for the prevention and management of NCDs.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	High education institutions are crucial in educating and shaping the new leaders of the future that will be equipped with the knowledge and the governance necessary to accelerate the country response to control and prevention of NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Modifiable risk factors, e.g., lifestyle-related risk factors such as poor nutrition, physical inactivity, and high stress levels, are the driving force of the increasing prevalence of NCDs. In particular, preventing strategies for lifestyles related risk factors should enforced specifically starting from the individuals belonging to a lower socioeconomic status.
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.	As mentioned before, individuals belonging to a lower socioeconomic status have a higher mortality risk due to NCDs. As such, developing systems having universal reach across all strata of society is essential.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Multi-centre research projects as a result of the international cooperation across high education institutions is paramount to develop new protocols for the prevention and management of NCDs.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Similarly, multi-centre observational studies should be performed to monitor the epidemiology and socio-economic as well as environmental determinants of NCDs over time.
*	<i>In addition:</i> 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.	Given the numerous association between mental health and the onset and progression of NCDs, mental health should be at the forefront of the global efforts to tackle NCDs.

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

**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.	Cooperation among high education institutions, such as universities, across the globe can be pivotal for the development and implementation of programs and strategies for the prevention and management of NCDs.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	High education institutions are crucial in educating and shaping the new leaders of the future that will be equipped with the knowledge and the governance necessary to accelerate the country response to control and prevention of NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Modifiable risk factors, e.g., lifestyle-related risk factors such as poor nutrition, physical inactivity, and high stress levels, are the driving force of the increasing prevalence of NCDs. In particular, preventing strategies for lifestyles related risk factors should enforced specifically starting from the individuals belonging to a lower socioeconomic status.
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.	As mentioned before, individuals belonging to a lower socioeconomic status have a higher mortality risk due to NCDs. As such, developing systems having universal reach across all strata of society is essential.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Multi-centre research projects as a result of the international cooperation across high education institutions is paramount to develop new protocols for the prevention and management of NCDs.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Similarly, multi-centre observational studies should be performed to monitor the epidemiology and socio-economic as well as environmental determinants of NCDs over time.
*	<i>In addition:</i> 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.	Given the numerous association between mental health and the onset and progression of NCDs, mental health should be at the forefront of the global efforts to tackle NCDs.

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

**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.	
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.	To promote more local actions such as the production of foods, giving economic aids to peasant.
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.	More campaigns of health and environment education.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Open the science to other idioms, not only English. To promote the development of new guidelines for NCD treatment, doing strong recommendations by country.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	
*	<i>In addition:</i> 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.	

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

STEATOTIC LIVER DISEASE FOUNDATION

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.	AGREE with measurable and clearly defined term of goals and cooperation
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Propose : one country-one strategic ACTION plan (OC-OSAP)
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	AGREE ESP. INDIRECT KEY ENVORONMENTS SUCH AS Sugar tax-ALC.tax.—commercial Ad with responsibility -etc
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.	agree
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Agree with muclicenter studies exp by regions with common culture and diet pattern
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Agree with dashboard with self sharing report from each representatives from countries

*	<i>In addition:</i> 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.	Add keyword of SDG -3-4. In all related researches

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

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.	World Physiotherapy fully supports objective 1 and the nine voluntary global targets listed in Appendix 2. However, as an organisation we are aware of stark evidence, that factors listed under ‘biological risk factors’ such as raised blood pressure and diabetes/obesity can be influenced by behavioural/lifestyle factors, such as physical activity. We therefore recommend that the behavioural risk factors take centre stage in the voluntary global targets. Sleep disorders as another factor to influence the development of NCDs and mental disorders should be listed.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	World Physiotherapy fully supports objective 2 including universal health coverage. However, the global shortage of healthcare workers is increasing. This issue is not sufficiently addressed in the policy options for member states. Insufficient investment into training, and lack of decent work conditions amplify this problem.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	World Physiotherapy fully supports objective 3 including the statement that exposure to risk factors begins in childhood and builds up throughout life. An estimated two million physiotherapists around the globe are key stakeholders for promoting physical activity. Asking member states to strengthen their physiotherapy workforce and provide the respective

		regulatory framework including direct access to making most of the existing professions who are promoting physical activity.
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.	World Physiotherapy fully supports objective 4, including a people-centred primary health care. Research from across the globe provides evidence that direct access to physiotherapy as part of primary health care is a cost-effective way to strengthen people-centred primary health care.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	World Physiotherapy fully supports objective 5 including research to understand and influence the complex determinants of noncommunicable diseases and risk factors. The need for research with patient and public involvement (PPI) should be highlighted.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	World Physiotherapy fully supports objective 6 including the need for monitoring and evaluation of any initiatives to inform advocacy, policy and coordinated action.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	It would be helpful to add mental health and stress management to the global action plan for the prevention and control of non-communicable diseases. Sleep disorders as another factor to influence the development of NCDs and mental disorders should be listed.

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

**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.	Launch targeted awareness campaigns about NCDs specifically MASLD and MASH, emphasizing their link to obesity, diabetes, and other metabolic disorders. Foster global and regional partnerships among governments, NGOs, healthcare organizations, and academic institutions to coordinate efforts in addressing NCDs. Promote shared research initiatives and policy development with emphasis on the economic and health benefits of addressing these conditions to drive policy changes. Advocate for the adoption of specific policies targeting MASLD and MASH at national and international levels. Encourage the inclusion of these diseases in NCD action plans and health budgets.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Establish dedicated units within health ministries to oversee national responses to NCD. Promote strong leadership and coordination across sectors to ensure comprehensive management.

		Focus on enhancing skills and provide specialized training for healthcare professionals in primary care settings to ensure early detection and intervention. Mobilize communities to participate in prevention activities related to NCD- MASLD and MASH. Develop policies that promote healthy lifestyles and environments and Support local initiatives to advocate for healthy lifestyle changes.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Address underlying social determinants like poverty, education, and access to healthcare.Reduction of alcohol, obesity and sedentary lifestyle.. Develop policies that support equitable access to resources necessary for maintaining a healthy lifestyle
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.	Enhance primary health care systems to ensure NCD screening, diagnosis, and treatment, with focus on making these services affordable, accessible and health workforce development.Promote integrated care models that address multiple metabolic disorders and their risk factors. Develop robust systems to track NCDs including MASLD and MASH patient outcomes, monitor disease trends, and inform policy decisions. Promote electronic health records and telemedicine to improve data collection and patient management.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Advocate for increased funding in NCD research including MASLD and MASH, focusing on clinical studies. Invest in research that identifies effective strategies to implement and scale up MASLD and MASH interventions. Focus on cost-effective approaches and overcoming barriers to care. Facilitate the exchange of research findings and best practices related to

		MASLD and MASH among countries. Create platforms for collaboration among researchers, policymakers, and healthcare providers.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Strengthen national health information systems to improve data collection on NCDs and develop specific indicators and targets to measure progress in MASLD and MASH prevention and control. Align national targets with global goals set by WHO and other international bodies. Encourage the use of data to inform policy decisions and program planning for NCDs
*	<i>In addition:</i> 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.	Ensure that mental health is integrated into MASLD and MASH prevention and control strategies. Invest in research on the mental health aspects of liver diseases including MASLD and MASH and address the psychological aspects of these diseases, including stress, stigma and mental health conditions related to chronic illness. Promote understanding and acceptance of these conditions as part of overall health.

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

**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.	Launch targeted awareness campaigns about NCDs specifically MASLD and MASH, emphasizing their link to obesity, diabetes, and other metabolic disorders. Foster global and regional partnerships among governments, NGOs, healthcare organizations, and academic institutions to coordinate efforts in addressing NCDs. Promote shared research initiatives and policy development with emphasis on the economic and health benefits of addressing these conditions to drive policy changes. Advocate for the adoption of specific policies targeting MASLD and MASH at national and international levels. Encourage the inclusion of these diseases in NCD action plans and health budgets.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Establish dedicated units within health ministries to oversee national responses to NCD. Promote strong leadership and coordination across sectors to ensure comprehensive management.

		Focus on enhancing skills and provide specialized training for healthcare professionals in primary care settings to ensure early detection and intervention. Mobilize communities to participate in prevention activities related to NCD- MASLD and MASH. Develop policies that promote healthy lifestyles and environments and Support local initiatives to advocate for healthy lifestyle changes.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Address underlying social determinants like poverty, education, and access to healthcare.Reduction of alcohol, obesity and sedentary lifestyle.. Develop policies that support equitable access to resources necessary for maintaining a healthy lifestyle
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.	Enhance primary health care systems to ensure NCD screening, diagnosis, and treatment, with focus on making these services affordable, accessible and health workforce development.Promote integrated care models that address multiple metabolic disorders and their risk factors. Develop robust systems to track NCDs including MASLD and MASH patient outcomes, monitor disease trends, and inform policy decisions. Promote electronic health records and telemedicine to improve data collection and patient management.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Advocate for increased funding in NCD research including MASLD and MASH, focusing on clinical studies. Invest in research that identifies effective strategies to implement and scale up MASLD and MASH interventions. Focus on cost-effective approaches and overcoming barriers to care. Facilitate the exchange of research findings and best practices related to

		MASLD and MASH among countries. Create platforms for collaboration among researchers, policymakers, and healthcare providers.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Strengthen national health information systems to improve data collection on NCDs and develop specific indicators and targets to measure progress in MASLD and MASH prevention and control. Align national targets with global goals set by WHO and other international bodies. Encourage the use of data to inform policy decisions and program planning for NCDs
*	<i>In addition:</i> 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.	Ensure that mental health is integrated into MASLD and MASH prevention and control strategies. Invest in research on the mental health aspects of liver diseases including MASLD and MASH and address the psychological aspects of these diseases, including stress, stigma and mental health conditions related to chronic illness. Promote understanding and acceptance of these conditions as part of overall health.

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

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.	Metabolic dysfunction associated steatotic liver disease (MASLD) affects more than one third of the population and its burden is increasing according to the accumulating data. Therefore, it should be included to the agenda.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	There are ongoing efforts to create national guidelines in management of MASLD.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Addressing the social determinants of health—such as socioeconomic status, education, and access to nutritious food—is crucial in preventing NCDs. The prevention of obesity and the promotion of adherence to a Mediterranean-based diet starting from school age should be in the agenda of the countries.
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.	Primary health care system is the cornerstone of the prevention and timely detection of MASLD. Determination of patients with MASLD and at risk MASLD should be available to everyone.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Although being considered as an epidemic worldwide, MASLD did not take priority in the agenda of policymakers. There is need for studies describing the national health profiles and possible local

		prevention strategies based on the local risk factors. This should be financially supported.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	The studies should be organized to show the changing trends in risk factors in line with the changing prevalences of MASLD. The changing risk factors should be adopted in the primary care prevention strategies.
*	<i>Additional:</i> 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.

**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.	Trazer informação de qualidade através de eventos locais para trazer luz às CCNTs e provar o quanto a prevenção e tratamento correto pode melhorar a qualidade de vida e bem-estar. E com isso fazer pressão popular aos governos para prover acesso ao tratamento.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Fazer eventos e reuniões com atores públicos e envolvidos nas casas legislativas, lideranças colocando a pessoa que convive com um CCNT no centro da discussão.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Conscientização sobre alimentação e estilo de vida, taxaço de indústrias de processados e alimentos pobres nutricionalmente para reduzir o consume dos mesmos.
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.	Investimento em educação nutricional para reaproveitamento de alimentos, diminuição de impostos para alimentos saudáveis (frutas, verduras, legumes e grãos).
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in	

	their prevention and control.	
*	<i>Additional:</i> 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.

**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.	- Strengthen global advocacy campaigns to elevate the importance of oral diseases within international development agendas. - Leverage global platforms such as the UN General Assembly to highlight successful case studies and share best practices. - Foster stronger international partnerships to facilitate knowledge sharing and resource mobilization. - Promote collaborations between high-income and low- to middle-income countries to address disparities in oral disease prevention and management. - Ensure oral disease prevention and control are integrated into the broader Sustainable Development Goals (SDGs) framework. - Advocate for increased financial commitments from international donors specifically earmarked for oral diseases.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- Capacity Building: Invest in training healthcare professionals on oral disease management and prevention strategies. Develop robust healthcare infrastructures capable of addressing the growing burden of oral diseases. - Governance and Leadership:

		Establish dedicated governmental bodies focused on oral diseases to ensure sustained political commitment. Enhance leadership roles within national health ministries to prioritize oral disease initiatives. - Multisectoral Action: Encourage collaboration across various sectors, including education, transportation, and urban planning, to create supportive environments for health. Develop comprehensive policies that integrate oral disease prevention into all aspects of public policy. - Partnerships: Build strong alliances with non-governmental organizations, civil society, and the private sector to amplify efforts and resources. Engage local communities in participatory decision-making processes to ensure culturally appropriate interventions.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Tobacco Control: Implement stringent tobacco control policies, including higher taxes, plain packaging, and public smoking bans. Promote smoking cessation programs and provide support for individuals seeking to quit. -Healthy Diets and Physical Activity: Promote dietary guidelines that encourage the consumption of fruits, vegetables, and whole grains while reducing sugar, salt, and unhealthy fats. Create safe and accessible spaces for physical activity in urban and rural areas. -Alcohol Reduction: Enforce policies that regulate alcohol availability and marketing, particularly targeting youth. Support community-based programs that provide education on the risks of alcohol consumption. -Addressing Social Determinants: Implement policies that reduce socioeconomic inequalities, ensuring equitable access to healthcare and healthy living conditions. Address factors such as education, employment, and housing that impact health outcomes.
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants	-Primary Health Care Integration: Integrate oral disease prevention and management into primary healthcare services to ensure early detection and continuous care.

	through people-centred primary health care and universal health coverage.	Train primary care providers in comprehensive oral disease management, including lifestyle interventions and monitoring. -Universal Health Coverage: Ensure financial protection mechanisms are in place to prevent oral disease patients from facing catastrophic health expenditures. Expand access to essential medicines and technologies for oral disease management. -People-Centred Care: Develop care models that are patient-centric, promoting self-management and patient education. Foster a supportive environment that involves family and community in the care process.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- Research Funding: Increase investment in oral disease research to identify effective prevention and treatment strategies. Encourage public-private partnerships to drive innovation in oral disease research. -Data Collection and Analysis: Strengthen national health information systems to collect accurate and comprehensive data on oral diseases. Utilize data to inform policy decisions and track the progress of oral disease interventions. -Innovative Solutions: Support the development of new technologies and treatments for oral diseases. Promote the use of digital health tools to improve oral disease management and patient outcomes.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	-Surveillance Systems: Establish robust surveillance systems to monitor oral disease incidence, prevalence, and risk factors. Ensure timely and accurate reporting of oral disease data to guide interventions. -Evaluation Frameworks: Develop frameworks to evaluate the effectiveness of oral disease programs and policies. Use evaluation results to refine and scale successful interventions. -Transparency and Accountability: Promote transparency in oral disease reporting and encourage accountability among stakeholders. Engage the public and civil society in monitoring efforts to ensure comprehensive oversight.

★	<i>In addition:</i> 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.	-Mental Health Integration: Integrate mental health services into primary healthcare systems. Promote policies that address the stigma associated with mental health conditions. -Preventive Measures: Implement community-based programs that focus on mental health promotion and the prevention of mental health conditions. Provide support for at-risk populations, including youth, the elderly, and individuals experiencing socioeconomic stress. -Support Systems: Establish support networks and services for individuals with mental health conditions and their families. Encourage workplace policies that support mental health and well-being.

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

**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.	
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.	
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.	I would like to add “hearing” as a NCD into the next resolution – please see my arguments on the next page
*	<i>In addition:</i> 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.	

I would like to put attention to add “hearing” into the previous 5 areas that were included into the previous political declaration on NCDs (next to the five major areas of hypertension, cardiovascular diseases, diabetes, chronic respiratory diseases, chronic kidney disease and mental health).

Why?

- Hearing loss of all levels currently affects more than 1.5 billion people worldwide.
- **430 million** people live with disabling hearing loss, moderate or worse in better ear.
- Globally, over **80%** of ear and hearing care (EHC) needs remain unmet.
- Deeply ingrained **societal misperceptions and stigmatizing mindsets** are key factors that limit efforts for preventing and addressing hearing loss.
- Unaddressed hearing loss poses an annual cost of **\$980 billion each year** globally. This is the cost incurred due to the impact of hearing loss without rehabilitation access, including productivity losses and social exclusion.
- **Changing mindsets** related to EHC is crucial to improving access and mitigating cost.

Hearing also has a direct link to mental health:

Adults with untreated hearing loss are less likely to participate in organized social activities, which can lead to feelings of depression.

- Nearly 33 percent of adults 70 years and older have a hearing loss that impacts daily communication.¹
- Less than 25 percent of adults with significant hearing loss use hearing aids.¹
- On average, it takes people seven years to seek treatment for hearing loss from the time they feel they are affected.
- Hearing loss can make it more difficult to interact with peers and can lead to decreased social engagement, depression, or bad moods.¹
- Untreated hearing loss, social isolation, and depression can all contribute to an overall poorer quality of life.
- Regular hearing aid use has been associated with a lower prevalence of depression.^{2,4}
- Some studies have shown reductions in depressive symptoms within three months of hearing aid use.⁴
- Hearing loss is strongly associated with the development of depression in older adults.⁴

¹ Lin FR, Albert M. (2014) “Hearing Loss and Dementia – Who’s Listening?” Aging and Mental Health, U.S. National Library of Medicine (accessed at www.ncbi.nlm.nih.gov/pmc/articles/PMC4075051).

² Li C, Zhang X, Hoffman HJ, Cotch MF, Themann CL, Wilson MR. Hearing Impairment Associated with Depression in U.S. Adults, National Health and Nutrition Examination Survey 2005-2010. *JAMA Otolaryngol Head Neck Surg*. 2014;140(4):293–302.

³ Lépine JP, Briley M. (2011) The increasing burden of depression. *Neuropsych Disease Treatment* 7(Suppl 1):3.

⁴ Mener DJ, Betz J, Genther DJ, Chen D, Lin FR. (2013) Hearing loss and depression in older adults. *J Amer Ger Soc* 61(9):1627.

⁵ Lawrence BJ, Jayakody DM, Bennett RJ, Eikelboom RH, Gasson N, Friedland PL. (2020) Hearing loss and depression in older adults: a systematic review and meta-analysis. *Gerontol* 60(3):e137–e154.

⁶ World Health Organization. (2018) Mental disorders: Key facts. Geneva, Switzerland: World Health Organization (accessed at who.int/news-room/fact-sheets/detail/mental-disorders).

⁷ Gopinath B, Wang JJ, Schneider J, Burlutsky G, Snowdon J, McMahon CM, Mitchell P. (2009) Depressive symptoms in older adults with hearing impairments: the Blue Mountains Study. *J Amer Ger Soc* 57(7):1306–1308.

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

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.	<i>At a national/local level, it is of the outmost importance the establishment/strengthening of local partnerships. Public health departments (i.e., population-focused health services) have a key role on promoting those partnerships, that should be intersectoral and include civil society's institutions such as the Portuguese League Against Cancer (Portuguese acronym: LPCC)</i>
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	<i>As stated before (objective 1)</i>
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	<i>As stated previously. One must stress the pivotal role of municipalities, regarding the creation of health/well being promoting environments</i>
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.	<i>Health systems are focused on the treatment of disease, rather than on its prevention/health promotion. Along with the their centering on users/persons, health systems must encompass a public health perspective based on cost-effective health services and addressing health/health determinants at a multisectoral level ("HiAP")</i>

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	<i>High quality research should be based on a network of national high quality research centres. Redundancies must be avoided and scientific evidence promptly shared. Portuguese League Against Cancer supports oncology research (namely. translational research) through regional based programs of grants</i>
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	<i>Public health observatories must be established at a national level, within an international network. Regular surveys should be implemented at a national and subnational (regional) level, aiming the identification of trends regarding health determinants (i.e., social determinants of health).</i>
*	<i>Additional: To promote mental health and well-being as a vital component of achieving SDG target 3.4.</i>	<i>Additional: Mental health is a key health issue. Regarding cancer patients & families/carers and patient survivors, their specific mental health needs must be addressed, through integrated healthcare services, community-based (primary care). Portuguese League Against Cancer (Portuguese acronym: LPCC) offers these kind of health services, specifically targeted to cancer patients (psycho-oncology).</i>

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

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*.

Summary Statement: There are more than 850,000,000 people worldwide affected by kidney diseases which are the third fastest-growing cause of death worldwide due to a variety of factors including but not limited to a lack of awareness, rising comorbidities (heart disease, hypertension, diabetes, obesity), and climate change.¹² Despite the growing list of therapies available to treat kidney diseases (angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, sodium-glucose cotransporter-2 inhibitors, nonsteroidal mineralocorticoid receptor antagonists, and glucagon-like peptide-1 receptor agonists), kidney diseases often go undetected and untreated.³ People at risk for kidney diseases must first be identified to obtain benefit from these new therapies, but an estimated nine in ten individuals in the United States living with kidney diseases are not aware they are affected. The largest global organizations representing kidney health professionals, (the American Society of Nephrology, the European Renal Association, and the International Society of Nephrology) issued a consensus statement last month in *Nature Reviews Nephrology* in order to address this global problem by highlighting critical policy, advocacy, and implementation needs to alleviate the burden of kidney diseases while urging the WHO to include kidney diseases as a major NCD driver of premature mortality.⁴

#	NCD-GAP objective	Comments on key priority areas

¹ Jager KJ, Kovesdy C, Langham R, Rosenberg M, Jha V, Zoccali C. A single number for advocacy and communication-worldwide more than 850 million individuals have kidney diseases. *Kidney Int.* 2019;96(5):1048–1050. doi:[10.1016/j.kint.2019.07.012](#)

² Foreman KJ, Marquez N, Dolgert A, et al. Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016–40 for 195 countries and territories. *Lancet.* 2018;392(10159):2052–2090. doi:[10.1016/S0140-6736\(18\)31694-5](#)

³ Murray, Ryan¹; Roy-Chaudhury, Prabir²; Parikh, Samir³. American Society of Nephrology Efforts to Address Challenges Highlighted in Recent Joint Global Consensus Statement Issued with European Renal Association and International Society of Nephrology. *Journal of the American Society of Nephrology* ():10.1681/ASN.0000000000000392, April 30, 2024. | DOI: 10.1681/ASN.0000000000000392

⁴ Francis, A., Harhay, M.N., Ong, A.C.M. et al. Chronic kidney disease and the global public health agenda: an international consensus. *Nat Rev Nephrol* (2024). <https://doi.org/10.1038/s41581-024-00820-6>

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.	There are more than 850,000,000 people worldwide affected by kidney diseases which are the third fastest growing cause of death worldwide.⁵⁶ In the United States, one in every three adults will develop some form of kidney diseases. There has been a growing interest in improving the nation's kidney health by the US federal government with the signing of the Executive Order on Advancing American Kidney Health in 2019 and several recent pieces of legislation passed by Congress. However, more can be done to address the rising prevalence of kidney diseases, as they are expected to become the fifth most common noncommunicable diseases (NCD) driver of mortality by 2040.⁷ The US and other nations would place increased emphasis on tackling kidney diseases if the World Health Organization (WHO) recognized it on its list of major NCDs responsible for premature mortality. The largest global organizations representing kidney health professionals, (the American Society of Nephrology, the European Renal Association, and the International Society of Nephrology) issued a consensus statement last month in <i>Nature Reviews Nephrology</i> highlighting critical policy, advocacy, and implementation needs to alleviate the burden of kidney diseases while urging the WHO to include kidney diseases as a major NCD drivers of premature mortality.⁸
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Early detection of kidney diseases through increased screening will bring about more comprehensive prevention strategies for the more than 850,000,000 people around the world living with kidney diseases. Sadly, in the United States, an estimated nine in ten individuals living with kidney diseases are not aware they are affected. It is time that the WHO recognize the silent killer that is kidney diseases. Recognition of kidney diseases by the WHO on its list of major NCDs responsible for premature mortality will not only encourage government and NGO interventions to improve kidney health but also raise public awareness of kidney diseases worldwide. The US Preventive Services Task Force (USPSTF), an independent, volunteer panel of national experts in

⁵ Jager KJ, Kovesdy C, Langham R, Rosenberg M, Jha V, Zoccali C. A single number for advocacy and communication-worldwide more than 850 million individuals have kidney diseases. *Kidney Int.* 2019;96(5):1048–1050. doi:[10.1016/j.kint.2019.07.012](https://doi.org/10.1016/j.kint.2019.07.012)

⁶ Foreman KJ, Marquez N, Dolgert A, et al. Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016–40 for 195 countries and territories. *Lancet.* 2018;392(10159):2052–2090. doi:[10.1016/S0140-6736\(18\)31694-5](https://doi.org/10.1016/S0140-6736(18)31694-5)

⁷ Foreman KJ, Marquez N, Dolgert A, et al. Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016–40 for 195 countries and territories. *Lancet.* 2018;392(10159):2052–2090. doi:[10.1016/S0140-6736\(18\)31694-5](https://doi.org/10.1016/S0140-6736(18)31694-5)

⁸ Francis, A., Harhay, M.N., Ong, A.C.M. *et al.* Chronic kidney disease and the global public health agenda: an international consensus. *Nat Rev Nephrol* (2024). <https://doi.org/10.1038/s41581-024-00820-6>

		disease prevention, makes evidence-based recommendations about clinical preventive services. ASN and the kidney community commented on the USPSTF's <i>Draft Research Plan: Screening for Chronic Kidney Disease</i> urging that it prioritize screening for kidney diseases. ASN is awaiting the release of the final recommendations from USPSTF. The WHO recognizing the impact of kidney diseases would be a significant signal to its member states that they should prioritize strategies for detecting and preventing kidney diseases.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Health disparities challenge every aspect of health care, but kidney diseases are particularly prone to impact the world's most vulnerable and underserved populations. In the US, kidney diseases and kidney failure are more common among Black, Hispanic, and Native or Indigenous Americans, Asians, Hawaiians and other Pacific Islanders, people with lower incomes, and older adults. Compared to White Americans, Black Americans are nearly 4 times more likely and Hispanic Americans are more than twice as likely to develop kidney failure.⁹ One out of every 11 Black American men will develop kidney failure during their lifetime.¹⁰ The <i>National Kidney Foundation–American Society of Nephrology Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Diseases</i> helped make history when nephrology became the first specialty to recommend removing race from a major clinical algorithm in the United States.¹¹ The task force issued three recommendations for reassessing inclusion of race in the estimation of glomerular filtration rate and the kidney community is working hard to ensure the new effort is adopted. The WHO should encourage similar initiatives across the globe to ensure equity in kidney care. Additionally, it should be noted that environmental factors and climate change have a direct impact on kidney health contributing to an increased risk of kidney diseases. Rising temperatures and poor air quality leading to increased risk for dehydration have contributed to the increase of kidney diseases around the globe, particularly among low-income and lower-

⁹ <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>

¹⁰ Grams, Morgan E., et al. "Lifetime incidence of CKD stages 3-5 in the United States." *American Journal of Kidney Diseases*, vol. 62, no. 2, 2013, pp. 245–252, <https://doi.org/10.1053/j.ajkd.2013.03.009>.

¹¹ https://journals.lww.com/jasn/fulltext/2021/12000/a_unifying_approach_for_gfr_estimation_.9.aspx

		middle-income countries, whose populations generally lack access to adequate kidney care.¹² The WHO must urge its member states to recognize the impact of climate change on the world's kidney health and to address the challenges of climate change on an international scale.
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.	Large health systems in the United States are not encouraged or incentivized to diagnose kidney diseases as part of their routine standard of care. Until kidney diseases are recognized for the threat they pose to the general population and the WHO includes kidney diseases as a major NCD driver of premature mortality, any type of care, including people-centered primary health care and universal health coverage, will be ineffective.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	The prevalence of kidney diseases is expected to rise due to the globe's growing and ageing population, a variety of environmental and societal factors, and a general lack of awareness among the public.¹³ The WHO must call on its member states to develop a kidney research ecosystem that is adequately supported and funded to rise and meet the needs of the growing population of people living with kidney diseases. It's been shown that kidney research has historically been underfunded by the US federal government compared to other diseases states which has resulted in a stagnation of care.¹⁴ Further investment is needed by federal agencies and private partners to reverse this trend and foster innovation in kidney care. The WHO listing kidney diseases as major NCDs responsible for premature mortality would shine a spotlight on the dearth of research funding for kidney diseases when compared to the other recognized disease states.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Kidney diseases' strong linkage to diabetes, hypertension, obesity and cardiovascular disease are well documented. As these comorbidities continue to rise so will the prevalence of kidney diseases. Monitoring the trends and determinants of noncommunicable diseases is incredibly significant to evaluate progress in their prevention and control, and any effort to do so for kidney diseases must also account for its intersection with numerous comorbidities. However, currently kidney diseases are

¹² Francis, A., Harhay, M.N., Ong, A.C.M. *et al.* Chronic kidney disease and the global public health agenda: an international consensus. *Nat Rev Nephrol* (2024). <https://doi.org/10.1038/s41581-024-00820-6>

¹³ Francis, A., Harhay, M.N., Ong, A.C.M. *et al.* Chronic kidney disease and the global public health agenda: an international consensus. *Nat Rev Nephrol* (2024). <https://doi.org/10.1038/s41581-024-00820-6>

¹⁴ [https://www.ajkd.org/article/S0272-6386\(21\)00594-1/fulltext#articleInformation](https://www.ajkd.org/article/S0272-6386(21)00594-1/fulltext#articleInformation)

		not given the appropriate recognition from the WHO and global health community, allowing member states to sidestep addressing kidney health. Prevention and control efforts are nearly impossible when a population does not confront the underlying issue. Kidney diseases are often deemed a “silent killer” due to their nature of going underdiagnosed. In the United States alone, an estimated nine in ten individuals living with kidney diseases are not aware they are affected. Successful control efforts are not feasible if the population does not know they have the disease. The WHO must include kidney diseases as a major NCD driver of premature mortality in order to confront the world and encourage member states to begin to emphasize and appropriately address kidney diseases through national diagnostic, prevention and treatment measures.
*	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.

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.	* International cooperation for reinforcing and sharing best practices, discovering resources, and advocating for policies to promote disease control and prevention. * Increasing funding allocation from governments, civil society organizations and private sector stakeholders to allocate more resources towards research, prevention programs, and healthcare infrastructure aimed at addressing non-communicable diseases (NCDs). * Prioritizing equity to ensure access to preventive services, treatment and essential medicines, particularly for marginalized and vulnerable groups. * Efforts should be made to educate communities about the risk factors associated with (NCDs) and empower individuals to make healthier lifestyle choices. * Data collection and research projects, as well as surveillance for understanding the prevalence and impact of NCDs and for monitoring progress towards prevention and control targets.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	* Strengthening national capacity through education and training of healthcare professionals, enhancing diagnostic and therapeutic capabilities, and fortifying healthcare systems to deliver comprehensive NCD care. * Promoting innovation and investment in research for the development of novel technologies, interventions, and

		strategies to combat and control NCDs, as well as fostering knowledge exchange. * Advocating for the implementation of evidence-based policies that foster environments that encourage swift action by countries in 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.	*Advocating for the implementation of policies that foster equity and healthy living environments. *Educating individuals and communities about the significance of engaging in health-promoting behaviors, including regular physical activity, balanced nutrition, smoking cessation, stress management, and utilizing screening programs for diseases such as breast and cervical cancer. *Partnering with community organizations and local leaders to recognize and execute community-based initiatives that promote health and well-being.
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.	* Ensuring equal access to essential health services, including prevention, diagnosis, treatment options, and rehabilitation for individuals with NCDs. *Investing in primary health care infrastructure, workforce training, and service delivery models can improve access to preventive services, screening, treatment, and follow-up care for individuals with NCDs. *Integrating NCD prevention, screening, diagnosis, and treatment into routine primary health care visits, as well as utilizing existing health information systems to monitor NCD prevalence, risk factors, and outcomes.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	*Promote cooperation to discover opportunities for advanced education, skill development, and mentorship to foster a skilled workforce capable of conducting impactful research and applying evidence-based interventions. *Support calls for public and private investments in research infrastructure, including laboratories, data repositories, and clinical research facilities.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	*Promoting collaboration and the dissemination of information among the various stakeholders involved in non-communicable disease (NCD) monitoring, such as international organizations, academic institutions, and government agencies is crucial for developing the capacity to establish comprehensive data systems that evaluate progress in NCD prevention and control. *By utilizing the experience of international initiatives to standardize data collection methods and indicators across various surveillance systems, it is possible to ensure the accuracy and reliability of the collected data.

★	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	*Integrate mental health promotion and treatment services into primary health care systems to ensure universal access and coverage, aligning them with social services supportive networks, including housing, employment support, and substance abuse treatment, to address the needs of individuals with mental health conditions. *Implement mental health promotion programs in educational settings promoting school-based interventions, to support the mental health and well-being of students. *Provide mental health support in workplaces by creating supportive environments that prioritize a culture of work-life balance, stress management, and psychological safety.

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

Clinton Health Access Initiative

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.	Strengthen the link between prevention and control of NCDs and strong primary health care provision as well as achievement of Universal Health Coverage. For example, both PHC and UHC were explicitly mentioned only once in the Political declaration of the third high-level meeting (HLM) of the General Assembly on the prevention and control of non-communicable diseases (Paragraph 35 for both). Quality NCD prevention and care services should be integrated into country UHC health benefit packages. To achieve this link, implementation of WHO package of essential noncommunicable (PEN) disease interventions for primary health care should be prioritized including by increasing visibility on the status of its implementation. Further opportunities to strengthen regional coalitions and governmental initiatives to support implementation and monitoring of prevention and control of NCD, which has been a successful model in AFRO region (e.g., PEN-Plus , Africa CDC engagement) as well as for Small Island Developing States (e.g., Bridgetown Declaration). Regional partners were only mentioned twice (Paragraphs 26 & 48) in the Political declaration of the third HLM. Include focus on children and young people in the narrative, including supporting a governmental focus on risk factors and integration of risk factor education and early screening with MNCH programmes - starting caring for NCDs before birth. This provides the opportunity to leverage the strong infrastructure and achievements in other health programs to

		implement a person-centered approach, optimising resource allocation to addresses the growing burden of co-morbidities. Increase visibility on the burden of NCDs and injuries, disaggregated by age, gender, socioeconomic status (or income) and other factors such as geography as part of advocacy efforts, to elevate the profile and awareness of prevention strategies.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Call for explicit research and monitoring of co-morbidities amongst people living with NCDs including implementation research on integrated models of care. In PD 3rd HLM it is only “acknowledged” that older persons have increased risk of multiple NCDs (Paragraph 13) whereas this also impacts younger population. Further, no Member State actions are set on this topic which was demonstrated to be particularly important during COVID-19. The only global target related to this area is in the 2021 UN political declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, which states governments commit to “identify and address the comorbidities of HIV and other links to pressing global health challenges, including links to NCDs”. Similar language could be used in the PD for the 4th HLM on NCDs. Integrate prioritization of financing as a key enabling factor to accelerate country response for the prevention and control of NCDs. Commit to a set of global financing targets for NCD investment, informed by recommendations from the WHO and World Bank 2nd Global Financing Dialogue on Sustainable Financing for NCDs and Mental Health process. Create higher visibility on the existence and status of NCD strategies in countries. Set deadlines to deliver national NCD plans, with concrete targets and indicators and institutionalise inclusive accountability mechanisms at national and regional levels with participation of civil society and People Living with NCDs, safeguarding against conflict of interest and implementing access-to-information legislation. This will support targeted and coordinated NCD interventions, ensure visibility of relevant stakeholder activities, reduce duplication and thereby optimise limited resources.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Address the social, environmental, economic and commercial determinants of health, particularly those that impact NCD prevalence and outcomes, by working across all sectors through a whole-of-government approach ensuring public policies promote population health and equity. For example, suggest including explicit language on the need to phase out subsidies for unhealthy commodities, as well as the need for implementation of taxation as in PD of 3rd HLM “fiscal policy” was mentioned only once (Paragraph 21). Implement tried and true population-wide policies that are proven effective and affordable to build healthy environments and reduce people’s exposure to NCD risk factors, including comprehensive

		fiscal, marketing and labelling policies for unhealthy products, such as tobacco, alcohol, unhealthy foods and fossil fuels.
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.	Language on decentralization and integration of NCD care with PHC and UHC may support this objective. Both PHC and UHC were explicitly mentioned only once in the Political declaration of the third HLM of the General Assembly on the prevention and control of non-communicable diseases (Paragraph 35 for both). Implementation of WHO package of essential noncommunicable (PEN) disease interventions for primary health care should be prioritized including by increasing visibility on the status of its implementation. An objective focused on ensuring access to essential commodities including medicines and diagnostics at PHC level is important to achieve this. Ensure availability of NCD treatments and care by strengthening regional and national regulatory mechanisms, production, forecasting, supply-chain planning and trading of essential medicines and technology. Expand the use of digital technologies to increase health service access and efficacy for NCD prevention, and to reduce the costs in health care delivery.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Develop and implement priority national and regional research agendas for NCDs with a focus on implementation research in low- and middle-income countries, where premature NCD mortality has increased in more than 20 countries. Establish and strengthen institutions tasked with conducting and disseminating research on contextualised interventions for addressing NCDs, including economic evaluations and technology assessments to prioritise interventions.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Expand the definition of ‘premature mortality’ from NCDs to include mortality below the age of 70 (and not just between 30-70). Given the global epidemiological transition and increasing evidence of early/childhood onset of NCDs, it is essential to expand the scope and measurement of monitoring indicators to include NCDs before the age of 30. This may help incentivize alignment of the NCD agenda with policy priorities, helping to “break down siloes”. Request additional reporting on out-of-pocket spending experienced by people living with NCDs. For example, this could be built into existing global targets by requesting disaggregation by disease (as well as age, gender, geographical region and socioeconomic groupings) of 2019 UHC Target (b) “To stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as

	those who are vulnerable or in vulnerable situations”. Out-of-pocket spending was not referenced in PD of 3rd HLM. Currently only two of the nine voluntary global NCD targets (22%) focus on national systems responses to NCDs, which could be acting to disincentivise action on the topic amongst member states. The UHC Service Coverage sub-index on NCDs has recently been updated to include “prevalence of treatment for hypertension” as one of the three tracer indicators. This is the first time a service coverage indicator is included for NCDs for this calculation. Calling for a review of the nine global voluntary NCD targets to include a higher proportion of targets related to national systems response could incentivise more immediate action amongst member states on this topic. This is further supported through NCD Alliance asks which include the following requests to which CHAI aligns: Call upon WHO to update and revise the Global Monitoring Framework on NCDs: safeguarding the nine voluntary global targets; developing long-term goals and targets with intermediate milestones; aligning with the WHO Progress Monitor indicators to create a comprehensive system to track health outcomes, risk factor exposure, health systems and policy implementation; and enabling further alignment with national disease burdens. Create higher visibility on the existence and status of NCD strategies in countries. Set deadlines to deliver national NCD plans, with concrete targets and indicators, in line with the WHO NCD Global Monitoring Framework to achieve the voluntary targets set for 2025 and the SDG 2030 goals and including implementing the NCD “best buys” and other recommended interventions of the WHO Global NCD Action Plan Appendix 3. Strengthen national surveillance and monitoring systems to collect quality population-based incidence, prevalence and mortality data to monitor progress towards national NCD and risk factor targets (disaggregated by age, gender, income and other factor), by leveraging existing infrastructure and registries for evidence-based action, financing and accountability.
★	<i>Additional:</i> 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.

**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.	The report on NCDs to EB154 notes that “progress in addressing NCDs has slowed since 2015 when the era of the Sustainable Development Goals began and even more as NCD conditions exacerbated the impact of the pandemic of coronavirus disease (COVID-19) on excess mortality.” It also notes that “nearly 3.5 billion people in all age groups suffer from oral diseases, with more than three out of every four affected people living in low- and middle-income countries. Global cases have increased by one billion over the past 30 years showing that, in many countries, oral health care services are not available or not affordable to most people. “ Sadly, funding national NCD programs remains a major challenge. For example, the NCD report to WHO EB154 notes that although most countries (95%) have dedicated staff coordinating their efforts to address NCDs in their ministry of health or equivalent entity, government funding for NCD-related activities remains uneven, and only half of low-income countries reported any funding for such activities. Similarly, only 31% of 194 countries have an operational national oral health policy, strategy or action plan and dedicated staff for oral health at the

		health ministry or other national governmental health agency. Therefore, Heads of State and Government must assess the progress made with the commitments to address NCDs during past United Nations High-Level Meetings, identify areas where action must be taken and ensure adequate capacity to address them. Furthermore, Heads of State and Government must engage in the preparatory process for the United Nations High-Level Meeting on NCDs at the highest level. This process includes the first-ever global Oral Health Meeting which will be hosted by the government of Thailand from 26 – 29 November 2024. Also, Heads of State and Government must leverage WHO`s General Program of Work 2025 – 2028 to accelerate action on NCDs through adequate funding and robust monitoring. Finally, since the last UN HLM on NCDs, governments have made some commitments to some NCDs outside of the 5*5. For example, governments adopted some targets on oral health through the WHO Global Oral Health Action Plan (2023 – 2030). We urge governments to recognize these commitments as opportunities to accelerate the global NCD agenda.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The report on NCDs to EB154 notes that multisectoral action plans on NCDs are lacking in roughly half of countries. The NCD GAP Implementation Roadmap notes that Heads of State and Government can provide strategic leadership for the prevention and control of NCDs by promoting policy coherence and coordination through whole-of-government and Health in All Policies approaches and by engaging stakeholders, when appropriate and taking due consideration of their potential conflict of interest with public health goals. We urge governments to recognize the impact of NCDs on the health and wellbeing of population and prioritize the key actions, including coordination across sectors, as recommended in the NCD GAP implementation RoadMap adopted in 2022: Governments should assess the status of domestic NCD responses against the nine global voluntary NCD targets and the SDG target on NCDs and identify the barriers and opportunities for scaling up the national

		NCD response. This includes strengthening the national capacity for the governance of multistakeholder engagement, cross-sectoral collaboration and meaningful and effective partnerships.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We reiterate the opportunity to accelerate the global response to NCDs through the implementation of the most cost-effective and feasible NCD interventions. The cost-effective interventions for NCD prevention and management updated in 2023 can guide policy makers to select locally relevant and scalable interventions. Also, the first-ever cost-effective interventions on oral health have been developed as part of an updated Appendix 3 to the global action plan on the prevention and control of noncommunicable diseases. These are all evidence-based interventions ^with guarantee of returns in health and economic impacts.
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.	We recommend ensuring the integration of essential services for the prevention, early diagnosis, and management of NCDs in UHC benefit packages. The WHO PEN and WHO PEN Plus packages can guide governments on how to reorient health systems towards a robust response to NCDs at the primary health care level.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	We reiterate the importance of investing in surveillance and monitoring i to obtain reliable and timely data at the national and subnational levels to prioritize interventions, assess implementation and learn from the impact of NCD prevention and control. Such assessments should address out-of-pocket payments for NCD care. The NCD GAP implementation roadmap recommends that periodic NCD risk-factor surveys, country capacity assessments, disease registries, health facility-level data, and reliable vital registration are critical for prioritizing and selecting the most appropriate and cost-effective interventions for NCD prevention and control.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We urge governments to align with the WHO NCD GAP Implementation Roadmap by

		(a) strengthening national monitoring and surveillance systems for NCDs and their risk factors for reliable and timely data; and (b) prioritizing research to enhance the understanding of the epidemiology of NCDs and their risk factors, their social, economic and commercial determinants and multilevel and multisectoral governance, and invest in translational and implementation research to advance NCD prevention and control.
★	<i>In addition:</i> 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.	

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

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.	The European Federation of Orthodontic Specialist Associations (EFOSA) can play a significant role in raising the priority of preventing and controlling noncommunicable diseases (NCDs) on global, regional, and national agendas. Here are several ways EFOSA can contribute to this goal: 1. Advocacy and Awareness a. International Advocacy: Collaborate with Global Health Organizations: Partner with entities like the World Health Organization (WHO) and the United Nations (UN) to include oral health and orthodontics in discussions on NCDs. Policy Recommendations: Provide evidence-based recommendations to policymakers on the importance of integrating oral health into NCD prevention and control strategies. b. Public Awareness Campaigns: Educational Campaigns: Launch campaigns to educate the public and healthcare professionals about the link

	between oral health and systemic NCDs such as diabetes, cardiovascular diseases, and respiratory diseases. Use of Media: Utilize social media, webinars, conferences, and other platforms to spread awareness about the role of orthodontic care in preventing NCDs. 2. Strengthening International Cooperation a. Collaborative Research: Joint Research Initiatives: Promote and participate in international research projects that explore the connections between orthodontic health and NCDs. Data Sharing: Facilitate the sharing of data and research findings among member associations and with global health bodies to build a comprehensive understanding of the issues. b. Professional Networks: Create Partnerships: Establish partnerships with other dental and medical associations to foster a multidisciplinary approach to NCD prevention. Exchange Programs: Promote exchange programs for orthodontic specialists to learn and implement best practices in different regions. 3. Integrating Oral Health into NCD Frameworks a. Policy Integration: Lobbying for Inclusion: Lobby for the inclusion of oral health in national and international NCD action plans and health policies. Health Systems Strengthening: Advocate for the integration of oral health services into primary healthcare systems to ensure comprehensive care. b. Resource Allocation: Funding Initiatives: Advocate for increased funding for oral health programs within the broader context of NCD prevention. Technical Assistance: Provide technical assistance and resources to countries

		developing their own NCD prevention and control strategies, ensuring oral health is a key component. 4. Education and Training a. Professional Development: Continuing Education: Offer continuing education programs for orthodontic specialists on the importance of NCD prevention and control. Curriculum Development: Work with educational institutions to incorporate NCD prevention into the curriculum for orthodontic training. b. Community Outreach: School Programs: Implement school-based programs to teach children about oral hygiene and its role in preventing NCDs. Community Health Initiatives: Support community health initiatives that promote oral health as part of a holistic approach to preventing NCDs. 5. Monitoring and Evaluation a. Health Outcomes Tracking: Data Collection: Collect and analyze data on the impact of orthodontic care on the prevention of NCDs. Impact Assessment: Conduct regular assessments to evaluate the effectiveness of programs and initiatives aimed at integrating oral health into NCD prevention. b. Reporting: Annual Reports: Publish annual reports on the progress made in integrating oral health into NCD prevention strategies. Case Studies: Share case studies and success stories to highlight the positive impact of orthodontic care on overall health. By taking these steps, EFOSA can significantly contribute to the global effort to prioritize the prevention and control of NCDs, ensuring that oral health is recognized as a vital component of overall health and well-being.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The European Federation of Orthodontic Specialist Associations (EFOSA) can play a crucial role in strengthening national capacity, leadership, governance, multisectoral action, and partnerships to accelerate the prevention and control of noncommunicable diseases (NCDs). Here are several strategies through which EFOSA can contribute: 1. Strengthening National Capacity a. Training and Education: Professional Development Programs: Organize training sessions and workshops for orthodontic specialists and other healthcare providers on the prevention and control of NCDs, emphasizing the connection between oral health and systemic diseases. Curriculum Enhancement: Collaborate with educational institutions to integrate NCD prevention and control into the curricula of dental and medical schools. b. Technical Assistance: Guideline Development: Assist in developing and disseminating clinical guidelines and best practices for integrating oral health into NCD prevention strategies. Resource Allocation: Provide resources and tools, such as screening protocols and patient education materials, to help healthcare providers effectively manage NCDs. 2. Leadership and Governance a. Advocacy: Policy Advocacy: Advocate for the inclusion of oral health in national health policies and NCD action plans. Engage with policymakers to ensure that oral health is recognized as an integral part of overall health. Leadership Training: Offer leadership training programs for dental professionals to empower them to take active roles in health governance and policy-making. b. Strategic Planning: National Strategies: Support the development of national strategies that incorporate oral health into broader NCD prevention and control frameworks. Monitoring and Evaluation: Assist countries in establishing robust monitoring and evaluation systems to track progress and outcomes related to oral health and NCDs.

	3. Multisectoral Action a. Building Partnerships: Cross-Sector Collaboration: Foster partnerships between the health sector and other sectors such as education, finance, and social services to address the social determinants of health and promote a holistic approach to NCD prevention. Public-Private Partnerships: Engage with private sector stakeholders to support public health initiatives aimed at reducing the burden of NCDs. b. Community Engagement: Public Awareness Campaigns: Launch nationwide campaigns to raise awareness about the importance of oral health in preventing NCDs, targeting various community groups and leveraging different media platforms. School Health Programs: Implement school-based programs that educate children and adolescents about oral health and its impact on overall health, promoting healthy behaviors from a young age. 4. Enhancing Multisectoral Partnerships a. Collaboration with Health Organizations: Partnerships with International Bodies: Collaborate with international health organizations such as WHO, FDI World Dental Federation, and other relevant bodies to align efforts and share best practices in NCD prevention and control. Regional Networks: Establish and strengthen regional networks of orthodontic and dental associations to facilitate the exchange of knowledge and resources. b. Interdisciplinary Initiatives: Joint Research Projects: Promote interdisciplinary research projects that explore the links between oral health and NCDs, involving experts from various fields such as epidemiology, public health, and healthcare management. Integrated Health Services: Advocate for the integration of oral health services into primary healthcare, ensuring that NCD prevention and management are part of routine dental care. 5. Policy and Governance Support a. Policy Development: Technical Support: Provide technical support to national health ministries in developing policies that integrate oral health into NCD prevention and control strategies.

		Legislative Advocacy: Engage in legislative advocacy to promote laws and regulations that support comprehensive oral health care as part of NCD prevention efforts. b. Strengthening Health Systems: Capacity Building: Assist in building the capacity of national health systems to deliver integrated and comprehensive care that includes oral health as a key component. Financial Support: Advocate for increased funding and resource allocation for oral health programs within national NCD strategies. 6. Monitoring and Evaluation a. Data Collection and Analysis: Surveillance Systems: Support the establishment of surveillance systems to monitor the prevalence of oral health conditions and their association with NCDs. Outcome Evaluation: Conduct regular evaluations to assess the impact of integrated oral health and NCD prevention programs, using the findings to inform policy and practice. b. Reporting and Dissemination: Annual Reports: Publish annual reports on the progress made in integrating oral health into NCD prevention efforts, highlighting successful initiatives and areas for improvement. Knowledge Sharing: Facilitate the dissemination of research findings, best practices, and case studies through conferences, publications, and online platforms. By implementing these strategies, EFOSA can significantly enhance national capacities, leadership, governance, and multisectoral action to accelerate the prevention and control of noncommunicable diseases, ensuring that oral health is a recognized and prioritized component of overall health.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	EFOSA (European Federation of Orthodontic Specialist Associations) can contribute significantly to reducing modifiable risk factors for noncommunicable diseases (NCDs) and addressing underlying social determinants through the creation of health-promoting environments. Here are several strategies and actions that EFOSA can take:

1. Promoting Healthy Lifestyles

a. Public Education Campaigns:

Oral Health and General Health: Launch campaigns to educate the public on the links between oral health and overall health, highlighting how good oral hygiene can reduce risks for NCDs such as cardiovascular diseases, diabetes, and respiratory diseases.

Healthy Eating: Promote awareness about the importance of a balanced diet low in sugars, emphasizing how sugar consumption is linked to both dental caries and systemic diseases like obesity and diabetes.

b. School-based Programs:

Oral Health Education: Develop and implement school-based oral health education programs to teach children about proper oral hygiene practices and healthy eating habits.

Healthy School Environments: Advocate for policies that create healthier school environments, such as providing access to clean water, healthy food options, and regular dental check-ups.

2. Supporting Policy and Advocacy

a. Tobacco and Alcohol Control:

Advocacy for Policies: Advocate for stronger policies on tobacco and alcohol control, including higher taxes, plain packaging, and public smoking bans, emphasizing their negative impact on oral and general health.

Awareness Campaigns: Support campaigns that raise awareness about the harmful effects of tobacco and alcohol on both oral health and overall health.

b. Reducing Sugar Consumption:

Sugar Tax: Advocate for the implementation of sugar taxes and the reduction of sugar content in food and beverages to decrease consumption.

Food Labeling: Support initiatives for clear food labeling that helps consumers make healthier choices, particularly concerning sugar content.

3. Enhancing Access to Care

a. Expanding Access to Orthodontic Care:

Community Clinics: Support the establishment of community dental clinics that provide affordable and accessible orthodontic care, particularly in underserved areas.

Mobile Dental Units: Promote the use of mobile dental units to reach remote and underserved

	populations, ensuring they receive essential orthodontic and preventive care. b. Integrated Health Services: Primary Healthcare Integration: Advocate for the integration of oral health services into primary healthcare settings to provide comprehensive care that includes the prevention and management of NCDs. Collaborative Care Models: Promote collaborative care models where dentists, orthodontists, and other healthcare providers work together to address the full spectrum of patients' health needs. 4. Addressing Social Determinants of Health a. Socioeconomic Initiatives: Reducing Health Disparities: Advocate for policies aimed at reducing socioeconomic disparities that affect health outcomes, such as access to education, employment opportunities, and safe living conditions. Community Engagement: Engage with community organizations to address local health needs and social determinants, ensuring that interventions are culturally appropriate and effectively address the unique challenges of each community. b. Health Literacy: Educational Programs: Develop educational programs aimed at increasing health literacy among the public, helping individuals make informed decisions about their oral and overall health. Resource Distribution: Provide resources and information in multiple languages and through various media to reach diverse populations and improve their understanding of health-promoting behaviors. 5. Creating Supportive Environments a. Workplaces and Public Spaces: Healthy Work Environments: Advocate for workplace policies that promote oral and general health, such as access to healthy food options, tobacco cessation programs, and regular health screenings. Healthy Public Spaces: Support the creation of health-promoting public spaces, such as parks and recreational areas, which encourage physical activity and provide safe environments for community gatherings. b. Water Fluoridation:

		Advocacy for Fluoridation: Advocate for the fluoridation of public water supplies where it is not already implemented, as this has been shown to significantly reduce the incidence of dental caries. Public Education: Educate the public and policymakers about the benefits and safety of water fluoridation to gain support for such initiatives. 6. Collaboration and Partnerships a. Multisectoral Partnerships: Engaging Stakeholders: Collaborate with various stakeholders, including government agencies, non-governmental organizations, educational institutions, and private sector partners, to create comprehensive and sustainable health-promoting environments. Community Programs: Partner with community programs to implement local initiatives that promote oral health and prevent NCDs, ensuring community buy-in and participation. b. Research and Data Sharing: Research Initiatives: Support research on the effectiveness of different interventions aimed at reducing risk factors for NCDs and improving oral health outcomes. Data Collection and Sharing: Promote the collection and sharing of data on oral health and NCDs to inform policy decisions and improve the effectiveness of health interventions. By implementing these strategies, EFOSA can help create environments that promote health and well-being, reduce modifiable risk factors for noncommunicable diseases, and address the social determinants of health. This holistic approach will contribute to better health outcomes and a higher quality of life for individuals across Europe.
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.	The European Federation of Orthodontic Specialist Associations (EFOSA) can play a pivotal role in strengthening and orienting health systems to address the prevention and control of noncommunicable diseases (NCDs) and the underlying social determinants through people-centered primary health care and universal health coverage. Here are several ways EFOSA can contribute: 1. Integrating Oral Health into Primary Health Care a. Advocacy and Policy Development:

	Policy Integration: Advocate for the inclusion of oral health in national health policies and primary health care strategies. Highlight the links between oral health and systemic diseases to policymakers. Oral Health as Part of UHC: Promote the inclusion of comprehensive oral health services within universal health coverage (UHC) frameworks. b. Training and Capacity Building: Healthcare Provider Training: Develop training programs for primary health care providers on the importance of oral health in preventing NCDs. Include modules on recognizing oral health issues and their connections to systemic health. Interdisciplinary Collaboration: Encourage interdisciplinary training sessions that bring together dentists, orthodontists, general practitioners, and other healthcare providers to foster a collaborative approach to patient care. 2. Enhancing Health System Capacity a. Resource Allocation: Funding for Oral Health: Advocate for increased funding for oral health services within primary health care settings to ensure they are adequately equipped to address both oral and systemic health needs. Infrastructure Development: Support the development of dental clinics within primary health care centers, particularly in underserved areas, to improve access to oral health services. b. Technology and Innovation: Telehealth Services: Promote the use of telehealth to provide remote consultations and follow-up care for orthodontic and general dental issues, increasing access for rural and underserved populations. Electronic Health Records: Encourage the integration of dental records with general health records to facilitate holistic patient care and better monitoring of health outcomes. 3. Addressing Social Determinants of Health a. Community-Based Programs: Outreach Initiatives: Develop community outreach programs that address social determinants of health such as poor nutrition, lack of education, and limited access to healthcare services. Include oral health education as part of these initiatives. Partnerships with NGOs: Collaborate with non-governmental organizations that focus on social determinants of health to implement joint programs that include oral health components.

b. Health Education and Promotion:

Public Awareness Campaigns: Launch campaigns to educate the public on the importance of oral health and its role in preventing NCDs. Use various media platforms to reach a wide audience.

School Programs: Implement school-based oral health education programs to instill good oral hygiene practices from a young age and address broader health issues.

4. Promoting People-Centered Care

a. Patient Engagement:

Patient Education: Provide educational resources to patients about the connection between oral health and systemic health, empowering them to take an active role in their health care.

Feedback Mechanisms: Establish mechanisms for patient feedback to ensure that health services are responsive to the needs and preferences of the population.

b. Comprehensive Care Models:

Integrated Care Pathways: Develop and promote care pathways that integrate oral health with general health services, ensuring patients receive holistic and coordinated care.

Chronic Disease Management: Include oral health in chronic disease management programs, particularly for conditions like diabetes and cardiovascular diseases where oral health can significantly impact overall health outcomes.

5. Universal Health Coverage

a. Financial Protection:

Insurance Coverage: Advocate for dental and orthodontic services to be included in health insurance schemes, reducing financial barriers to accessing necessary care.

Subsidized Care: Support programs that provide subsidized or free dental care for low-income populations as part of UHC efforts.

b. Access and Equity:

Equitable Service Distribution: Work towards ensuring that oral health services are available in all regions, particularly in underserved and rural areas.

Reducing Health Disparities: Focus on reducing health disparities by targeting interventions to vulnerable populations who are disproportionately affected by both oral health issues and NCDs.

6. Research and Data Collection

		a. Epidemiological Research: Data on Oral Health and NCDs: Conduct and support research that provides data on the prevalence of oral health issues and their connection to NCDs, helping to inform policy and practice. Health Systems Research: Investigate the effectiveness of integrated health systems approaches in improving health outcomes, providing evidence to support best practices. b. Monitoring and Evaluation: Performance Indicators: Develop indicators to monitor the integration of oral health into primary health care and UHC initiatives, ensuring that progress can be measured and strategies adjusted as needed. Regular Reporting: Produce regular reports on the state of oral health within the context of NCD prevention and control, helping to maintain focus on this important issue. By implementing these strategies, EFOSA can significantly contribute to strengthening health systems and orienting them towards the prevention and control of NCDs through people-centered primary health care and universal health coverage, ultimately improving health outcomes and reducing health disparities.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	EFOSA (European Federation of Orthodontic Specialist Associations) can significantly contribute to promoting and supporting national capacity for high-quality research and development (R&D) for the prevention and control of noncommunicable diseases (NCDs). Here are several strategies and actions EFOSA can take: 1. Capacity Building for Research a. Training and Education: Workshops and Seminars: Organize workshops and seminars on research methodologies, data analysis, and the latest advancements in NCD prevention and control. Collaborative Training Programs: Partner with universities and research institutions to develop training programs for orthodontic specialists and other healthcare professionals in conducting high-quality research. b. Research Fellowships and Scholarships: Funding Opportunities: Establish fellowships and scholarships to support postgraduate and doctoral

	research focused on the intersection of oral health and NCD prevention. Mentorship Programs: Create mentorship programs that connect emerging researchers with experienced researchers to guide their projects and career development. 2. Infrastructure and Resources a. Research Infrastructure: Laboratory Support: Provide support for establishing and upgrading research laboratories equipped to conduct studies on oral health and NCDs. Access to Databases: Facilitate access to databases and research repositories that offer valuable data for NCD-related research. b. Funding and Grants: Research Grants: Offer competitive research grants to support innovative projects aimed at understanding and preventing NCDs. Collaboration with Funding Agencies: Partner with national and international funding agencies to increase the availability of resources for NCD research. 3. Collaborative Research Networks a. Building Research Consortia: National and Regional Networks: Establish national and regional research consortia that bring together academic institutions, research centers, and healthcare providers to collaborate on NCD research. International Collaborations: Foster international collaborations to share knowledge, methodologies, and findings, thereby enhancing the quality and impact of research. b. Interdisciplinary Research: Cross-disciplinary Projects: Promote interdisciplinary research projects that involve experts from various fields such as epidemiology, public health, nutrition, and behavioural sciences. Joint Conferences and Symposia: Organize joint conferences and symposia that encourage knowledge exchange and collaboration among researchers from different disciplines. 4. Promoting Research Excellence a. Quality Standards: Research Guidelines: Develop and disseminate guidelines for conducting high-quality research, including ethical standards, research design, and reporting.

	Peer Review: Encourage peer review processes to ensure the rigor and credibility of research findings. b. Recognition and Awards: Research Awards: Establish awards and recognition programs to honour outstanding research contributions in the field of NCD prevention and control. Publication Support: Provide support for researchers to publish their findings in high-impact journals, including assistance with writing, editing, and submission processes. 5. Data Collection and Analysis a. National Health Surveys: Oral Health Modules: Advocate for the inclusion of oral health modules in national health surveys to collect data on the prevalence and impact of oral health conditions on NCDs. Longitudinal Studies: Support the establishment of longitudinal studies to track oral health and NCD outcomes over time. b. Data Repositories: Centralized Databases: Develop centralized databases to store and share research data, ensuring that researchers have access to high-quality datasets for secondary analysis. Data Sharing Agreements: Promote data sharing agreements between institutions to facilitate collaborative research and comprehensive analyses. 6. Advocacy and Policy Support a. Policy Engagement: Research-Driven Policies: Advocate for policies that support research and development in the field of NCD prevention, highlighting the importance of evidence-based decision-making. Government Partnerships: Collaborate with government agencies to ensure that research findings are translated into effective public health policies and programs. b. Public Awareness: Knowledge Dissemination: Disseminate research findings to the public, policymakers, and healthcare providers through reports, policy briefs, and public campaigns. Community Involvement: Engage communities in research projects to ensure that the research addresses local needs and that findings are effectively communicated to those who can benefit from them.

		7. Technology and Innovation a. Digital Health Tools: Health Informatics: Promote the use of health informatics and digital tools to enhance data collection, analysis, and dissemination in NCD research. Mobile Health Applications: Support the development of mobile health app
6	To monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control.	EFOSA (European Federation of Orthodontic Specialist Associations) can play a vital role in monitoring trends and determinants of non-communicable diseases (NCDs) and evaluating progress in their prevention and control through the following strategies: 1. Data Collection and Surveillance a. Standardized Data Collection: Surveys and Registries: Advocate for and support the inclusion of oral health metrics in national health surveys and registries to capture data on NCDs and their oral health determinants. Oral Health Records: Promote the integration of oral health records with general health records to facilitate comprehensive data collection on NCDs and their determinants. b. Epidemiological Studies: Longitudinal Studies: Support longitudinal studies that track oral health and NCD outcomes over time to understand trends and causal relationships. Cross-sectional Studies: Conduct cross-sectional studies to assess the prevalence of NCDs and associated oral health issues at specific points in time. 2. Use of Technology for Monitoring a. Health Informatics Systems: Electronic Health Records (EHR): Advocate for the adoption of EHR systems that integrate dental and medical data, enabling comprehensive monitoring of NCD trends and determinants. Data Analytics: Utilize advanced data analytics and machine learning techniques to analyze large datasets and identify trends and patterns in NCDs and oral health. b. Mobile Health Applications: Patient Tracking Apps: Develop and promote the use of mobile health applications that allow patients to

	track their health metrics, including oral health indicators, contributing to large-scale data collection. Telehealth Platforms: Implement telehealth platforms to facilitate remote monitoring of patients, especially in rural and underserved areas. 3. Research and Collaboration a. Collaborative Research Initiatives: Interdisciplinary Research: Foster interdisciplinary research collaborations that include epidemiologists, public health experts, and dental professionals to study the links between oral health and NCDs. International Consortia: Join or establish international research consortia focused on NCDs and oral health to share data, methodologies, and findings. b. Funding for Research: Grants and Fellowships: Offer grants and fellowships to support research projects that investigate the determinants of NCDs and the effectiveness of prevention and control measures. 4. Monitoring and Evaluation Frameworks a. Development of Indicators: Standardized Indicators: Develop and promote standardized indicators for monitoring oral health and NCDs, ensuring consistency and comparability across studies and regions. Composite Indices: Create composite indices that combine multiple indicators to provide a comprehensive overview of NCD trends and determinants. b. Regular Reporting: Annual Reports: Publish annual reports on the state of oral health and NCDs, highlighting trends, determinants, and progress in prevention and control efforts. Dashboards and Portals: Develop online dashboards and data portals that provide real-time access to key metrics and trends in oral health and NCDs. 5. Policy Advocacy and Implementation a. Evidence-Based Policy: Policy Briefs: Produce policy briefs that summarize research findings and provide actionable recommendations for policymakers to address NCDs and their oral health determinants. Advocacy Campaigns: Launch advocacy campaigns to raise awareness among policymakers and the public

	about the importance of monitoring and addressing NCDs and oral health. b. Stakeholder Engagement: Partnerships with Health Ministries: Collaborate with national health ministries to integrate oral health into national NCD monitoring and control programs. Engagement with NGOs: Work with non-governmental organizations to implement community-based monitoring and intervention programs. 6. Capacity Building a. Training Programs: Workshops and Courses: Organize workshops and courses on epidemiology, data analysis, and monitoring techniques for healthcare professionals. Webinars and Online Training: Provide online training modules and webinars to reach a broader audience, ensuring widespread capacity building. b. Development of Toolkits: Monitoring Toolkits: Develop and distribute toolkits that provide guidelines and tools for monitoring oral health and NCDs at the national and local levels. Best Practices Guides: Create best practices guides that highlight successful monitoring and evaluation strategies from various regions and contexts. 7. Public Awareness and Education a. Community Outreach: Public Health Campaigns: Conduct public health campaigns to educate communities about the importance of oral health in preventing NCDs and the need for regular monitoring. School Programs: Implement school-based programs that teach children about oral health and its role in preventing NCDs. b. Patient Education: Educational Materials: Develop educational materials, such as brochures, videos, and infographics, that explain the connections between oral health and NCDs and the importance of monitoring these conditions. Support Groups: Establish support groups and forums for patients to share experiences and strategies for managing their oral health and preventing NCDs. By implementing these strategies, EFOSA can help build robust systems for monitoring the trends and determinants of noncommunicable diseases and evaluating the progress of prevention and control measures. This comprehensive approach will contribute to improved public health outcomes and the effective management of NCDs across Europe and beyond.

★	<i>In addition:</i> 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.	

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

**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.	All Member States need to recognize the growing imperative to better prevent and manage NCDs and reduce health and care needs and associated costs amid the rapid aging of the population. They must also recognize that this challenge is fundamentally a fiscal and economic imperative, not just a concern of health systems.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	There will be over 2 billion over age 65 by 2050, and countries must make the needed investments to reorient their health systems towards prevention and keeping people healthier or longer. This includes investments in preventing NCDs and the investments to support those who are managing NCDs, which in turn would lead to significant health and care costs across systems, reduced productivity, and reduced economic activity.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Health promotion is an all-of-society activity with roles for individuals outside the traditional health system, including community health ambassadors, community pharmacy, civil society organizations, and even employers and the private sector. All have a role to play in addressing social determinants to reduce the prevalence and impact of NCDs and should be included in the process.

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.	Member States and their health systems have many emerging best practices to pull from that can contribute meaningfully towards the prevention and better management of NCDs. One example is Fracture Liaison Services for osteoporosis. Fractures are a public health issue that severely affects people, their caregivers, and our healthcare systems. As people age, a failure to ensure good bone health can cause fractures and lead to a loss of mobility and independence. Fracture Liaison Services significantly reduce the risk of secondary fractures and are an important preventative tool in supporting healthier aging.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Economics research that demonstrates the return on investment for prevention is a critical input that must be included in decision making around prevention and more effective control of NCDs. Amid rapid population aging, the growing prevalence of NCDs can quickly become unsustainable for health system finances.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Member States should further look to complementary strategies, programs, and initiatives that can have a significant impact on preventing NCDs and improving health outcomes for those who are managing NCDs, including support for the routine immunization among adults, understanding that a case of pneumonia, influenza, or other vaccine-preventable disease can be permanently destabilizing for someone managing an NCD, who are already at greater risk for infection. Similarly, community-based health initiatives that engage community health ambassadors, as modelled by the Engage With Heart program in Baltimore, Maryland, can also play an important role in prevention, early diagnosis, and control.
*	<i>Additional:</i> 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.

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.	Urgent action by Member States, stakeholders, and international cooperation is needed to prioritize trauma-informed prevention (TIP) for cancer screenings, such as breast cancer and cervical cancer in women, and testicular and prostate cancer in men. Globally, 1 in 3 women experience gender-based violence (GBV). The alarming rate of GBV is exacerbated by climate change and exposure to air pollution, often leads delayed cancer detection, late stage diagnoses, delayed time-to-treatment, and cancer mortality. Furthermore, as noted on page 42 under the subheading “Violence and unintentional injuries,” GBV, including intimate partner violence, is associated with higher risk of heart disease, cancer, diabetes, and chronic lung disease. Implementing TIP approach can revolutionize “health for all” by ensuring that trauma experienced by patients does not hinder access to critical cancer screenings and heart health monitoring. TIP can significantly enhance equitable population-based cervical cancer screening and population-based breast cancer and mammography screening (as outlined in Appendix 3, Objective 4, page 50 under subheading of “Cancer) and facilitate the goal of a 25% relative reduction in mortality due to cancer

		(~25% of global deaths) or other chronic noncommunicable diseases. By adopting low-cost TIP tools, we can empower women's health, ensuring timely and effective navigation to noncommunicable diseases services, such as cancer prevention. Please see evidence-based call to action by Aditi Hazra, PhD, MPH in the submitted UNHCR Pledge ID GRF-08826 for more information.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Every 14 seconds, a parent or friend in our shared society is diagnosed with cancer. Today, many women with cancer have been left behind. Leadership in Jordan and Rwanda provide evidence and a roadmap strengthening cancer control. Universal adoption of trauma informed cancer prevention by member states, multisectoral leaders, and partners is needed to strengthen country response for prevention and control of cancer and NCD comorbidities.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Women and girls walk farther to get clean water and face GBV. Women and girls may not have access to safe space for physical activity. Partnerships to reduce GBV and implement trauma informed prevention may reduce social determinants and co-create a health-promoting environment.
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.	Primary care needs to integrate people-centered trauma informed cancer prevention and cancer early detection strategies along with heart health (blood pressure and heart rate) monitoring, diabetes and respiratory health monitoring to equitably address prevention and control of noncommunicable diseases. Integrating maternal health and breast health education may improve breast cancer prevention.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Digitization of national cancer registry data (such as stage at diagnosis) and trauma informed prevention tools in clinical settings and humanitarian settings will accelerate high-quality research on gender-based violence, cancer, and noncommunicable comorbidities.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Digitization of cancer registry data for nationals (augment Policy Options outlined for Member States on page 37), migrants, and refugees advance monitoring of global trends and progress in cancer control. Data on access to cancer medicines in humanitarian settings is sparse. Improved data and

		monitoring access cancer treatment is a critical component to evaluating progress.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Universal adoption of trauma informed prevention (TIP) tools can improve mental health.

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

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.	- Using social media actively to disseminate the current situation and trends and to encourage healthy living behaviours, as well as contributing to manage infodemics, by national authorities (and official social media ambassadors selecting from celebrities). - If appropriate, regional plans should be created to prioritize targets and related implementations within the country. - Providing self-paced learning tools and peer-to-peer trainings with simulations in terms of current situations and corresponding to implementing areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- Monitoring and reporting illicit tobacco trade to prevent it. - To promote physical activities, adopting to raise accessible a green environment in the cities
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Ban all products producing by tobacco companies OR (Legislating in terms of tobacco-free generations) - Measuring against commercial determinants contributing to having a non-healthy lifestyle and to develop non-communicable diseases (NCDs) and to lead to have difficulties for controlling NCDs.

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.	<i>More than 350 million people live with a rare diseases, majority of are due to having a genetic conditions, affecting half to half children and adults, leading premature mortality and reduce quality of life, as well as mental health and well being. If “rare diseases” are not targeted, achieving some targets related to non-communicable diseases will not be possible. For example, congenital abnormalities and some of rare cancers (1/4 cancers are categorized as rare) are preventable. Lastly, WHO/IARC published a monograph addressing to identify firefighting carcinogenic status, and it is classified as “Group 1” which means carcinogenic to humans, especially for mesothelioma (a rare cancer) and bladder cancer. This specific example should be understood the importance of occupational safety and health to prevent a cancer including a “rare” one.</i>
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	To address community engagement, supporting the involvement of non-governmental organizations in research, if possible, in national funding calls on the control and prevention of NCDs
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	<i>Improving the data quality generating by cancer registries ,which are source of cancer incidence and survival data, should be prioritized and supported by the Member States.</i>
*	<i>In addition:</i> 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.	<i>Member States should develop policies especially this specific populations: i) people who are under risk of using additive substance especially people who are 15-24 years, ii) elderlies, iii) people with NCDs, iv) cancer survivors, v) people with rare diseases, by considering of social determinants of health</i>

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

Thrivikrama Shenoy

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.	MASLD is a major problem in India, with prevalence of 49 to 65% Need a structured people centric approach
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Need to have a group approach and focus major stakeholders at the local, regional and national level
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Need to focus on the environment (diet and physical activity)
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.	Need to address the screening strategy with simple waist measurement as a tool for disease detection at the subcentre level in India
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Focus on simple research for screening and prevention
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Step based approach at pre primary and primary level
*	<i>In addition:</i> To promote and protect mental health and well-being, including prevention and	MASLD has many mental issues related to obesity, diabetes and long term sequelae

	management of mental health conditions, as a vital component of achieving SDG target 3.4.	

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

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.	Agree.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Agree. Add: "... country response for the prevention and control of noncommunicable diseases, and the risk factors. "
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Add: To reduce modifiable risk factors for noncommunicable diseases and underlying social and commercial determinants through creation of health-promoting environments."
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.	Add: "To strengthen and orient health systems to address the prevention and control of noncommunicable diseases, the risk factors, 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.	Agree.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Add: "To monitor the trends and determinants of noncommunicable diseases and the risk factors and evaluate progress in their prevention and control."

*	<i>In addition:</i> 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.	Agree.

In addition: To ensure the full implementation of the WHO Global Alcohol Action Plan by 2030.

In addition: To complement the implementation of the NCDs best buys with initiatives to increase public recognition of the link between risk factors and specific non-communicable diseases.

In addition: To unlock synergies in addressing cross-cutting and often co-occurring NCDs and mental health risk factors at the primary healthcare level.

In addition: To increase safeguards against conflicts of interest in NCDs policy making.

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

Oral Health Program at Public Health Agency of Canada

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.	- As one of five Member State co-sponsors, Canada shared some of our experiences to date during the WHA77 side-event on oral health, hosted by the Republic of Ireland, which served to amplify the messaging of the <i>WHO Global Strategy and Action Plan on Oral Health 2023-2030</i>. - Canada also supports international efforts to eliminate tropical diseases and provided Nigeria with a letter of support concerning the WHO's Strategic and Technical Advisory Group for neglected tropical diseases (NTDs) determination of the suitability of noma for inclusion on the WHO list of NTDs.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The Canadian Dental Care Plan (CDCP) is a federally delivered public plan for eligible Canadian residents. Once fully implemented, it will help ease the financial barriers to accessing oral health care for up to nine million uninsured Canadian residents with a net annual family income of less than \$90,000. It is acknowledged that CDCP is not a universal program in that it does not ensure coverage for all Canadian residents; it is an income tested plan specifically designed to provide coverage for residents without access to such coverage.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social	(no input to provide)

	determinants through creation of health-promoting environments.	
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.	The Government of Canada's Oral Health Access Fund (OHAF), will expand access to oral health care by investing in projects that reduce non-financial barriers for Canada's vulnerable populations.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- CIHR has created a National Oral Health Research Strategy - Budget 2023 included funding for national OH data
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	As oral health is essential to good health and well-being, the Government of Canada is committed to evidence-based decision-making in all policy and program development around oral health. For example, data collection for the comprehensive Oral Health Component of the Statistics Canada Canadian Health Measures Survey Cycle 7, based on the methodology of the current WHO manual on oral health surveys, commenced in fall 2022 with data tables expected to be released in late 2025.
*	<i>In addition:</i> 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.	(no input to provide)

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

Dr. Prajwal Pyakurel (MBBS, MD)
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.	Global – High level political commitment from all member states. Converting into action will be the key Regional- Understanding regional context and designing regional intervention. National – Foster partnership with different professional bodies working in the field of NCD, government, academia. Strong policy actions in schools, worksite and communities. Changing from onself will be the key
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	National Capacity – Training only will not be going to work. However, developing robust monitoring and supervision measures for colleagues who have been trained will be the key factor. Additional operational research in country context for NCDs in least achieved target and indicators should be prioritized. Leadership – All are leaders in their respective places. Empowering leaders in their respective places by the government with support from WHO will be the key. Governance – Transformative preventive health system should be prioritized. We should start building a transformative preventive health system model as a pilot in different countries.

		Multisectoral action and Partnership – Earmarked fund, joint action plan and joint accountability.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Target should be at 1. Community 2. School 3. Worksite Opting the principle of primordial and primary prevention 1. Community: Creating model site centre 2. School: Health food policies 3. Worksite: Intervening pre-diabetic and pre-hypertensive for diet and behavioural change Non-Health Sector NCDs Champions should be formed
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.	People Centred Primary Health Care: Down to top approach should be prioritized Empowering health professionals working in primary health care should be strengthened Reward mechanism needs to be developed Policy formulation understanding the grass root context will be the key Universal Health Coverage: Health insurance is great but misutilization of health insurance scheme is rampant especially in LMIC set-up. Regulating misutilization by the health professionals should be strongly monitored. Furthermore, misutilization of health insurance system by the patient or public should also be strongly monitored
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Funds for operational and implementation science research should be allocated. Research should be prioritized for least achieved indicators and targets in the country context as per the SDG goals. Research should be based on country context so that the intervention developed can be contextualized. This will reduce economic burden.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Country context data profile should be developed
*	<i>In addition:</i> 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.	Mental Health counselling services should be developed. Happiness index should be measured.

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

Asociación para el Cuidado de la Diabetes en Argentina

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.	• Advocacy y sensibilización: Implementar campañas globales y nacionales que aumenten la concientización sobre el impacto de las ENT y la necesidad de priorizar su prevención y control en las políticas de salud pública. • Inclusión en agendas públicas: Fomentar que las ENTs estén incluidas en los planes de acción y de desarrollo sostenible, evidenciando el impacto socio-económico de las mismas en la vida de las personas y en las sociedades en general. • Cooperación y financiamiento: Estimular la colaboración entre países y organizaciones para compartir recursos, experiencias y mejores

		prácticas en el abordaje de las ENT y oportunidades de financiamiento.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	• Capacitación y formación: Desarrollar programas de formación para profesionales de la salud, tomadores de decisión y organizaciones de la sociedad civil en la gestión y prevención de las ENT. • Políticas multisectoriales: Implementar políticas sólidas y mecanismos de gobernanza que promuevan la acción multisectorial y la colaboración entre diferentes sectores como salud, educación, finanzas y agricultura. • Alianzas estratégicas: Fomentar alianzas entre el sector público, el sector privado, la sociedad civil y las comunidades para una respuesta más eficaz y coordinada.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	• Políticas de salud pública: Implementar políticas que reduzcan el consumo de tabaco, alcohol, alimentos no saludables y que promuevan la actividad física. • Entornos saludables: Crear entornos urbanos que faciliten estilos de vida saludables a través de espacios públicos con aparatos para ejercitarse, áreas peatonales, bicisendas seguras y ferias periódicas en las que se provea acceso a alimentos frescos y de temporada. • Educación: Programas educativos y escolares desde nivel inicial que informen al conjunto de la población sobre los riesgos asociados con estilos de vida no saludables y promuevan cambios progresivos de comportamiento por medio de acciones sencillas a implementar en el día a día.
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying	• Atención primaria: Mejorar la infraestructura y los recursos de la atención primaria para garantizar que esté centrada en las personas y

	social determinants through people-centred primary health care and universal health coverage.	pueda manejar eficazmente la prevención y el tratamiento de las ENTs. • Cobertura universal: Asegurar que todos los ciudadanos tengan acceso a servicios de salud esenciales, independientemente de su situación económica y de su lugar de residencia.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	• Financiamiento para la investigación: Aumentar la inversión en investigación sobre ENTs para desarrollar nuevas intervenciones y mejorar las existentes. Recurrir a organizaciones de la sociedad civil para que puedan aportar a la investigación desde su conocimiento de campo y contacto directo con la población. • Publicación y difusión del conocimiento: Crear plataformas de acceso público en las que compartir los resultados de investigaciones y mejores prácticas entre países y regiones y así contar con datos y poder realizar acciones de monitoreo.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	• Sistemas de monitoreo: Desarrollar y fortalecer sistemas nacionales de vigilancia y monitoreo para recopilar datos precisos y oportunos sobre las ENTs y determinantes sociales. • Indicadores de progreso: Establecer indicadores claros y medibles para evaluar el progreso en la prevención y el control de las ENTs. • Transparencia y rendición de cuentas: Publicar regularmente informes sobre el estado de las ENTs y las medidas adoptadas para controlarlas, fomentando la transparencia y la rendición de cuentas en la acción gubernamental y comunitaria.

*	<i>In addition:</i> 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.	• Integración de la Salud Mental en la Atención Primaria: Los servicios de salud mental deben integrarse en el sistema de atención primaria para garantizar un acceso más amplio y reducir el estigma asociado con las afecciones de salud mental. • Prevención y Detección Temprana: Implementar programas de detección temprana y prevención para identificar y abordar las afecciones de salud mental en sus etapas iniciales.

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

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.	1. High recurrence of secondary cardiac events such as Myocardial infarctions, stroke, rehospitalization, cardiac deaths 2. Lack of secondary cardiac prevention especially in LMICs
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Digital cardiac rehabilitation solutions can be a solution for the lack of rehab infrastructure
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	A major component of cardiac rehabilitation is prevention and management of major CVD risk factors such as smoking, mental health issues, poor medication adherence, lack of physical activity, obesity, high blood pressure, poor glycaemic control and dyslipidaemia.
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.	These secondary preventive interventions are equally effective in managing CVD factors in primary settings.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	The proposed digital cardiac rehabilitation can be based on advanced big data analytics which will help in personalizing preventive interventions and AI enabled algorithms can help in predicting secondary cardiac events and risk stratification. These programs

		can be run on e-registry platforms and these registries will also help in measuring outcomes post-cardiac event, expenditure and patient behaviour.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	These digital registry and patient engagement platform will help in recognizing localized CVD risk factors too.
*	<i>In addition:</i> 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.	A major contributory component to cardiovascular events is mental health issues and cardiac rehab has a strong component to address these issues.

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

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.	
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Strengthen partnerships and multisectoral action across disease areas, including with organisations, academia and others working in communicable diseases to address co-morbidities and as prevention of NCDs
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Viral hepatitis prevention, testing and treatment should be promoted as a key prevention measure for primary liver cancer. Liver cancer is the 5 th most common cancer in Asia and Africa. Treatment outcomes are often poor, so prevention will be critical mechanism to reduce premature mortality. Chronic Viral hepatitis (HBV and HCV) remains a major cause of hepatocellular carcinoma development worldwide. Increased advocacy, awareness and financial investment is needed to increase service delivery to reduce viral hepatitis as a risk factor.
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.	Strengthen primary health care for testing and treatment of viral hepatitis to prevent hepatocellular carcinoma development. Includes capacity building and service delivery to integrate viral hepatitis into existing community focused services such as maternal health programmes

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.	
*	<i>In addition:</i> 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.	

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

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.

#	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.	• Collaboration with national Health authorities • Mobilization of Health experts/Academia with expertise and capacity to work on guidelines and recommendations. • Collaboration with NSAs working on national and global levels
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	• Legislature. • Capacity building. • Education for Health and Administrative professionals
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	• Healthy lifestyle advocacy and promotion of preventive measures. • Media campaigns, , school education on health and prevention, etc. • Public health (involvement of all age groups): ◦ Population based programs (aimed to reduce trauma, infection, improve maternal and perinatal determinants, improvement of dietary factors, etc) ◦ Individual measures – access to essential treatments, reduction of cardiovascular risk factors, regular health monitoring
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.	• Capacity building on all levels of Health care professions. • Community programs • Development of telemedicine to increase access to medical specialists

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	• Investment, • Quality control, • Collaboration with health authorities (coordinated multidisciplinary projects)
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	• Quality control of national disease monitoring. • Exchange with the WHO in regards to priority trends and determinants
*	<i>Additional:</i> To promote mental health and well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.	• Mobilisation of Professional societies and Patient/Civic associations. • Promotional events (conferences, forums, etc). • Publications (including scientific, educational material).

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

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.	1. Compulsory and the deliberate engagement and inclusion of people with lived experience.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	2. To strengthen national capacity with inclusion People with lived experience, 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.	3. Member States should deliberately create enabling environment safe for physical activity or exercise and changing or making policies to strengthen resolve.
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.	4. Inclusion of people with lived experience as the ambassadors to promote the campaign.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	5. With inclusion of people with lived experience as team of researchers/innovators.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	6. Compulsory inclusion of people with lived experience in the monitoring and evaluation of progress. Capture in the documentation as compulsory for all stakeholders.

★	<i>In addition:</i> 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.	• Inclusion of people with lived experience in the forefront of the mandate.

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

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.

The Healthy Caribbean Coalition (HCC) supported by the Trinidad and Tobago NCD Alliance welcomes this opportunity to provide comments on the key priority areas in the WHO-Director General's report to catalyse urgent action and attention by Member States and stakeholders. Overall the Healthy Caribbean Coalition is supportive of the submission by the NCD Alliance and has signed onto their submission. We have however added our own Caribbean-SIDS specific concerns to this submission as outlined throughout this document.

In addition to the informative documents cited by the NCDA (the NCD-GAP mid-point evaluation from WHA74 in 2021, which noted recommendations for each NCD-GAP objective; the EB154 NCD report and the EB154 complementary comprehensive overview on NCDs from February 2024 has provided insight into the status on progress), the comments are informed by the 2022 NCD Progress Monitor for the Caribbean region and the 2023 SIDS Bridgetown Declaration on NCDs and Mental Health.

As highlighted in the NCD Alliance submission, there has been some progress in reducing premature NCD mortality, however the world and the Caribbean Small Island Developing States (SIDS) are grossly off-track to meet the 2025 NCD targets and the SDG target 3.4.

The 2023 SIDS Bridgetown Declaration on NCDs and Mental Health is a powerful political document consisting of 15 bold commitments and detailed contextually appropriate priority actions to support implementation of the Declaration. The Declaration should be referenced.

Complementary actions to the NCDA submission related to raising the global, regional and national priority of NCDs from *within* and outside of the *Bridgetown Declaration* are highlighted in the responses below.

#	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.	1. Leaders of SIDS countries must commit to continued <i>global leadership and speaking with a unified voice across all relevant high-level platforms to ensure priority is given to the prevention and control of NCDs and mental health conditions across the interconnecting agendas, such as health and climate change, emergency-</i>

resiliency, pandemic preparedness, development financing, biodiversity conservation, sustainable food systems and their commercial drivers.

2. The global community including regional and international development banks, bilateral funders, the UN system, non-State actors including civil society organizations, as well as people living with NCDs and mental health conditions, and the private sector should support SIDS through coherent political action, partnerships, resource mobilization and innovations to ensure that the challenges and multi-dimensional vulnerabilities specific to SIDS are addressed.
3. The global community should provide financial and capacity building assistance to SIDS to address the impact of NCDs and mental health conditions in SIDS, including in addressing the environment-nutrition nexus much of which is driven by complex historical, economic and political externalities beyond the shores of SIDS.
4. Investment in civil society organisations must be scaled up to support national, regional and global advocacy.
5. Expand SIDS access to Official Development Assistance (ODA) including through the implementation of the UN multi-dimensional vulnerability index, which responds to the priorities of all SIDS and recognizes the multiple constraints to economic resilience allowing for the qualification of ODA and foreign direct investment (FDI) in line with their developmental needs.
6. Unlock climate related sustainable financing mechanisms for SIDS such as the Green Climate Fund, the Loss and Damage Fund, biodiversity protection funds and COVID-19 recovery funds and the Bridgetown Initiative.
7. Continue to prioritise the reshaping of global food systems to which SIDS are particularly vulnerable. Reorienting of food systems towards human and planetary health should be governed by processes protected from conflicts of interest and undue influence.
8. Deepen investment in the WHO Commercial Determinants of Health unit and prioritization of the CDOH agenda across all WHO Regional Offices; support the development of tools to assist Member States in preventing and managing

		conflicts of interest and countering industry interference. Through the CDOH Unit and convene a global multistakeholder meeting on CDOH including health, trade, finance and relevant sectors through multisectoral platforms to develop mechanisms and tools to address the CDOH in order to fast-track NCD prevention regulations. Provide clear and consistent global guidance. 9. Strengthen global public-private mechanisms which have the potential to drive equitable access to essential medicines and technologies in particular as it relates to access to the recent drugs for the treatment of obesity. 10. Explore global, regional and national models of private sector investment in NCD responses and promote the development of business cases for greater private sector investment in NCDs.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	1. Scale up NCD prevention across the spectrum of risk factors. In order to achieve this, there is a need to invest in strategies and tools to support countries in addressing the commercial determinants of health in particular countering commercial interference in the implementation of strong evidence-informed NCD prevention regulation. The requisite multisectoral, health-in-all policies response to NCDs necessitates the application of tailored tools such as conflict of interest policies and access to information legislation which increase transparency and accountability, improve governance and create the regulatory space for the implementation of evidence-informed policies recommended by the WHO and other key global, regional and national health authorities. The fragile economies SIDS with limited and contracting fiscal space must prioritise prevention policies as they cannot sustain the expenditures associated with treatment of an unabated obesity and NCD epidemics. 2. Strengthen models for multisectoral action informed by experiences and lessons learned from past and current NCD multisectoral mechanisms such as National NCD Commissions. 3. Invest in civil society organisations to increase their capacity to advocate, hold governments accountable and support NCD policies and programming.

		4. As part of the national multisectoral response, strengthen partnership with health-neutral and health promoting private sector to support the unlocking of private sector assets, both technical and financial. 5. Strengthen health promotion utilising tailored messaging for diverse target and prioritise engagement with the media as a key partner in supporting national health promotion efforts. 6. Put people at the heart of the NCD response, supporting civil society, communities and people living with NCD and young people to be advocates, engage with policy makers, and occupy key decision-making roles.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Nothing further to add to the NCD Alliance's response.
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.	1. <i>Strengthen regional and national regulatory mechanisms for the production, pre-qualification and trading of essential medicines and technology by including essential and quality NCD medicines, diagnostics, and products in national essential medicines and diagnostics lists and in national drug procurement systems.</i>
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Nothing further to add to the NCD Alliance's response.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Nothing further to add to the NCD Alliance's response.
*	<i>In addition:</i> 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.	Nothing further to add to the NCD Alliance's response.

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

FRANKEL FOUNDATION FOR DIABETICS

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.	In my opinion, all NCDs are priority but I think Diabetes, Cardiovascular Diseases and Mental Health should be priorities. Diabetes being prevalent in low and middle income countries like Africa is not getting better when it comes to care, management, prevention, etc. People Living with Diabetes are likely to develop cardiovascular diseases which is the number killer of PLWD. Living with these chronic diseases can be very depressing leading to mental health issues. I know lots of PLWD and Cardiovascular Diseases diagnosed with Depression, anxiety, Bipolar, ADHD, etc. In order to help reduce these conditions, creating awareness is very vital which leads to Education of people living with these conditions and their families and the health care professionals or health team. Secondly providing resources for affordable health care by improving health insurances for all people living with these chronic diseases which includes able to afford routine doctors appointments, medications, medical supplies, etc, etc.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	I think governments should get involved which includes politicians.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	
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.	
*	<i>In addition:</i> 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.	

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

**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.	In my opinion, all NCDs are priority but I think Diabetes, Cardiovascular Diseases and Mental Health should be priorities. Diabetes being prevalent in low and middle income countries like Africa is not getting better when it comes to care, management, prevention, etc. People Living with Diabetes are likely to develop cardiovascular diseases which is the number killer of PLWD. Living with these chronic diseases can be very depressing leading to mental health issues. I know lots of PLWD and Cardiovascular Diseases diagnosed with Depression, anxiety, Bipolar, ADHD, etc. In order to help reduce these conditions, creating awareness is very vital which leads to Education of people living with these conditions and their families and the health care professionals or health team. Secondly providing resources for affordable health care by improving health insurances for all people living with these chronic diseases which includes able to afford routine doctors appointments, medications, medical supplies, etc, etc.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	I think governments should get involved which includes politicians.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	
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.	
*	<i>In addition:</i> 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.	

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

**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.	Regarding the fact that dental diseases, especially dental caries, are very prevalent and treatment of them is very costly, it seems putting this category on high top priority, would redirect the attentions and policy making to this neglected aspect of health. The role of healthy dentition in increasing the self- esteem and quality of life of people is well shown based on available literature all around the world.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Improving oral health depends fundamentally on the partnership of different organizations and needs radical multisectoral actions, regarding the fact that dental diseases are multifactorial and are highly related to the structural, contextual and intermediate socio-economic and environmental risk factors.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Establishing oral health promoting settings, especially schools, are recommended by WHO as an effective and sustainable effort to improve the oral health status of the communities. However, their implementations are very limited and needs special support. Also, especial attention should be re-focused on sugar consumption as a main common risk factor for a wide range of NCDs.

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.	Reorientation of health systems to reinforce the integration of oral health preventive and care treatments into the whole primary health care system, strengthen and emphasizing the critical role of intermediate dental workforces.
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.	
*	<i>In addition:</i> 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.	

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

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.	We would also suggest to add “raising the priority and financing accorded to...”. Though it may be included as part of the priority discussion, we think it is worth highlighting financing in particular as it well known that only 1-2% of global health financing is allocated to NCDs despite its outsized morbidity burden. We have also seen first hand at Medtronic LABS the power that effective financing can have on improving NCD outcomes – for just \$10 per patient per year, we have been able to see significant drops in hypertension severity and significant drops in fasting blood glucose in patients managed in our programs.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend also including strengthening sub-national capacity, as much of the ability to reach and longitudinally manage PLWNCDs will be strengthened by increasing sub-national training on NCD guidelines and care. Data-driven care and digital tools can also be critical levers in strengthening capacity.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	

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.	We propose promoting integrated primary care models as the ideal setting for managing NCDs, given their accessibility and continuity of care. Primary care allows for consistent monitoring and management of NCD patients, making it easier to track and follow patients using data-driven approaches. Additionally, orienting health systems to utilize predictive analytics can help better forecast medication stock needs and prevent stock outs, ensuring consistent access to essential medications, which is crucial for improving NCD outcomes. Expanding universal health coverage to include medication coverage and implementing community-based interventions that tackle social determinants of health will further enhance system responsiveness and patient outcomes.
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.	We suggest including that this objective should support countries in establishing robust data collection systems and utilizing advanced analytics to identify trends and be able to take specific action to improve NCD progress if it stagnates.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Linked to objective 4 above, we recommend also advocating for the integration of mental health services into primary care settings to enable early identification and treatment. Community-based support systems can also be vital in providing ongoing care and support for individuals with mental health conditions.

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

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.	Recognition and integration of Oral Health in all the relevant policies and public health programmes as part of the broader NCD and UHC agendas, as stated in the WHA 74.5 resolution (May 2021) and in action 10 of the global oral health action plan.
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.	
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.	
*	<i>In addition:</i> 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.	

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

**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.	
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	This area of addressing non-communicable diseases (NCDs) is of utmost importance and requires expedited attention and prioritization. Countries with a high prevalence of NCDs must prioritize efforts towards prevention, management, and treatment of these diseases in order to alleviate the burden on healthcare systems and improve overall public health.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	
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.	This is also a key priority area where immediate action is required.
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.	
★	<i>In addition:</i> 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.	

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

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.	
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.	
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.	
*	<i>In addition:</i> To promote and protect mental health and well-being, including prevention and	To advance education and awareness of MASLD prevention in children, address food insecurity and / or access to high quality (i.e., non-highly processed) food sources and to raise awareness about the detrimental effects of excessive fructose-contained drinks.

	management of mental health conditions, as a vital component of achieving SDG target 3.4.	

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

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.	Positive Aspects: Strengthening international cooperation and advocacy is crucial for elevating the importance of NCDs on the global agenda. Areas for Improvement: Specific strategies to engage high-burden countries must be outlined. More emphasis should be placed on integrating NCDs into national development plans and budgets. Enhanced focus on fostering partnerships with private sectors and NGOs for broader advocacy reach could be beneficial.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Positive Aspects: Building national capacity and leadership is fundamental to responding to NCDs effectively. Areas for Improvement: There should be clear guidelines and frameworks for capacity building at the local level. Encouraging the establishment of dedicated NCD units within health ministries could be emphasized. Ensuring sustainable funding mechanisms and resources to support these initiatives is also critical.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Positive Aspects: Addressing modifiable risk factors and social determinants is key to NCD prevention. Areas for Improvement: More concrete actions and examples of successful interventions in health-promoting environments could be provided. Policies should also focus on tackling urbanization and

		environmental factors contributing to NCDs. Promoting equitable access to healthy foods and physical activity opportunities is also essential.
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.	Positive Aspects: Integrating NCD prevention and control into primary health care is a step in the right direction. Areas for Improvement: Clear plans for integrating NCD services into existing health systems are needed. Focus on training healthcare workers in NCD management and prevention. Ensuring accessibility and affordability of care for all population segments is crucial.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Positive Aspects: Investing in research and development is essential for innovative solutions to NCDs. Areas for Improvement: Encourage collaborative research initiatives involving high-income and low- and middle-income countries. Promote the translation of research findings into policy and practice. Increased funding and resources for NCD research should be prioritized.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Positive Aspects: Monitoring and evaluation are critical for assessing the effectiveness of NCD interventions. Areas for Improvement: Develop comprehensive and standardized data collection methods across countries. Utilize technology and digital health tools for real-time monitoring. Ensure that the data collected is used to inform policy and practice effectively.
*	<i>In addition:</i> 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.	Positive Aspects: Including mental health in the NCD agenda is a progressive and necessary step. Areas for Improvement: Clearer integration strategies for mental health services within NCD prevention programs are needed. Increase public awareness and reduce stigma around mental health. Promote intersectoral collaboration to address the social determinants of mental health.

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

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.

Contributor : Vin & Société represents the wine trade and production sector in France on societal issues. We are dedicated to promote responsible consumption of wine, through a variety of actions, as well as wine heritage and culture.

#	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.	We recommend that advocacy on the international level consider the needs and difference of contexts at national level. As economic, cultural, public health issues and health systems and services are very different from one country to the other, the measures advocated for should also be country-tailored and not “one size fits all”. This tailored approach is pertinent when addressing the objective of reducing harmful use of alcohol, as national needs are very different between countries. For example, on the French level, the wine sector has set into place actions towards wine consumers adapted to their drinking habits and consumption patterns, such as the promotion of “responsible wine fairs” (including the limitation of the quantities of wine available per consumer on these occasions, the control of blood alcohol content for potential drivers...), or the dissemination of 500.000 leaflets per year informing on drinking guidelines and moderation available in wine estates and wineries.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General’s report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018, in particular in building significant actions and partnerships at national or local level. For example, at the French level, the wine production and trade sector has committed itself towards the reduction of harmful use of alcohol. Actions have been put into place, such as the training of future wine professionals on harmful use of alcohol and customer service; a digital and press campaign advocating for zero alcohol during pregnancy (over 2 million of women reached); the dissemination of 500.000 leaflets per year informing on drinking guidelines and moderation, available in wine estates and wineries; the dissemination of guidelines on digital marketing including influencers; a commitment against underage buy of alcohol through the training of salespeople in 30 000 supermarkets. This commitment has been amplified in response to the French Presidency explicit demand that the alcohol sector should be involved in the “prevention revolution” (since 2018).
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG’s report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol as set in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol.
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.	The monitoring of trends and determinants of NCDs is an essential aspect of the prevention and control of NCDs. We would like to draw the attention to the importance of having a debate on the appropriateness of some of the indicators used to monitor the trends on harmful alcohol use. As such, one of the indicators used by WHO is the total alcohol per capita consumption. While this indicator needs to be carefully followed, it is too often used as a proxy for reductions in the harmful use of alcohol, though the average per capita consumption is not relevant to measure harmful drinking patterns. Per capita consumption alone should not be used as an indicator of progress on harmful alcohol use. The prevalence of heavy episodic drinking among adolescents and adults, also monitored by the WHO, is a more relevant indicator to measure this progress.
★	<i>In addition:</i> 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.	

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

**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.	Reassess whether the Global Burden of Disease estimates are helpful or unhelpful for countries in sub Saharan Africa. For most countries the models suggest twice the incidence of ischaemic heart disease compared to stroke – which if you review the primary research, or talk to clinicians in these countries is clearly not the case. If the global estimates of disease burden are inaccurate it is hard to raise the priority of the appropriate conditions. There has only been one stroke incidence study (and no Ischaemic heart disease incidence study ?) in Sub Saharan Africa this century (Tanzania, Walker 2006) and GBD estimates are imperfect. So hard to know what is a priority..
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.	

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.	Cardiovascular disease and stroke registers highlighted as a priority by multiple actors. Suggest the WHO Stepwise method for stroke surveillance could be re-assessed for relevance and updated.
*	<i>In addition:</i> 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.	

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

**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)**

Wine Growers Canada appreciates the opportunity to contribute to your Phase 1 consultation process. Our response focuses on the NCD-GAP objectives most relevant to economic operators in Canada's grape wine production and trade.

Wine Growers Canada (WGC) is the not-for-profit national association representing the national and international interests of Canadian grape wine producers. Our members consist of wineries of all sizes that are responsible for more than 90% of all wine produced in Canada. This includes 100% Canadian, Vintners Quality Alliance (VQA) wines and International-Domestic Blended (IDB) wine products. WGC is a member of FIVS, the World Wine Trade Group (WWTG) and other international partners to recognize and replicate alcohol harm reduction and responsible consumption best practices.

Wine Growers Canada works cooperatively with governments and other stakeholders to respond to the business needs and interests of our membership, finding solutions that benefit both society and the entire Canadian wine industry. We are committed to upholding our social responsibility by promoting safe and responsible wine consumption and supporting harm reduction initiatives. We believe that wine can be enjoyed as part of a healthy, active, and balanced lifestyle, consumed responsibly with food, friends, and family.

For nearly two decades, WGC has been a dedicated partner in Canada's fight against alcohol-related harms. We recognize the importance of responsible consumption and have consistently taken action to empower Canadians to make informed choices about wine.

#	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.	WGC actively participates in international harm reduction efforts through membership in FIVS¹, a leading international beverage alcohol organization. We previously co-chaired the FIVS Social Sustainability Committee, which launched FIVS-Assure, a comprehensive best practices guide for the beverage industry in almost 40 countries. This guide covers critical areas such as: • Responsible Marketing & Advertising • Responsible Drinking • Young People and Alcohol • Drinking and Driving

¹ FIVS is a global organisation designed to serve the wine, spirits, and beer sectors from around the world on public policy issues. Its members include producers, distributors, importers, exporters, and trade associations. As a non-governmental organisation, FIVS gathers and disseminates information related to activities of interest to its members and advocates consensus positions to international and intergovernmental organisations as well as governments.

		By contributing to FIVS, WGC plays a vital role in shaping a global culture of moderation and responsible alcohol consumption. Wine Growers Canada is committed to working collaboratively with governments, public health organizations, and other stakeholders to advance effective alcohol harm reduction strategies. We believe that meaningful industry and trade association engagement is crucial for augmenting and enhancing global initiatives.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	WGC is fully supportive of this key priority area. We suggest that the WHO-Director General's (DG) report addresses the benefits of multisectoral action and partnerships in order to accelerate the prevention and control of NCDs. In the case of alcohol production and trade, the World Health Organization (WHO) has acknowledged the role that economic operator (EOs) play in reducing harmful use. This acknowledgement was made in its Global Strategy to Reduce the Harmful Use of Alcohol, in the 2018 Political Declaration on Non-communicable Diseases, and reiterated in the Global Alcohol Action Plan (GAAP 2022-2030). EOs, including FIVS, were also invited to participate in the WHO dialogue in February 2023 in Geneva to explore opportunities and plans for specific measures to implement GAAP 2022-2030. WGC believes that this 'all-of-society' approach is critical to address the issues associated with the harmful use of alcohol. To that end, FIVS has created FIVS-Assure, an online database that gathers resources on social aspects programs in the wine, spirits, and beer sectors. This tool draws upon exemplary practices around the world of companies, trade associations, and other entities in the following four areas: young people and alcohol, drinking and driving, responsible drinking, and marketing and advertising.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	WGC believes that the DG's report should focus on the following elements in relation to alcohol in order to create health-promoting environments: • Focus on tackling the harmful use of alcohol • Promotion of multiple policy options to effectively address the harmful use of alcohol • Involve the private sector to reduce harmful use of alcohol. Efforts should focus, in particular, on targeted initiatives to promote responsible consumption and tackle harmful drinking. There has been insufficient demonstrable benefits seen from so-called "whole population measures" which entail restrictive policies

affecting all who consume alcohol, the vast majority of whom do so responsibly.

With alcohol consumption on the decline it is important to focus policy efforts on the minority of the population who consume alcohol at harmful and excessive levels.

Given differences in consumption and harmful drinking patterns across the globe, a “one size fits all” approach is neither appropriate, nor has it proven effective.

Instead, any future strategy should provide a mixture of options which can be tailored appropriately to address harmful consumption and promote healthy balance and active lifestyles that can include the legal and responsible enjoyment of wine.

WGC proudly participated in Canada’s National Alcohol Strategy Advisory Committee (NASAC), contributing to the 2007 report, "[Reducing Alcohol-Related Harm in Canada: Towards a Culture of Moderation – Recommendations for a National Alcohol Strategy \(2007\)](#)". We actively supported its 41 recommendations, which included:

- Establishing clear standard drink measurements for Canada.
- Developing Low-Risk Drinking Guidelines for informed consumer choices.
- Equipping physicians with tools for intervention and referral.
- Advocating for best practices in minimum pricing.

Industry Leadership

WGC's commitment to social responsibility extends beyond our participation in NASAC. In 2018, following the exclusion of industry representatives, we established a dedicated Social Responsibility Task Group within our Board of Directors to champion industry-led initiatives.

According to a national Abacus Data survey 84% of Canadians believed that Wine Growers Canada should conduct a public educational and awareness campaign about responsible wine consumption and standard drink measures.

- **Responsible Marketing:** In addition to Canada’s [Code For Broadcast Advertising of Alcoholic Beverages](#) WGC created a voluntary

		Code for Responsible Advertising and Marketing Practices, ensuring ethical wine marketing and promoting Wine in Moderation, an initiative encouraging Canadians to enjoy wine responsibly. • Digital Engagement: Recognizing the importance of online education, we launched "The Right Amount" campaign in 2021. This interactive platform and social media campaign offer engaging resources on responsible wine consumption and standard drink awareness. The campaign has reached nearly 16 million consumers, out-performed engagement targets, and empowered informed choices through its resources including the popular wine standard drink calculator.
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.	Canada's publicly funded health care system is inadequate to meet the scope and spectrum of funding demands from primary care, labour, innovations, research and public health education. There is a role for the private sector operators to promote responsible alcohol consumption, amplify alcohol harm reduction initiatives and investments in evidence-based preventative approaches to reduce harmful drinking. According to Statistics Canada per capita alcohol consumption in 2022 declined to 97.5 liter from a high of 107.3 liters in 2008. Wine sales decreased 4.0% to 516 million litres in 2021/2022, which is equivalent to 2.4 standard glasses of wine per week per person of legal drinking age. This was the largest decrease in the volume of wine sold since Statistics Canada began tracking alcohol sales in 1949. 76% of Canadians aged 15 and over report consuming alcohol, of these 17% report exceeding Canada's Low Risk Drinking Guidelines (2011) including regular incidents of binge drinking, and acute alcohol consumption. Wine Growers Canada believes that harm reduction initiatives should focus on Heavy and Event Drinkers with an aim to reduce or cease consumption for those most at risk. Screening, Brief Intervention and Referral (SBIR) Wine Growers Canada has invested in the development of Canada's first Screening, Brief

Intervention and Referral (SBIR). Jointly led by the College of Family Physicians of Canada and the Canadian Centre on Substance Abuse, the referral guide provides family doctors and other health professionals with a screening guide for patients, on whether a patient is at-risk, and suggested clinical and other interventions required.

The SBIR web resource offers a three-step alcohol assessment and referral process to help physicians detect and address harmful alcohol consumption among their patients. Wine Growers Canada has promoted the initiative through our corporate communications and advocacy initiatives.

The Right Amount campaign – Responsible alcohol consumption and standard drink education

Wine Growers Canada's [The Right Amount](#) campaign is a perfect example of industry providing a meaningful role in alcohol harm reduction. While government, public health agencies and NGOs have clinical and policy expertise, private sector operators understand their consumers and how to engage them.

Canada's Low Risk Drinking Guidelines (2011) and Standard Drink Communication (2015) were developed by the National Alcohol Strategy Advisory Committee. The new initiatives were introduced with considerable fanfare however the initiatives remained static on government and health agency websites and pamphlets.

Educ'alcool in Quebec and Wine Growers Canada were the only organizations actively promoting these initiatives. Through our sizeable investment in The Right Amount Campaign, WGC continues to engage consumers where they live, work and play; on digital and social media platforms. The Right Amount provides positive, lifestyle oriented messaging to engage consumers about standard drinks, and to encourage consumers to be mindful of their wine consumption and to make informed decisions about their relationship with alcohol. The tag line is *"The Right Amount for some is none"*.

To date the campaign has reached nearly 16 million consumers, out-performed engagement targets, and empowered informed choices through its resources including the wine standard drink calculator.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	NCDs, including cancer, are complex, multifaceted including genetic predisposition and dose-dependent relationships. Member States require flexibility to address their unique circumstances, including implementing innovative strategies to empower and educate diverse populations. This empowers individuals to make informed choices and ultimately contribute to a reduction in harmful consumption levels of foods that may impact mental health and NCD rates. WHO guidance provides a global perspective however one-size-fits-all solutions don't exist, particularly in higher-income countries such as Canada with established alcohol control laws, regulations and interventions. In 2018, the WHO noted that Canada's alcohol control framework of legislative, regulatory and program activities address the majority of measures under the Global Alcohol Strategy. Addressing NCDs necessitates a whole-of-society approach focused on wellness promotion and evidence-based public education. This approach, informed by peer-reviewed scientific research, aims to reduce harm and encourage behaviours that promote active, balanced, and healthy lifestyles. There can be a legitimate role for private sector operators to invest in independent and unbiased high quality scientific research to ascertain the dose relationship of alcohol consumption and NCDs.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	WGC supports the monitoring of NCDs and suggests the DG's report use the NCD Global Monitoring Framework to do so. In the case of the harmful use of alcohol, three indicators have been identified: • Total alcohol per capita consumption (APC) • Heavy episodic drinking among adolescents and adults • Alcohol-related morbidity and mortality among adolescents and adults. Over-reliance on APC, is not a reliable indicator of harmful use, as it reflects primarily sales instead of consumption. For example, wine is regularly purchased and cellared for several years to be consumed at a later date in the future.. Sales spikes of wine and beverage alcohol were reported at the onset of the Covid-19 pandemic. Despite a moderate increase in reported consumption, increased sales were attributed to stockpiling

		inventories of household goods, which also included toilet paper, pasta, legumes and disinfectants.
*	<i>In addition:</i> 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.	The private sector must be included as a legitimate stakeholder in discussions around financing for global health problems such as NCDs. References to the inclusion of the private sector are inconsistent across the papers. Although the UN resolution (A/RES/73/2) calls for inclusion of the private sector, paragraph 6 in the emerging messages document does not list the private sector as a participant in the dialogue and this form does not list the private sector under non-state actors. All documents should be consistent with the resolution and encourage participation from all stakeholders as requested by the resolution.

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

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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including infectious diseases such as viral hepatitis as a risk factor for developing NCDs like cancer.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	To expand the strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including the prevention of infectious diseases such as viral hepatitis that cause NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level.
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.	Hepatitis B and hepatitis C are the most common causes of liver cancer. In addition to recommending hepatitis B immunization to prevent liver cancer, include testing and treatment for hepatitis B and hepatitis C. Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involves developing screening and testing strategies for multimorbidity (e.g., liver

		fibrosis testing in diabetes care). These efforts should highlight examples of good standards of practise in developing person-centred models of care.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote research that uses holistic, person-centred, personalised, and whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Ensure that monitoring between disease areas is properly linked so that infectious diseases that cause NCDs are appropriately monitored as part of NCD prevention, (eg monitoring hepatitis as part of liver cancer prevention). Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner.
*	<i>In addition:</i> 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.	

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



DE: FONDO DE PROMOCION DEL RON DE VENEZUELA FONPRONVEN
07 JUNIO 2024

ASUNTO: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE LAS NACIONES UNIDAS (UNGA) SOBRE LA PREVENCIÓN Y EL CONTROL DE LAS ENFERMEDADES NO TRANSMISIBLES (ENT), CENTRADA EN LAS ÁREAS PRIORITARIAS CLAVE DEL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS)

Gracias por la oportunidad de contribuir a su proceso de consulta de la Fase 1. Nuestra respuesta se centra en los objetivos del Plan Global de Acción de las Enfermedades No Transmisibles (PGA-ENT) más relevantes para los operadores económicos en la producción y el comercio de alcohol.

El Fondo de Promoción del Ron de Venezuela (FONPRONVEN) es una Asociación Civil sin fines de lucro, creada en el año 2009 con la finalidad de velar por las buenas prácticas de manufactura y la calidad de los rones producidos en Venezuela. Así como, garantizar a través del Consejo Regulador que los rones que ostentan la DOC Ron de Venezuela son elaborados bajo una constante supervisión y el estricto cumplimiento de las normas y requisitos establecidos en la legislación.

Una DOC, es una Indicación Geográfica que sirve para designar un producto originario de un país o una región cuya calidad y características únicas se deben esencialmente al medio geográfico donde se produce, comprendidos los factores naturales y los factores humanos.

Los rones que ostentan la DOC Ron de Venezuela son el resultado de un minucioso proceso de producción basado en la tradición, legado a través de varias generaciones de maestros roneros, que ha perdurado por siglos desde hace más de doscientos cincuenta años.

Un estricto marco jurídico regula la producción de Ron de Venezuela DOC. Las características, materia prima y proceso de elaboración del producto son normadas por:

Ley de Impuesto a Alcohol y Especies Alcohólicas y su Reglamento.

Norma Covenin 3040-93

Norma Covenin 3370-98

Norma Fondonorma 3040-12

Reglamento del Consejo Regulador de la D.O.C. Ron de Venezuela.

Adicionalmente, el Reglamento de Uso del Consejo Regulador, controla y certifica el cumplimiento de las condiciones de calidad asociadas a la D.O.C. Ron de Venezuela, establecidas en las Leyes de la República y en las Normas Técnicas, estandariza y norma todo el proceso de producción y establece rigurosos controles a los que deben ser sometidos los productores anualmente para garantizar las buenas prácticas de manufactura y la seguridad de los productos amparados bajo la DOC Ron de Venezuela.

El rol misional de Fonproven ha sido promover buenas prácticas empresariales en la Industria en beneficio del desarrollo del país. La naturaleza de Fonpronven ha sido alinear y verificar que los agremiados cumplan con el marco normativo vigente, convirtiéndonos en aliados de los entes regulatorios. Hemos ejercido el liderazgo activo para promover iniciativas destinadas a la responsabilidad



frente al consumo. Fonproven ha sumado esfuerzos para convertirse en referente y lograr replicar un buen comportamiento empresarial a través de iniciativas de autoregulación.

Desde FONPRONVEN hemos tratado de desempeñar un papel constructivo para la implementación del llamado contenido en la Declaración Política de las Naciones Unidas sobre la Prevención y el Control de las ENT de 2018, por lo que esperamos tener la oportunidad de mantener nuestra participación en el tiempo, incluso luego de la Reunión de Alto Nivel que se llevará a cabo en el 2025.

FONPRONVEN es miembro de la Alianza de Bebidas Espirituosas de Latinoamérica y El Caribe (ABELAC).

#	PGA-ENT Objetivo	Comentarios sobre áreas prioritarias clave
2	Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta de los países para la prevención y el control de las enfermedades no transmisibles.	Existen muchos ejemplos del papel positivo que ha desempeñado el sector privado, incluidos los operadores económicos en la producción y comercio del alcohol, para implementar los llamados a la acción en la Declaración Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol de 2022 y las metas del Marco de Monitoreo de ENT. Estos ejemplos proporcionan una clara evidencia sobre los logros concretos que se pueden alcanzar, mediante un enfoque coordinado por toda la sociedad que respaldan estos marcos multilaterales: 1. La Ley de Impuesto a Alcohol y Especies Alcohólicas y su Reglamento regulan la producción y añejamiento de los rones producidos en el país, fijando un período mínimo de 2 años de envejecimiento para que el mismo pueda ser ofrecido para la venta. 2. Para la comercialización los rones deben contar con el Permiso Sanitario que otorga El Ministerio del Poder Popular para la Salud. 3. Es obligatorio colocar en la etiqueta del producto la leyenda "El consumo de alcohol en exceso puede ser nocivo para la salud" 4. Los Rones con DOC Ron de Venezuela deben colocar de manera visible en su botella un Código que permita seguir la trazabilidad a lo largo de toda la cadena de producción.
3	Reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.	FONPRONVEN a través de su Consejo Regulador, es el ente encargado de velar por el cumplimiento de los parámetros necesarios para la obtención de la Denominación de Origen Controlado Ron de Venezuela. Dentro de esta actividad se contempla la verificación en la calidad de elaboración del producto, incluyendo los parámetros locales sobre el contenido, procesos de añejamiento y envasado; de igual forma, se verifica el cumplimiento de normas técnicas locales que establecen los requerimientos de etiquetado, lo que implica alertas sobre los daños ocasionados por el consumo excesivo. 1. Una estricta normativa legal establece los requisitos que debe cumplir el alcohol potable para ser utilizado en la elaboración de Ron.



D.O.C. **RON DE
VENEZUELA**
RIF: J-29832959-9

3		• Grado alcohólico a 15°C expresado en grados GL Min 40GL - Max 50GL • Contenido de Metanol, expresado en mg/100ml Max 5,0 • Contenido de Furfural, expresado mg/100ml Max 0,5. • Contenido de Esteres Totales, expresado en mg/100ml Max 3,0 • Contenido de Aldehídos, mg/100ml Max 4,0 • Contenido de Cogenericos, mg/100ml Max 13,0 2. Se implementó control de edad para acceder a las diferentes websites tanto de Fonpronven como de las cada una de las marcas que conforman la DOC Ron de Venezuela. 3. Charlas educativas y entrenamientos a los encargados y dependientes de los diferentes puntos de venta con la finalidad de respaldar y concientizar sobre: - Prohibición de venta a los menores de edad. - Prohibición de venta de alcohol en temporadas de alto tránsito vehicular. - Promover una actitud responsable al momento de la venta y un consumo moderado. De igual forma, FONPROVEN ha sido participe de diversas campañas desplegadas a nivel nacional, que buscan prevenir a los consumidores sobre los riesgos asociados a la compra e ingesta de bebidas alcohólicas provenientes de ilícitos.

FROM: The Croatian Employers' Association (HUP)
Coordination of Producers, Importers, and Distributors of
Spirits

DATE: 05 JUNE 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our trade association represents 90% of the spirits industry in Croatia.

The Croatian Employers' Association (HUP) Coordination of Producers, Importers, and Distributors of Spirits have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Raise awareness that for health outcomes, all alcohol beverages are the same and all can be misused • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Acknowledge the broad evidence that demonstrates the relationship between social equity, harmful use of alcohol, and health outcomes • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded

	alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

The Trade Association in Croatia recognises the consequences of excessive alcohol consumption and is committed to promoting responsible drinking through CSR-awareness programmes. To scale up these initiatives at the industry level, the Trade Association is willing to form collaborations with key institutional stakeholders.

In Croatia, the Trade Association collaborates with a variety of partners and stakeholders to promote responsible alcohol consumption. One of the most significant projects is the University programme, which directly engages students in designing campaigns aimed at young people to reduce binge drinking and promote responsible behaviour. Partnership with Croatian universities is a key component of this project. Furthermore, the Coordination collaborates with the most influential media outlets to develop campaigns focused on responsible alcohol consumption and to promote important messages about moderate and responsible drinking. Additionally, the Trade Association has partnership with the hospitality sector to establish a programme aimed at educating bartenders on the importance of following the law and not serving alcohol to minors, as well as emphasising the importance of responsible alcohol serving.

After navigating the pandemic challenges, the Trade Association began its CSR activities in 2022 and 2023, launching multi-year projects focused on responsible alcohol consumption and preventing underage drinking, with the primary goal of engaging the public and raising awareness about moderate and responsible drinking.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on “the harmful use of alcohol” to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.
- **Alcohol is alcohol.** The relationship between harmful drinking and outcomes is related to alcohol itself, present in beer, wine, and distilled spirits and with the same potential to result in NCDs and social harm. The focus of multilateral strategies has always been on alcohol. Care must be taken to ensure that emphasis on product reformulation to reduce consumption does not create the mistaken impression that some beverage categories are less harmful than others. All

alcohol beverages can be misused, regardless of their alcohol content. Thus, emphasising the need for effective alcohol education on moderation to support consumer choices.

- **Reflect a flexible menu of policy options, taking national and local context into account.** Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that “...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources.”
- **Contributions by the private sector to implementing the 2018 Political Declaration.** The 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Since then, IARD Members have taken significant actions to do so, as individual companies and in partnership with the digital marketing sector including social influencers, physical and on-line retailers, global e-commerce platforms, and the hospitality sector.

The Trade Association aims to raise awareness of responsible consumption among adolescents and the broader public. To achieve this goal, the Trade Association launched konzumirajodgovorno.hr, an educational website that provides information on the impact of alcohol on health, harmful alcohol use, explaining why alcohol is alcohol, warnings for at-risk groups, and advice for parents on discussing alcohol with children and teenagers.

In partnership with spiritsEUROPE, the European representative body for spirits producers from 24 countries, an educational quiz regarding responsible alcohol consumption was launched for the public. According to spiritsEUROPE data, Croatia had the highest response rate in 2022 among the 11 countries that participated in this educational campaign.

In 2023, the Coordination continued its efforts by launching a campaign #MaloPomalo in cooperation with students from VERN University where students are taught about responsible consumption. The campaign included cooperation with the representatives of the Teaching Institute for Public Health Dr Andrija Štampar, who held a lecture for the students on the basics of alcohol, trends, and the importance of responsible alcohol consumption. As a part of the project, students worked in groups to design a responsible drinking campaign targeting young adults. The new edition of the student programme was launched in March 2024.

To promote the topic of responsible consumption and prevention of underage drinking the Trade Association launched media campaigns throughout 2022 and 2023. With the combination of paid and earned articles, as well as with cooperation influencers, the Trade Association campaign reached 1.39 million people in Croatia, which is 35,8% of the total population.

As a part of the project, the Trade Association specifically targeted HoReCa channel – owners of catering establishments, waiters, bartenders, etc. and onboarded them for online educational training "I serve responsibly," aimed at reducing irresponsible alcohol serving and consumption, highlighting the problem of underage drinking, and promoting establishments that serve alcohol responsibly.

While the pandemic and post-pandemic circumstances have posed challenges to the Coordination’s initial outreach plans, looking ahead the Coordination is committed to expanding its CSR initiatives.

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by IARD Members and partners, which can be informed through regular dialogues with economic operators. These dialogues have been ongoing between the WHO Secretariat and economic operators since 2018 and should continue going forward.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

The last two indicators are clearly focused on measuring the harmful use of alcohol. However, we join others in considering that the first indicator is insufficient on its own, as it does not measure progress against harmful drinking, since it does not measure drinking patterns or consequences of harmful drinking. It attempts to use reductions in global per capita alcohol consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

Focusing on the total per capita alcohol consumption in Croatia as an indicator of harmful alcohol use can be misleading due to several specific factors.

In Croatia, binge drinking can lead to acute alcohol-related harms such as accidents which are not captured by per capita consumption figures. According to Eurostat, while overall alcohol consumption per capita has decreased in Croatia, the prevalence of heavy episodic drinking has risen. Heavy episode drinking (defined as the proportion of adult drinkers (15+ years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days), has increased by 11% from 2014 to 2019 in Croatia. Although this increase is significant, the percentage of people engaging in heavy episodic drinking in Croatia is still slightly below the European Union average.

Additionally, the strong cultural tradition of alcohol consumption in Croatia during social gathering can obscure harmful drinking patterns when only total consumption is considered.

Age-specific issues and gender differences further complicate the picture. For example, men are more likely to engage in heavy episodic drinking than women, contributing disproportionately to alcohol-related harms. These nuances are not reflected in per capita measures.

Health outcomes and economic and social costs provide a more direct view of alcohol-related harms. Alcohol-related health issues like liver disease, cardiovascular problems, and alcohol dependence are significant in Croatia and are more directly linked to drinking patterns than total consumption. Moreover, the economic and social costs of alcohol abuse, including healthcare expenses, loss of productivity, and social issues such as family breakdowns and domestic violence, are substantial and not captured by per capita consumption statistics.

Methodological considerations and the influence of tourism also affect the reliability of per capita consumption figures since the tourism in Croatia is very important industry which significantly contributes to GDP. Changes in data collection methods and the impact of unrecorded alcohol consumption, such as home-made spirits, can skew results. Croatia's significant tourism industry can further distort these statistics, giving a misleading view of local drinking habits and harms.

The downward trend in alcohol per capita consumption in Croatia is a positive sign, reflecting potential improvements in public awareness and health policies. However, the rising trend in heavy episodic drinking and the corresponding increase in alcohol-related morbidity and mortality highlight the need for targeted interventions. To address harmful alcohol use effectively, policies should target specific harmful behaviors, such as binge drinking and underage drinking, rather than solely focusing on reducing total per capita consumption.

We refer you to the submission by IARD for more details.

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

The Drinks Federation of South Africa (DF-SA) is at the forefront of an unprecedented industry collaboration within the alcohol beverage sector. Our organization represents the manufacturers of alcohol across all alcohol categories. The DF-SA, therefore, has a vision to unite the entire industry in order to lead and sustain transformation, and in doing so, foster a culture of responsible drinking and responsible trading within South Africa. In addition, the DF-SA is a proud member of the **Partnership Council of the International Alliance of Responsible Drinking** and is fully aligned with their proposed standards towards supporting the UN goals to tackle the harmful use of alcohol. IARD's members represent nearly half of global beverage alcohol production.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report emphasize the positive impact of the private sector since the last High-Level Meeting on NCDs in 2018. Multisectoral collaboration and partnerships have successfully harnessed the private sector's strengths to advance essential NCD objectives, promoting a unified effort to meet key NCD targets by the 2030 deadlines. Details of our national-level partnerships aimed at accelerating country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health within the context of the agreed multilateral framework, focusing on the harmful use of alcohol. • Reflect the policy options from the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, considering both national and local contexts. • Include contributions from the private sector in efforts to reduce the harmful use of alcohol. Examples of our actions in response to the 2018 Political Declaration on NCDs, particularly the steps taken to eliminate marketing and sales to minors, are provided in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report utilize the NCD Monitoring Framework, as agreed upon by Member States, to monitor trends, determinants and evaluate progress. This framework highlights three key targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. Additionally, we advise placing greater emphasis on collecting data on unrecorded alcohol, particularly illicit alcohol, given its significant impact on public health.

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to respond to your Phase 1 consultation process. Our submission focuses on those NCD-GAP objectives most relevant to our Members, who are all economic operators in alcohol production and trade.

The FSPA was established in 1995, as a non-profit industry association representing the major foreign spirits producers in China. The 10 Members of the Foreign Spirit Producers Association (FSPA) are leading global beverage alcohol producers that are committed to upholding FSPA's responsibility standards and supporting the UN goals to tackle the harmful use of alcohol. FSPA and its Members have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of how our Members have contributed to accelerating country responses are in Annex 1 below.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how our Members have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevention and control of non-communicable diseases”

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse. Our members and partners have been involved in initiatives to:

- **Support the development and enforcement of legal purchase age limits.** For example, by convening multistakeholder processes that incorporate hospitality and food sectors as well as alcohol producers to support efforts by governments to establish and implement legal minimum age limits; driving effective enforcement through industry-led ID schemes and age assurance policies in the retail and hospitality sectors; and placing age-restriction labels on products. FSPA and its partner together with 9 major Chinese e-commerce platforms and e-retailers established a group standard on e-Commerce marketing and sales practice and developed a training programme for e-Commerce operators to enhance their awareness of minors protection on e-commerce platform, and the group standard also sets objective to establish age screening mechanism for alcoholic beverage purchasing on e-commerce platforms. FSPA has also collaborated with all member companies to create a digital marketing code, thereby more effectively promoting compliance behaviours.
- **Promote moderation and responsible consumption among those adults that choose to drink.** For example, FSPA members use their unique position to reach consumers to: promote important consumer information on physical product labels; actively use social marketing campaigns to create positive norms around responsible consumption; use their communication channels to promote self-screening tools, information about alcohol and health, and the importance of moderation; and work with national and regional governments to launch campaigns alongside major sporting events to encourage moderate consumption. Starting from 2015, China has launched the annual national campaign to promote responsible drinking. Moderate drinking is one of the three key interventions along with anti-drink driving and anti-underage drinking. A white paper on the statistics and information on alcohol consumption was published at this event to help adults make informed and responsible decision on alcohol consumption. FSPA and its members have been playing active role in the campaign in the past years through continued contribution to White Paper and hosting the satellite campaign in Shanghai every year.
- **Tackle drink driving.** Addressing road safety remains a priority for FSPA members, who have supported a range of initiatives. FSPA actively participates in the annual responsible drinking promotion week and is mainly host the promoting the Shanghai branch venue. Under the themes of preventing drunk driving and other two topics, we called for the attention of the whole society and achieved good publicity results. And partnering with national traffic safety authorities in Asia to promote road safety. Anti drink driving is also one of the three rotating themes of the annual responsible drinking campaign in China mentioned the above, and FSPA and its members have been actively contributing to the campaign jointly with our China counterpart and Chinese industry players.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on “the harmful use of alcohol” to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010

Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.

- **When it comes to alcoholic beverages, all drinks are equals.** The relationship between harmful drinking and outcomes is related to alcohol itself, present in beer, wine, and distilled spirits and with the same potential to result in NCDs and social harm. The focus of multilateral strategies has always been on alcohol. FSPA members participate in the distilled spirits, wine and beer sectors, and care must be taken to ensure that emphasis on product reformulation to reduce consumption does not create the mistaken impression that some beverage categories are less harmful than others. All alcohol beverages can be misused, regardless of their alcohol content. Thus, emphasising the need for effective alcohol education on moderation to support consumer choices.
- **Reflect a flexible menu of policy options, taking national and local context into account.** Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that “...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources.”
- **Contributions by the private sector to implementing the 2018 Political Declaration.** The 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Since then, FSPA members have taken [significant actions in this regard](#), as individual companies and in partnership with the digital marketing sector including social influencers, physical and on-line retailers, global e-commerce platforms, and the hospitality sector.

Specific examples include:

- **Digital marketing.** FSPA Members promote [standards for online advertising](#) and [influencer promotions](#), and partner with leading platforms to develop robust safeguards. As a direct result of the work of FSPA and its partners since 2018, during the COVID pandemic, FSPA utilized CADA's online platform and collaborated with all member companies to conduct online live broadcasts. While introducing the knowledge of foreign wine categories, it promoted online marketing and gained more attention for member companies. In 2023 FSPA's Members achieved 92% compliance with [IARD's Digital Guiding Principles](#), the gold standard across the industry in terms of ensuring that alcohol is not marketed to those underage or in ways that promote harmful use.
- **Product labels.** FSPA Members have committed to [carry age-restriction warnings](#) on all of their products including their no- and low-alcohol products. In 2024, more than a billion beer, wine, and spirits product labels will carry these warnings.
- **Online sales.** Local codes have also been developed in several countries. In China, FSPA and its partner established a group standard on e-Commerce marketing and sales practice and developed a training programme for e-Commerce operators. The link of E-commerce training course can be visited at <https://link.edapp.com/fMmaZPfy2Db>. This is the first group standard on the topic of responsible drinking and minors protection on e-commerce platforms in China. It is well supported by our China counterpart industry association and was actively participated by 9 major Chinese e-commerce platforms and e-retailers. The standard was actively promoted during China's annual responsible drinking campaign and has made huge impact to enhancing awareness of responsible drinking and minors protection on e-commerce platforms in China.

WHO recognized some of these actions in its 2022 Report “[Reducing the harm from alcohol – by regulating cross-border alcohol marketing, advertising and promotion: a technical report](#)”. See section 6.4.2 on pages 66-67.

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by FSPA members and partners, which can be informed through regular dialogues with economic operators. These dialogues have been ongoing between the WHO Secretariat and economic operators since 2018 and should continue going forward.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

The last two indicators are clearly focused on measuring the harmful use of alcohol, as mandated by member states. However, the indicator of total alcohol consumption per capita (APC) presents a number of challenges. First, it is not sensitive to harmful drinking patterns and is largely dependent on sales data, which does not precisely measure consumption or capture unrecorded alcohol. Consequently, taken on its own, measuring APC does not capture important elements of the harmful use of alcohol. Second, imprecision in estimates and changes to the WHO’s estimation methods between 2018 and 2023 have resulted in increases or decreases of over 10% in the baseline 2010 values for total alcohol per capita consumption in the majority of UN member states. Such substantial and numerous changes in the baseline mean that APC alone cannot be considered an accurate proxy for trends in the harmful use of alcohol. Finally, the original APC target in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol of a 10% reduction by 2025 from the 2010 baseline was revised in the 2022 Global Alcohol Action Plan to a 20% reduction by 2030, without any evidence that it was realistic to expect an additional 10% reduction in only 5 years.

Finally, data on the prevalence of unrecorded alcohol, especially illicit alcohol, at global, regional, and national level, remains out-of-date, incomplete and almost certainly underestimates the toll taken on health, governments, and society. This issue should be given more focus and made a key priority area in the future monitoring of trends and determinants of noncommunicable diseases.

FROM: GRUP INDUSTRI MINUMAN MALT
INDONESIA (GIMMI) / INDONESIA MALT
BEVERAGES INDUSTRY ASSOCIATION
DATE: 14 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our trade association (GIMMI) represents 90% of beer market in Indonesia, with members such as Heineken, Diageo, Delta, Bali Hai. we are deeply committed to fostering a healthier, safer, and more sustainable world. In alignment with the United Nations' Sustainable Development Goals (SDGs), we recognize the critical importance of addressing the harmful use of alcohol, which poses significant threats to public health, social stability, and economic development globally.

GIMMI has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Raise awareness that for health outcomes, all alcohol beverages are the same and all can be misused • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Acknowledge the broad evidence that demonstrates the relationship between social equity, harmful use of alcohol, and health outcomes • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded

	alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

Public Awareness and Education: We advocate for enhanced public awareness campaigns to educate individuals about the risks associated with excessive alcohol consumption. By promoting informed choices, we aim to reduce the prevalence of alcohol-related harm.

Policy Development and Implementation: We support the creation and enforcement of evidence-based policies that regulate alcohol availability and marketing, and promote safer drinking environments. These measures are essential in mitigating the adverse impacts of alcohol on society.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on “the harmful use of alcohol” to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.
- **Alcohol is alcohol.** The relationship between harmful drinking and outcomes is related to alcohol itself, present in beer, wine, and distilled spirits and with the same potential to result in NCDs and social harm. The focus of multilateral strategies has always been on alcohol. Care must be taken to ensure that emphasis on product reformulation to reduce consumption does not create the mistaken impression that some beverage categories are less harmful than others. All alcohol beverages can be misused, regardless of their alcohol content. Thus, emphasising the need for effective alcohol education on moderation to support consumer choices.
- **Reflect a flexible menu of policy options, taking national and local context into account.** Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that “...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources.”

- **Contributions by the private sector to implementing the 2018 Political Declaration.** The 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Since then, IARD Members have taken significant actions to do so, as individual companies and in partnership with the digital marketing sector including social influencers, physical and on-line retailers, global e-commerce platforms, and the hospitality sector.

Collaborative Partnerships: We believe in the power of partnerships and collaboration. By working closely with governments, NGOs, community organizations, and other stakeholders, we can develop and implement effective strategies to reduce harmful alcohol use.

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by IARD Members and partners, which can be informed through regular dialogues with economic operators. These dialogues have been ongoing between the WHO Secretariat and economic operators since 2018 and should continue going forward.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

The last two indicators are clearly focused on measuring the harmful use of alcohol. However, we join others in considering that the first indicator is insufficient on its own, as it does not measure progress against harmful drinking, since it does not measure drinking patterns or consequences of harmful drinking. It attempts to use reductions in global per capita alcohol consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

We refer you to the submission by IARD for more details.

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our Association (ENEAP) represents the leading spirits businesses in Greece, producing, trading and distributing 80% of the branded spirits products in the Greek marketplace. ENEAP memberships include 9 leading multinational and local companies (5 core members , 4 observers). All our members commit to the purpose and strategic framework of ENEAP, with ethical and responsible business being at the core of it. Our organization fulfills its Responsibility strategy with consistency and commitment to the following priorities:

- Building knowledge and motivation for consumers to drink responsibly and with moderation, in accordance with the Ministry of Health recommendations covering low-risk alcohol consumption standards
- Providing funding support to high profile expert organizations and programmes addressing alcohol-related harm
- Providing Responsible Serving education for the professionals serving alcohol
- Efficiently delivering the responsibility standards set by the “Guiding principles for Responsible Marketing communications of alcohol beverages”, on all communication, promotional activities implemented either directly or via 3rd parties/influencers.

ENEAP have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. ENEAP and its member companies consistently work with government, civil society, academic institutions and other industry actors to foster a culture of moderation amongst consumers and reduce alcohol-related harm in Greece. We believe that, multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Raise awareness that for health outcomes, all alcohol beverages are the same and all can be misused • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts

		• Acknowledge the broad evidence that demonstrates the relationship between social equity, harmful use of alcohol, and health outcomes • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how ENEAP responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2. Also included are ENEAP's efforts to support the authorities to address the issue of illicit alcohol thus reducing health hazards.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets our position as to why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. "To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases"

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete contribution that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

- ENEAP and the Ministry of Health in Greece jointly promote responsible drinking. Through the **moderation campaign RETHINK DRINK**, co-signed by ENEAP and the Ministry of Health, we educate consumers on standard drinks and their alcohol content in line with Ministry's low-risk consumption recommendations, while leveraging contemporary communication codes and channels to inspire a change of harmful drinking patterns amongst Greek consumers with focus on drink-driving and underage drinking. The campaign, launched in May 2024 and funded by ENEAP, will deploy in the social and traditional media, for a minimum of 3 years targeting to reach millions of consumers in Greece.
- ENEAP in partnership with the Society of Social Paediatrics (Medical School of Athens), developed **webpage dedicated in underage drinking prevention**, offering guidance to parents and teachers of how to support underage to say no to alcohol, how underage can best tackle peer pressure, and more advise empowering them in their role a guardians of underage people wellbeing http://www.socped.gr/alkool_kai_anilikoi
- **'Smashed'**, a global program by Diageo, which run also in Greece since 2021 by the local affiliate of Diageo (member company of ENEAP), under the approval of Ministry of Education, dedicated to reducing youth drinking and alcohol consumption. The platform is freely available to schools and teachers and it uses immersive storytelling through a digital theatrical performance, videos, and online resources to empower young people and equip them with the knowledge, confidence and understanding of safe choices around alcohol.

- ENEAP and individual member companies run **initiatives which address drink-driving**, either as major sponsors of effective programs or individually. Most particularly in partnership with the Hellenic Institute of Road Safety “Panos Mylonas” and for 10 consecutive years we support the following programs :
 - **“AVENUE to Traffic Safety”** : an experiential program with simulation equipment, training citizens on road safety with specific activities dedicated to motivate abstinence from alcohol before driving. As part of this program and via a fixed and one mobile training unit, more than 220 thousand citizens have been trained up to date. AVENUE is implemented in partnership with Municipalities across Greece, the armed forces as well as private corporations which train their staff to drive safely.
 - **“Nights without accidents”** with the Greek Traffic Police also partnering in this program, which takes place once a year, outside bars and clubs across Greece. As part of the program, consumers receive a friendly alco-test by the Traffic police and are given information around drink-driving risks and the choice to abstain from alcohol or designate a driver.
- In addition to the above, our member company DIAGEO in Greece implements the program **“WRONG SIDE OF THE ROAD”** which is a unique, interactive experience that educates people on not drinking & driving through real stories of real people who had to face serious consequences in their lives that followed their decision to drink and drive. The initiative runs in Greece since 2021 with the support of Hellenic Institute of Road Safety “Panos Mylonas” and it’s under the endorsement of Ministry of Transports.
- ENEAP provides extensive information for consumers via the **website www.apolafste.ypefthina.gr**, fully **dedicated in responsible drinking** and most particularly alcohol and how it is metabolized in the human body, why underage should totally abstain from alcohol with tips for parents on how they can support their underage children to say no to peer pressure, other occasions when abstinence is required (e.g. pregnancy), units and standard drinks content of alcohol, alcohol /calories calculator, information on the official definition of low-risk consumption by health authorities as well as information discouraging harmful drinking patterns. The website address appears on our member companies advertising and promotional assets, so as to provide a source for consumers to acquire knowledge and so make informed choices around alcohol consumption.
- ENEAP is mobilizing the value chain of spirits in Greece in relation to Responsible serving practices, via the following activities:
 - the **“Responsibility Alliance”** (<https://responsibility-alliance.gr/>) : an alliance with the local spirits producers association (SEAOP), key retailers and expert NGOs and Government Organizations with the aim to promote the responsible sale of alcohol with focus on minors through a series of communication activities culminating with key personalities in Greece advocating in favour of several aspects of Responsible Drinking via a YouTube campaign .
 - The **HORECA Alliance “Support_HORECA”** (https://eneap.com.gr/manifesto/stirizw_horeca/) : an alliance with the institutional representatives of the hospitality sector and the local spirits producers (SEAOP). As part of the alliance objectives we promote Responsible Serving practices, educating the on-trade community on how to ensure safe drinking environments for the consumers. As an example, we educate and motivate the bar professionals by leveraging the influence of trend-leading personas in the bar community via a series of podcasts covering several fields of interests in the business of bars including responsible serving practices.
 - In addition to the above, our member companies incorporate **responsible serving practices** as part of their Bartenders training and mentoring programs.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on “the harmful use of alcohol” to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.
- **Alcohol is alcohol.** The relationship between harmful drinking and outcomes is related to alcohol itself, present in beer, wine, and distilled spirits and with the same potential to result in NCDs and social harm. The focus of multilateral strategies has always been on alcohol. Care must be taken to ensure that emphasis on product reformulation to reduce consumption does not create the mistaken impression that some beverage categories are less harmful than others.

In accordance to recorded alcohol data produced by the Hellenic statistical authority, 54% of recorded ethyl alcohol consumed in Greece in 2022 derives from wine, 25% from beer and 21% derives from spirits. Therefore, it becomes prominent that the % of alcohol contained in an alcohol beverage cannot be considered as an indicative factor of harm.

ENEAP believes that all alcohol beverages can be misused, regardless of their alcohol content. Thus, emphasising the need for effective alcohol education on moderation to support consumer choices.

- **Reflect a flexible menu of policy options, taking national and local context into account.** Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that “...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources.”
- **Contributions by the private sector to implementing the 2018 Political Declaration.** The 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Since then, ENEAP members, some of which are also IARD members, have taken significant actions to do so, individually as well as by leveraging the international partnership of IARD with the digital marketing sector including social influencers, physical and on-line retailers, global e-commerce platforms, and the hospitality sector.
 - ENEAP incorporated the IARD guiding principles of responsible marketing communications in its own Guiding principles, including social media and influencers. The principles are binding for all our member companies and are co-signed by the local spirits producers association (SEAOP) representing a population of 60+ local producers in Greece. The implementation of the guiding principles is monitored for compliance by the Communications Council in Greece, members of which are the Greek media including TV and Radio which commit to promptly apply the decisions of the Council, while social media compliance is covered through the global partnerships of IARD with the popular social media platforms. ENEAP’s guiding principles and the foreseen compliance processes are endorsed by the Ministry of Health in Greece.
 - ENEAP provides extensive information for consumers on alcohol and responsible drinking via the **website www.apolafste.ypefthina.gr**. The website address appears on all our member companies advertising and promotional assets, so as to help consumers acquire knowledge and so make informed choices around alcohol consumption. It should be noted that recommendations on how to prevent underage drinking as parent or seller of alcohol is also extensively covered in the website.
 - ENEAP’s Guiding principles for responsible marketing communications of alcohol beverages in the social media incorporate all IARD standards to protect minors (e.g. age affirmation, non-forward notice to under LPA, transparency of advertising and more), as also responsible placement standards (e.g. adult audience should exceed 70% both in social media/digital ecosystem and in physical promotions).

- ENEAP has undertaken the commitment to encourage and support its member companies with specific directions for the implementation of the principles provided for the Nutritional Information and Ingredients of alcoholic beverages sold in Greece, which include:
 - The indication of the nutritional value (kcal) per 100 ml and per unit, on the product label.
 - Providing a list of the product's ingredients in a digital environment, in a way that is easily and immediately accessible, e.g. a QR code.
 - The online provision of the ingredients of the drink, based on its category, as determined by the EU legislative framework.
 - A number of member companies have already applied the above on its products as well as pictograms which alert on prohibition of use for pregnant woman, drivers and non-legal age
- ENEAP is taking a consistent effort to support the authorities in addressing illicit trade which represents a major health hazard for local citizens and tourists, intensified by the geography as well as fiscal conditions of the country, through supporting the enforcement authorities with market intelligence and technology tools.

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by IARD Members and partners, which can be informed through regular dialogues with economic operators. These dialogues have been ongoing between the WHO Secretariat and economic operators since 2018 and should continue going forward.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

The last two indicators are clearly focused on measuring the harmful use of alcohol. However, we join others in considering that the first indicator is insufficient on its own, as it does not measure progress against harmful drinking, since it does not measure drinking patterns or consequences of harmful drinking. It attempts to use reductions in global per capita alcohol consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

Greece lacks of data on consumption patterns, drinking outcomes and health information. National level surveys are scarce and costly which the public resources are lacking. Much of the data used by WHO itself is outdated, for example, relevant Global Health Indicators, which were last updated in 2016.

**FROM: INDONESIA SPIRIT AND WINE
ASSOCIATION (ISWA)**

DATE: 14 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our trade association (ISWA) consists of major international spirits and wine companies in Indonesia, such as Bacardi, Brown-Forman, Campari, Diageo, Pernod Ricard, William Grant & Sons, Moët Hennessy, Beam Suntory. We are promoting a healthier, safer, and more sustainable world. In alignment with the United Nations' Sustainable Development Goals (SDGs), we acknowledge the crucial need to address the harmful use of alcohol, which poses significant threats to public health, social stability, and global economic development.

ISWA has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Raise awareness that for health outcomes, all alcohol beverages are the same and all can be misused • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Acknowledge the broad evidence that demonstrates the relationship between social equity, harmful use of alcohol, and health outcomes • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded

	alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

Public Awareness and Education: We advocate for enhanced public awareness campaigns to educate individuals about the risks associated with excessive alcohol consumption. By promoting informed choices, we aim to reduce the prevalence of alcohol-related harm.

Policy Development and Implementation: We support the creation and enforcement of evidence-based policies that regulate alcohol availability and marketing, and promote safer drinking environments. These measures are essential in mitigating the adverse impacts of alcohol on society.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on “the harmful use of alcohol” to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.
- **Alcohol is alcohol.** The relationship between harmful drinking and outcomes is related to alcohol itself, present in beer, wine, and distilled spirits and with the same potential to result in NCDs and social harm. The focus of multilateral strategies has always been on alcohol. Care must be taken to ensure that emphasis on product reformulation to reduce consumption does not create the mistaken impression that some beverage categories are less harmful than others. All alcohol beverages can be misused, regardless of their alcohol content. Thus, emphasising the need for effective alcohol education on moderation to support consumer choices.
- **Reflect a flexible menu of policy options, taking national and local context into account.** Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that “...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources.”

- **Contributions by the private sector to implementing the 2018 Political Declaration.** The 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Since then, IARD Members have taken significant actions to do so, as individual companies and in partnership with the digital marketing sector including social influencers, physical and on-line retailers, global e-commerce platforms, and the hospitality sector.

Collaborative Partnerships: We believe in the power of partnerships and collaboration. By working closely with governments, NGOs, community organizations, and other stakeholders, we can develop and implement effective strategies to reduce harmful alcohol use.

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by IARD Members and partners, which can be informed through regular dialogues with economic operators. These dialogues have been ongoing between the WHO Secretariat and economic operators since 2018 and should continue going forward.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

The last two indicators are clearly focused on measuring the harmful use of alcohol. However, we join others in considering that the first indicator is insufficient on its own, as it does not measure progress against harmful drinking, since it does not measure drinking patterns or consequences of harmful drinking. It attempts to use reductions in global per capita alcohol consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

We refer you to the submission by IARD for more details.

DE: Mauricio Santamaría, PhD (Universidad de Georgetown),
Ex-ministro de Salud y Protección Social de Colombia,
Ex-director del Departamento Nacional de Planeación (Ministro de Planeación, Colombia)
FECHA: 17 Junio 2024

ASUNTO: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE LAS NACIONES UNIDAS (UNGA) SOBRE LA PREVENCIÓN Y EL CONTROL DE LAS ENFERMEDADES NO TRANSMISIBLES (ENT), CENTRADA EN LAS ÁREAS PRIORITARIAS CLAVE DEL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS).

Empiezo por agradecer la oportunidad de contribuir a su proceso de consulta de la Fase 1. Mi respuesta se centra en los objetivos del Plan Global de Acción de las Enfermedades No Transmisibles (PGA-ENT) que más se relacionan con el consumo de bebidas alcohólicas.

Entre varios cargos como servidor público, resalto para los propósitos de esta consulta el de Ministro de Salud y Protección Social entre agosto de 2010 y enero de 2012 y el de Director del Departamento Nacional de Planeación, entre enero de 2012 y septiembre de 2013, que equivale a Ministro de Planeación Económica (miembro pleno del gabinete ministerial). En el sector privado, resalto mi trabajo como consultor y como Director de los dos centros de pensamiento más importantes en Colombia (Fedesarrollo y ANIF). Con base en mi experiencia, decido participar del proceso de consulta para contribuir a favor de la implementación del Plan de Acción sobre el Alcohol 2022-2030 de la Organización Mundial de la Salud (OMS), siempre con un ánimo constructivo, orientado a (i) que se favorezca el consumo responsable de alcohol sin impactos sobre la salud pública; (ii) se entienda que todo el alcohol, sin importar el tipo de bebida en el que se encuentre, es igual, es decir no hay alcohol mejor o peor que otro; y (iii) que la colaboración cercana, basada en evidencia científica, entre el sector público, el privado y la academia es un requisito fundamental para que cualquier tipo de regulación sea efectiva y sostenible en el tiempo.

#	PGA-ENT Objetivo	Comentarios sobre áreas prioritarias clave
2	Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta de los países para la prevención y el control de las enfermedades no transmisibles.	Recomiendo que el informe del Director General (DG) refleje el papel positivo que ha desempeñado el sector privado desde la última Reunión de Alto Nivel sobre ENT en 2018. En términos más amplios, se deben reconocer y aprovechar las posibles sinergias que se puedan dar entre el sector público y privado y también la academia, a la hora de formular e implementar políticas públicas encaminadas a la prevención y el control de enfermedades no transmisibles. En el Anexo 2 proporciono ejemplos de lo positiva que puede ser esta interacción, desde mi experiencia trabajando, tanto en el gobierno como en el sector privado y la academia.

3	Reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.	Recomiendo que el informe del Director General: • Enmarque la sección sobre alcohol y salud en torno al marco multilateral acordado, centrado en el consumo nocivo del alcohol. Es decir, no en el consumo de alcohol en abstracto, sino en aquel que se considera excesivo y nocivo, que es el que realmente puede afectar negativa los desenlaces relacionados con las ENT. • Haga un uso adecuado de la evidencia encontrada sobre la diferencia en los efectos sobre la salud del consumo moderado y el consumo excesivo del alcohol . En el Anexo 1 incluyo parte de la literatura académica sobre los diferentes patrones de consumo de alcohol y sus efectos en la salud.
6	Monitorear las tendencias y determinantes de las enfermedades no transmisibles y evaluar los avances en su prevención y control.	Recomiendo que el informe del Director General utilice el Marco de Monitoreo de ENT acordado por los Estados Miembros para monitorear las tendencias y los determinantes y evaluar su progreso. Este marco se centra en tres objetivos: (i) el consumo total de alcohol per cápita; (ii) el consumo excesivo de alcohol por episodios; y (iii) la morbilidad y mortalidad relacionadas con el alcohol. En ese sentido, la recolección de información pertinente y detallada es la clave para que el proceso sea exitoso. Recomendando así que (i) la OMS apoye a los países miembros en el desarrollo y puesta en marcha de sistemas de recolección de información y su sistematización y utilización para hacer seguimiento de las políticas públicas relacionadas con el consumo excesivo de alcohol; y (ii) en el análisis de esta información en los términos que se acaba de explicar. Además, las metas fijadas deben ser desarrolladas para cada país específico y tomando en cuenta esa información En el Anexo 3 expongo porque medir el alcohol per cápita global, por sí solo, puede llegar a ser problemático para la formulación y evaluación de políticas públicas en el sector salud.

Submission by: Drinks Ireland

Date: 17 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response below focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Drinks Ireland represents the alcohol drinks manufacturing and supply sector in Ireland. Our association is a member of the *Partnership Council of the International Alliance of Responsible Drinking*. Together IARD's members represent nearly half of global beverage alcohol production. Drinks Ireland and its members, operating across all alcohol drinks categories, are committed to supporting the responsible consumption of our alcohol products and to upholding IARD's responsibility standard, including supporting the UN goals to tackle the harmful use of alcohol.

Drinks Ireland and its members have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts. • Include the contributions made by the private sector to reduce the harmful use of alcohol.

		Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2 .
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. See further in Annex 3 .

ANNEX 1: “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”.

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

- Drinks manufacturers in Ireland directly support and cooperate with **Drinkaware**, the national charity working to prevent and reduce alcohol misuse in Ireland, governed by an independent board and regulated by the Charities Regulator. It delivers through its evidence-informed programmes at community level with the public and online, through workshops, webinars and at public events. Engaging with the public with a particular focus on parents and the workplace. The national research it commissions encourages greater understanding of alcohol consumption and its impact. The health promotion resources this initiative provides offers practical ways to drink less or cut out alcohol to protect physical and mental health. Ultimately, Drinkaware aims to achieve two ambitious goals: 1) Delay the age of first drink, and 2) Reduce the number of adults who drink above the Health Authority low-risk guidelines, in line with WHO recommendations for a multi-faceted approach to reducing alcohol misuse and harm. Drinkaware also produces campaigns and provides information focussed on reducing incidence of drink driving. Drinkaware strongly supports official guidance from the Road Safety Authority and An Garda Síochána that any amount of alcohol will impair your driving and increases the risk of a collision.
- Drinks manufacturers also provide funding support to Responsible Serving of Alcohol, an independently owned training organisation specialising in training and education in the service, sale, and consumption of Alcohol. Owners, managers, and staff of Irish Licensed Premises benefit from the Responsible Serving of Alcohol and Responsible Retailing of Alcohol Training courses. Staff working at festivals and events benefit from the SmartServe programme. SmartServe® and the RSA Programme Ireland® are supported by Failte Ireland, An Garda Síochána and the Royal College of Physicians of Ireland.
- In addition to support for independent initiatives such as those outlined above, Irish drinks manufacturers, through on-product information, and advertising, drive the message of Drink Responsibly. This is done through driving consumers to websites such as Drinkaware.ie or increasingly to specific sections on their own website or dedicated online platforms which provide information and educational tools to promote moderation and address the harmful use of alcohol such as binge drinking.

FROM: [TTBAA]
DATE: 16th June, 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDS, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our **Trinidad and Tobago Beverage Alcohol Alliance (TTBAA)** is a member of the **International Alliance for Responsible Drinking/Partnership Council of the International Alliance of Responsible Drinking**. Together IARD's members represent nearly half of global beverage alcohol production. As a member of IARD, Partnership Council, the TTBAA is committed to **upholding IARD's responsibility standards as appropriate, including supporting the UN SDG's goals, to tackle the harmful use of alcohol.**

The TTBAA has played a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The TTBAA represents over 90% of the manufacturers, distributors and retailers of beverage alcohol products in Trinidad and Tobago. As a Social Aspects Organization, with some initiatives which typically fall to trade associations. The TTBAA, advocates for both brewery products and spirits. Accordingly, the TTBAA has adopted the approach directed by its members that, there can be no distinction between low and no and high/higher alcohol containing products, and as well that approaches which promote premiumisation should not be held as a principle. By virtue of the core principles of the body, the recognition that all beverage alcohol products can be consumed at levels harmful to consumers, has been adopted. The TTBAA has therefore maintained a focus on the Harmful use, without distinction to the type or category of product. The TTBAA has spearheaded successful spear-headed successful drink-drive campaigns among the member States of CARICOM. In Trinidad and Tobago, these campaigns have been undertaken in collaboration with NGOs such as National Alcohol & Drug Abuse Prevention Programme (NADAPP), and Arrive Alive. The Alliance has formed associations with the Trinidad and Tobago Maxi Taxi Association, and with registered Taxi Services, where patrons are encouraged to pre-book their rides to and from events, as part of our "Designate. Don't Drink and Drive" Campaign. The TTBAA's campaigns have received awards at the Advertising Agencies Association of Trinidad & Tobago Creative Awards (AAATT), as a non-profit organization under the category Press, Magazine and Trade Publications for the "Who'll be driving you?" campaign. Regionally the Alliance received the Silver ADDY Award in Public Service – Public Service Print Advertising for the drink drive campaign "Who'll be driving you?" The ADDY Awards is the world's largest advertising competition with over 50,000 entries annually (in all regions).

	Over the period road traffic fatalities in Trinidad and Tobago have declined. The TTBAAs does not credit the decline solely to its actions, but there has been an association between the reduction and the collective initiatives by the TTBAAs and its Members. Outcomes of the Campaign has been, <i>inter alia</i>: Collaboration with other private sector organizations as part of their Corporate Social Responsibility initiatives. Collaboration with NGOs such as National Alcohol & Drug Abuse Prevention Programme (NADAPP), among others. The Alliance was awarded at the Advertising Agencies Association of Trinidad & Tobago Creative Awards (AAATT), as a non-profit organization under the category Press, Magazine and Trade Publications for the “Who’ll be driving you?” campaign. Regionally the TTBAAs received the Silver ADDY Award in Public Service – Public Service Print Advertising for the drink drive campaign “Who’ll be driving you?” The ADDY Awards is the world’s largest advertising competition with over 50,000 entries annually (in all regions). The TTBAAs in partnership with state authorities, NGOs and Universities have undertaken education and awareness activations, which have increased the knowledge about the dangers of drink driving. The message and signage by the TTBAAs Members at popular events such as the Trinidad and Tobago carnival has served to keep the message of ‘responsibility’ ‘front of mind’ by consumers. The TTBAAs Members, has doubled the spending on ‘responsible messaging’ since 2018. The initiatives have had an impact on per capital consumption. The Ministry of Health is on record indicating that consumption by adolescents has been on the decline in Trinidad and Tobago.
To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	The TTBAAs is a member of the CARICOM Working Group on the Harmful Use of Alcohol’. The Working group on harmful use of Alcohol has remained committed to the concept of alcohol related harm as the basis for work at the national and regional level in CARICOM Member States, including for Trinidad and Tobago. The TTBAAs joined with the RBAA and others, such as WIRSPA in tabling a comprehensive Working Paper to the CARICOM Working Group on the Harmful Use of Alcohol’ titled ‘Contribution by the Beverage Alcohol Sector’.

		The TTBAA Members, support the maintaining the flexibility provided by the ‘menu of options’ to be adopted by member States, circumscribed by national, cultural and other context as the best approach for identifying the most relevant policy response to addressing the harmful use of alcohol. There is an appreciation that the ‘policy mix’ will need to be re-visited in response to change in the economic, social and health context to better fir the challenge of addressing alcohol related harm. The excise tax is the policy instrument of choice which is adopted by the Government in taxing the alcohol sector. Compared to other sectors, the alcohol sector is relatively heavily taxed. The TTBAA, have made important advances since the advent of the 2018 Political Declaration, viz, (i) Over 95% of beverage alcohol products carry voluntary warning symbols (no drinking during pregnancy, no under-age drinking and no drink-driving). (ii) The Marketing and Advertising Codes of Conduct have been the vehicle for importance advances by the sector in Trinidad and Tobago. The marketing Code of Conduct is undergoing review to incorporate digital marketing, on-line sales and e-commerce. The need for this was highlighted during the COVID period. (iii) Participation in structuring appropriate policy response, including responses to addressing illicit alcohol and more particularly, participation towards the framing of policies aimed at addressing the harmful use of alcohol at the national level. Euromonitor International conducted a Study on the “Analysis of the Illegal Alcohol Market in Trinidad & Tobago”. The study highlighted the fiscal loss in alcohol beverage market on contraband was US\$8.64M per annum. (iv) Combatting Illicit trade has been a major challenge in Trinidad and Tobago, the collaboration with the private sector has been a major benefit to the effort which is information intensive. The Trinidad and Tobago Government has announced possible reductions to its national drug prescriptions expenditure (NADAP) on account a recovering Trinidad and Tobago economy, albeit with downside risks dominating. The importance of arresting illicit trade in beverage alcohol products as a means of contributing to the revenues of the State will be critical to health financing and critical to the financing of NCD’s.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	The TTBAA recognizes that the incidence of HED among young adults as well as other vulnerable populations such as pregnant women and the elderly should be of particular concern. The data on harmful consumption in vulnerable populations, as measured by HED provides some troubling data for CARICOM States.

	HED is an important health and societal concern, as well as a key metric for assessing harmful use. The TTBA is committed to playing a role in helping consumers avoid this harmful consumption pattern, through our work with retailers, through our marketing, and through our education partnerships. The WHO has also comprehensively changed their methodology of calculating HED, making it difficult to effectively track the trends in HED rates for CARICOM States. Moreover, in regard to HED and other important indicators, the WHO Global Status Report (2018) demonstrates a pattern of consistent gradual declines in the harmful use of alcohol. The TBAA remains concerned about the statistics regarding the incidence of alcohol consumption and the disease burden for Trinidad and Tobago. The WHO Global Status Report on Alcohol & Health 2018 which presents a far lower statistic than the figures contained in earlier reports. THE TTBA is concerned about the use of per capita consumption as an indicator for tracking the harmful use of alcohol. By not clearly adjusting for tourism, per capita indicators may present a flawed picture of the true status of consumption among Member States. Such biased could make monitoring and evaluation of progress more challenging.

FROM: [RBAA]
DATE: 16th June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our Organization **Regional Beverage Alcohol Alliance (RBAA)** is a member of the **International Alliance for Responsible Drinking/Partnership Council of the International Alliance of Responsible Drinking**. Together IARD's members represent nearly half of global beverage alcohol production. As a member of the IARD Partnership Council, the RBAA is fully committed to **upholding IARD's responsibility standards as appropriate, including supporting the UN SDGs, the goals and targets to tackle the harmful use of alcohol; including actions in furtherance of the Global Alcohol Strategy, the global commitments on NCDs, and the Global Alcohol Action Plan inter alia.**

The RBAA has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs and looks forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The RBAA has recognized that alcohol products differ in their composition, but that all alcohol products when misused can inflict self-harm and harm to others. Under the banner 'alcohol is alcohol' the RBAA has maintained a focus on the 'harmful use', without distinction to the category of product. The RBAA members have instated successful drink-drive campaigns among the member States of CARICOM. In Trinidad and Tobago, Barbados, Suriname, to name a few countries, campaigns have been introduced which have had a positive impact over time in the reduction of road fatalities. The objectives of the Campaign were: ➤ To influence 18 -35 target audience, through subtle messaging which impacted the attitude to drink drive particularly as they relate to Trinidad & Tobago and the Caribbean context. ➤ To contribute to changing attitudes towards alcohol consumption through responsible messaging. ➤ To entrench a value system which recognizes individual as well as collective responsibility, and which seeks to reward responsible discussions about alcohol consumption. ➤ To create awareness, engagement and active participation from stakeholders with respect to responsible beverage alcohol consumption. Outcomes were: Multimedia ad campaign utilizing radio, television and newspapers. Utilization of social media predominantly Facebook and Google. Out-of-home (OOH) signage including electronic and static billboards strategically positioned throughout the country. Collaboration with other private sector organizations as part of their Corporate Social Responsibility initiatives. Collaboration with NGOs such as National Alcohol & Drug Abuse Prevention Programme (NADAPP), among others.

		Locally the Alliance was awarded at the Advertising Agencies Association of Trinidad & Tobago Creative Awards (AAATT), as a non-profit organization under the category Press, Magazine and Trade Publications for the “Who’ll be driving you?” campaign. Regionally the Alliance received the Silver ADDY Award in Public Service – Public Service Print Advertising for the drink drive campaign “Who’ll be driving you?” The ADDY Awards is the world’s largest advertising competition with over 50,000 entries annually (in all regions). Attaching to some countries, road traffic fatalities have declined year on year.¹ In partnership with state authorities, the RBAA Members have held education and awareness activations, including with ‘sober zones’ which have had a significant impact on knowledge about the dangers of operating vehicles and drinking. Drink -Drive Campaigns have also accompanied the efforts of the BAS to reduce the incidence of drink-driving. Campaigns such as ‘I’m the One’ and “Who will be Driving You’, introduced by the industry in several countries, have celebrated sobriety and affirmed the responsibility of those who chose not to drink and those who are designated drivers. The initiatives have had an impact on heavy episodic drinking and combined with the server training and social reinforcement during social events in countries such as Trinidad and Tobago, have served to constantly reinforce the messaging of responsibility.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	CARICOM Members, along with others have adopted, entrenched the mandate of addressing the harmful use of alcohol in the work at the Community level, through the establishment of a CARICOM Working Group on the Harmful Use of Alcohol’. By this action, the Community has repeatedly resiled from adopting alcohol consumption as target for this work. In a comprehensive Working Paper titled ‘Contribution by the Beverage Alcohol Sector to the CARICOM Working Group on the Harmful Use of Alcohol’, the beverage alcohol sector outlined the importance of maintaining the flexibility to the ‘menu of options’ option, first introduced in the Global Alcohol Strategy of 2010, and reinforced by the Global alcohol Action Plan, 2022-2030. The CARICOM BAS was consulted and strongly associates with the flexibility provided by the ‘menu of options’ rather than identifying specific approaches out of the menu. The BAS has made important advances in since the advent of the 2018 Political Declaration: (i) The BAS has introduced on a voluntary basis three warning symbols on beverage alcohol products – ‘no drinking during pregnancy’, ‘no under-age drinking’, and ‘no drink-driving’. (ii) The Marketing and Advertising Codes of Conduct have been the vehicle for important advances by the sector in CARICOM. Self-regulation has worked well in countries such as Trinidad and Tobago, Suriname, Barbados, Grenada, St. Lucia, among others.

¹ The BAS Members do not claim exclusive responsibility for this downward trend in statistics. However, acting in partnership with the state authorities, the decline definitely bears some relationship to the success of this collaboration.

		Notwithstanding, the progression to co-regulation will be important to incorporating all the members of the BAS, including to the few BAS firms that stand outside of the Self - regulation bodies. Elsewhere in the Online consultations process, the BAS has admitted to the on-going work on the Marketing Codes of Conduct, to incorporate digital marketing, on-line sales and e-commerce. (iii) Important advances have also taken place on underage drinking, including the issues of legislation regarding the under-age consumption and under-age purchasing. In this regard, the BAS collaborated with Caribbean Academy for Law and Court Administration (CALCA) in supporting the conduct of a legal review on the underage legislation in the Caribbean. The objective was for CALCA to provide the background Paper for a symposium to be held on under-age legislation with a consortium of institutions, including CALCA, Caribbean Agricultural Health and Food Safety Agency (CAHFSA), Industry, Universities and other stakeholders (having completed the legal review, the BAS remains committed to undertaking the symposium as and when governments and other stakeholders are prepared to collaborate in this venture). (iv) Participation in structuring appropriate policy responses, including responses to addressing illicit alcohol and more particularly participation towards the framing of policies aimed at addressing the harmful use of alcohol at the national and region levels. The success of approaches by taskforces which include the BAS as key players in the identification of solutions aimed at addressing the harmful use of alcohol. The diverse experiences and information contributed to the process by the BAS, has strengthened approaches by the Member States to addressing the critical issues that impact on health financing, including financing to address NCDs and the harmful use of alcohol. The CARICOM BAS has made important advances in labelling for some beverage alcohol products, with the labelling of brewery products (CCMSC) and the CARICOM Regional Standard for Rum, which includes provisions on labelling of rum and spirits. These labelling initiatives must be recognized along with the voluntary symbols and other advances being forged by the BAS. (v) CARICOM's BAS has worked on the basis of the whole of society approach, which has resulted in effected responses to combating NCDs, and in the identification of innovative approaches to addressing the harmful use of alcohol.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	CARICOM BAS is concerned about the use of per capita consumption as an indicator for tracking the harmful use of alcohol. The concern related to the lack of clarity around the treatment of tourism numbers in the measure of per capita consumption. This clarity has been requested but has not yet been resolved. For this reason, the Member States of the CARICOM feature among those with the highest per capita consumption levels globally-which defies population adjusted measures of per-capita consumption. While there are concerns with other indicators such as heavy episodic drinking and measures of alcohol related morbidity and mortality, it is critical to clarify 'what is being measured' as a first-order condition.

ASUNTO: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE LAS NACIONES UNIDAS (UNGA) SOBRE LA PREVENCIÓN Y EL CONTROL DE LAS ENFERMAMDES NO TRANSMISIBLES (ENT), CENTRADA EN LAS ÁREAS PRIORITARIAS CLAVE DEL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS)

Agradeciendo la oportunidad de ser partícipes y contribuir a ésta consulta de la Fase 1. Nuestra respuesta se centra en los objetivos del Plan Global de Acción de las Enfermedades No Transmisibles (PGA-ENT) más relevantes para los operadores económicos en la producción y el comercio de alcohol.

Nuestra asociación, Representantes e Importadores de Vinos y Licores Asociados (RIVLAS), es miembro de la Alianza Internacional para el Consumo Responsable Juntos, los miembros de IARD representan casi la mitad de la producción mundial de bebidas alcohólicas. Desde la afiliación de RIVLAS a la IARD, hemos asumido el compromiso inquebrantable con la promoción de la responsabilidad en el consumo y la reducción del uso nocivo del alcohol.

Desde RIVLAS hemos buscado desempeñar un papel constructivo en la implementación del llamado a la acción en la Declaración Política de las Naciones Unidas sobre la Prevención y el Control de las ENT de 2018, y esperamos tener la oportunidad de hacerlo nuevamente después de la Reunión de Alto Nivel de 2025.

#	PGA-ENT Objetivo	Comentarios sobre áreas prioritarias clave
2	Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta de los países para la prevención y el control de las enfermedades no transmisibles.	Nos parece de vital importancia que el informe del Director General (DG) destaque el impacto positivo del sector privado desde la última Reunión de Alto Nivel sobre Enfermedades No Transmisibles (ENT) en 2018. A través de acciones conjuntas y asociaciones entre múltiples sectores, se ha podido canalizar el potencial del sector privado para avanzar significativamente en los objetivos de ENT. Este enfoque colaborativo ha demostrado ser efectivo y debería inspirar esfuerzos continuos para alcanzar las metas prioritarias de ENT antes del año 2030. En el Anexo 1 detallamos ejemplos específicos de nuestras alianzas a nivel nacional, las cuales están destinadas a acelerar las respuestas de los países. Estas colaboraciones nacionales han sido fundamentales para impulsar el progreso en la lucha contra las ENT.
3	Reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.	Desde RIVLAS proponemos que el informe del Director General englobe los siguientes aspectos: • Centre la sección sobre alcohol y salud en el marco multilateral acordado, enfatizando la reducción del uso nocivo del alcohol. • Recoja las distintas opciones de políticas contempladas en la Estrategia Mundial para Reducir el Uso Nocivo del Alcohol de 2010, la Declaración

		Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol 2022-2030, junto con los contextos nacionales y locales. • Destaque las iniciativas del sector privado para disminuir el uso nocivo del alcohol. En el Anexo 2 destacamos ejemplos de las acciones coordinadas por el sector privado en respuesta a la Declaración Política sobre las ENT de 2018, que demandaba medidas concretas para acabar con la comercialización y venta de alcohol a menores.
6	Monitorear las tendencias y determinantes de las enfermedades no transmisibles y evaluar los avances en su prevención y control.	Recomendamos que el informe del Director General se base en el Marco de Monitoreo de ENT, aprobado por los Estados Miembros, para rastrear las tendencias y los factores determinantes, así como para evaluar el progreso en la lucha contra las ENT. Este marco se centra en tres objetivos principales: medir el consumo total de alcohol per cápita, registrar el consumo excesivo de alcohol por episodios y analizar la morbilidad y mortalidad relacionadas con el alcohol. Utilizar estos indicadores permitirá una evaluación integral y precisa de los avances realizados. Además, sugerimos dedicar mayor atención a la recopilación de datos sobre el alcohol no registrado, especialmente el alcohol ilícito, debido a su significativo impacto en la salud pública. Mejorar la calidad y la actualización de estos datos es crucial para obtener una visión completa de los desafíos y para desarrollar estrategias efectivas que aborden todas las formas de consumo de alcohol perjudicial. Al enfocarse en este aspecto, se podrán diseñar políticas más informadas y adecuadas para mitigar los riesgos asociados con el alcohol no registrado.

ANEXO 1

2. “Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y la asociación para acelerar la respuesta de los países para la prevención y el control de las enfermedades no transmisibles”

Existen numerosos ejemplos que demuestran el papel positivo del sector privado, incluidos los operadores económicos en la producción y comercio de alcohol, en colaboración a nivel nacional, para implementar los llamados a la acción de la Declaración Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol de 2022. Estos ejemplos evidencian el progreso tangible que se puede alcanzar mediante el enfoque de toda la sociedad, promovido por estos marcos multilaterales.

Desde RIVLAS y en colaboración con otros actores del sector privado de bebidas alcohólicas en la República Dominicana, hemos promovido diversas iniciativas al respecto:

1. **Alianza público-privada para la promoción de la Responsabilidad en el consumo.** Alianza tripartita entre UNITAR, INTRANT y empresas del sector de bebidas alcohólicas, con el objetivo de equipar a los usuarios de las vías de tránsito con conocimientos de alta calidad basados en la ciencia para empoderarlos a tomar las decisiones correctas al momento de tomar el volante, a través de varias herramientas: i. charlas; ii. curso interactivo en línea, y iii. video de realidad aumentada
2. **Iniciativa DRINKiQ.** Desde RIVLAS hemos promovido el lanzamiento de campañas comunicacionales para promocionar la página web DRINKiQ.com, la cual brinda información sobre Responsabilidad en el Consumo para que los consumidores puedan tomar decisiones informadas. A la fecha la campaña ha tenido un alcance de más 50,000 personas.
3. **Campaña comunicacional Derribando mitos.** Lanzamiento de campaña “Derribando Mitos”, con el fin de promover mensajes de responsabilidad y moderación con un alcance de 6.7 millones de personas. Esta campaña fue promocionada en los medios digitales de RIVLAS.
4. **Alianza público-privada para promoción de la Responsabilidad en el consumo.** Alianza con la Policía Nacional, Defensa Nacional y Autoridad Metropolitana de Transporte, llevando el mensaje de consumo responsable en colmados, supermercados, bares, restaurantes, licor stores, plazas, peajes, centros de estudios, vallas, puentes, cajas de luces y anuncios.
5. **Múltiples y constantes campañas de comunicación para promover Responsabilidad en el consumo.** La industria de Bebidas Alcohólicas se ha dedicado a desplegar campañas para promover la responsabilidad en el consumo, de alcance interno y externo, con distribución en comerciales de radio y televisión, exteriores, redes sociales, despliegue en eventos de la marca, y charlas internas de concientización.
6. **Íconos de precaución en etiquetado.** Ha sido promovida la incorporación de íconos de Responsabilidad en el consumo (Edad, Mujer Embarazada, Conducción) en las botellas de producción nacional. Colocados en el 100% de los productos exportados.

ANEXO 2

3. "Reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud".

Detalles adicionales sobre los puntos mencionados arriba:

- **Centrar la sección de alcohol en el marco previamente acordado: Enfoque en el uso nocivo del alcohol.** Ha habido discusiones en algunos sectores sobre la posibilidad de modificar el enfoque de las estrategias multilaterales sobre alcohol y salud, pasando del "uso nocivo del alcohol" a enfocarse en el consumo de alcohol en general. No obstante, los Estados Miembros han aprobado y apoyado el enfoque actual en varias ocasiones, incluyendo el Plan de Acción Mundial para la Prevención y el Control de Enfermedades No Transmisibles 2013-2030, la Estrategia Mundial de 2010 para Reducir el Consumo Nocivo de Alcohol, el Plan de Acción Mundial sobre el Alcohol 2022-2030 y la Declaración Política de la ONU sobre la Prevención y el Control de Enfermedades No Transmisibles de 2018.
- **Reflejar un conjunto adaptable de opciones políticas, considerando el contexto nacional y local.** Según el párrafo 27 del Plan de Acción Mundial sobre el Alcohol 2022-2030, "la priorización e implementación [de estrategias e intervenciones de alto impacto y otras opciones e intervenciones de políticas recomendadas por la estrategia global] queda a discreción de cada Estado Miembro, dependiendo de las necesidades y el estado de implementación de estas medidas en un país determinado. También depende de los contextos sociales, económicos y culturales nacionales y subnacionales, de las prioridades de salud pública, de las políticas del sistema de salud y de los recursos disponibles".

- **Destacar aportaciones del sector privado a la implementación de la Declaración Política de 2018.** La Declaración Política de 2018 instó a los actores económicos en la producción y comercio de alcohol a "adoptar medidas concretas, cuando corresponda, para eliminar la comercialización, publicidad y venta de productos alcohólicos a menores". Desde entonces, los miembros de IARD han tomado acciones significativas para cumplir con esta solicitud, tanto como entidades individuales como en colaboración con el sector del marketing digital, incluidos influencers en redes sociales, minoristas físicos y en línea, plataformas globales de comercio electrónico y el sector hotelero.

En cuanto a este objetivo, RIVLAS ha implementado distintas acciones coordinadas con los demás actores privados del sector de bebidas alcohólicas para eliminar la comercialización, publicidad y venta a menores; a saber:

1. Firma de Memorando de Entendimiento (MOU) del sector privado con el Ministerio de Salud Pública de la República Dominicana sobre los parámetros de promoción de bebidas alcohólicas; enfatizando los compromisos de "No alcohol para menores", "Cero alcohol en el embarazo" y "Cero alcohol al conducir".
2. El programa ***"Pregunta, escucha y aprende: Los niños y alcohol no se mezclan"*** que motiva a menores entre las edades de 9 a 14 años a decir *"Sí" a un estilo de vida saludable y "NO" al consumo de bebidas alcohólicas*, proporcionándoles herramientas educativas, vía sus maestros y padres, con un equipo de educadores y psicólogos especializados. Lanzado e implementado de manera exitosa en alianza con el Ministerio de Educación en 10 escuelas públicas, impactando a más de 1,935 estudiantes en su primera etapa.
3. **Programa Smashed.** Programa creado por Collingwood Learning y que tiene como objetivo principal la prevención del consumo en menores de edad, a través de una obra de teatro interactiva y educativa con un grupo de actores que recrean las situaciones que pueden enfrentar los jóvenes hoy en día y les enseñan las consecuencias negativas de consumir alcohol antes de cumplir la mayoría de edad. Actualmente tiene un alcance de más de 45,000 personas.
4. **Alianza multisectorial.** Para ejecutar una campaña en la que participan las principales asociaciones de comerciantes y dueños de más de 35 mil negocios entre colmados, discotecas, liquor stores, bares y restaurantes para promover la no venta de alcohol a menores de edad. El objetivo de esta iniciativa es seguir promoviendo la responsabilidad en la venta de alcohol a través de una labor consciente de todos los que formamos parte del sector.
5. **Códigos de Mercadeo o Publicidad.** Empresas del sector han desarrollado Código de Comunicaciones Comerciales (CCC) para que los distintos equipos comerciales, mercadeo, así como las agencias de mercadeo y los equipos de equipos de mercadeo y ventas de los distribuidores, respeten los estándares más exigentes en materia de mercadeo responsable de las bebidas alcohólicas. En algunas multinacionales, cada año se audita a nivel global que todos estén debidamente certificados en el CCC, y es actualizado a todos los equipos via un curso en línea que deben completar (EdApp).
6. **Código de autorregulación publicitaria.** Firma de un código de autorregulación de las principales asociaciones del sector de bebidas alcohólicas del país, estableciendo parámetros generales para la publicación y comunicación interna y externa de cara a la promoción de bebidas alcohólicas, tomando en cuenta no venta a menores, no promover el consumo de bebidas mientras se conduce, verificación de edad, entre otros.

Desde RIVLAS, nos parece de vital importancia el reconocimiento de las acciones constructivas tomadas por el sector privado, puesto que esto ayudará a fomentar nuevas acciones positivas por parte de los miembros y socios de IARD, que pueden ser informados a través de diálogos regulares con los operadores económicos.

ANEXO 3

6. “Monitorear las tendencias y los determinantes de las enfermedades no transmisibles y evaluar los avances en su prevención y control.”

El Marco de Vigilancia Mundial de las ENT, acordado por los Estados Miembros en la Asamblea Mundial de la Salud en mayo de 2013, incluye tres indicadores para monitorear el uso nocivo del alcohol:

- Consumo total de alcohol per cápita (registrado y no registrado) en personas mayores de 15 años durante un año calendario, expresado en litros de alcohol puro, ajustado al contexto nacional.
- Prevalencia ajustada por edad del consumo excesivo de alcohol en adolescentes y adultos, dentro del contexto nacional.
- Morbilidad y mortalidad asociadas con el alcohol en adolescentes y adultos, dentro del contexto nacional.

Los dos últimos indicadores se centran en medir el consumo perjudicial de alcohol. Sin embargo, desde RIVLAS consideramos que el primer indicador es inadecuado por sí solo, ya que no mide los avances en la reducción del consumo nocivo de alcohol, ni los patrones de consumo o las consecuencias del consumo nocivo como tal. Este indicador trata de usar las reducciones en el consumo mundial de alcohol per cápita como una medida de la reducción en el uso nocivo de alcohol y ha sido objeto de revisiones metodológicas en los últimos años, en el entendido de que por sí solo no aporta información de valor y apegada a la objetividad.

Finalmente, los datos sobre la prevalencia de alcohol no registrado, en particular el alcohol ilícito, a nivel mundial, regional y nacional, están desactualizados, incompletos y probablemente subestiman el costo para la salud, los gobiernos y la sociedad. Como sugirió la OCDE, creemos que se debe poner más énfasis en esta cuestión y convertirla en una prioridad clave para el seguimiento futuro de las tendencias y los determinantes de las enfermedades no transmisibles.

FROM: SOUTH AFRICAN LIQUOR BRANDOWNERS' ASSOCIATION

DATE: 17 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDS, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response as SALBA focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

The South African Liquor Brandowners' Association (SALBA) is a trade association representing the interest of manufacturers, importers and distributors of alcoholic beverages. Our members include multinationals such as Bacardi, Beam Suntory, Campari, Diageo, Heineken Beverages and Pernod Ricard, as well as South African companies such as DGB, Edward Snell & Co, Halewood International, RGBC and KWV. Our membership also includes Small, Medium and Micro-Enterprises (SMME) in the alcoholic beverage sector in South Africa.

Our members are, in the main, manufacturers, importers and distributors of spirits products, but also include manufacturers, importers and distributors of ciders and other ready to drink products. SALBA is a member of the Drinks Federation of South Africa (DF-SA) which is at the forefront of an unprecedented industry collaboration within the alcohol beverage sector in South Africa. DF-SA as a federation represents the manufacturers of alcohol across all alcohol categories. SALBA supports the DF-SA in its vision to unite the entire industry to lead and sustain transformation, and in doing so, foster a culture of responsible drinking and responsible trading within South Africa. SALBA as a trade association is also fully aligned with the International Alliance of Responsible Drinking (IARD) proposed standards towards supporting the UN goals to tackle the harmful use of alcohol.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report emphasize the positive impact of the private sector since the last High-Level Meeting on NCDs in 2018. Multisectoral collaboration and partnerships have successfully harnessed the private sector's strengths to advance essential NCD objectives, promoting a unified effort to meet key NCD targets by the 2030 deadlines. Details of our national-level partnerships aimed at accelerating country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health within the context of the agreed multilateral framework, focusing on the harmful use of alcohol. • Reflect the policy options from the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, considering both national and local contexts. • Include contributions from the private sector in efforts to reduce the harmful use of alcohol. Examples of our actions in response to the 2018 Political Declaration on NCDs, particularly the steps taken to eliminate marketing and sales to minors, are provided in Annex 2.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report utilise the NCD Monitoring Framework, as agreed upon by Member States, to monitor trends, determinants and evaluate progress. This framework highlights three key targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. Additionally, we advise placing greater emphasis on collecting data on unrecorded alcohol, particularly illicit alcohol, given its significant impact on public health. Annex 3 presents evidence demonstrating why measuring global alcohol consumption per capita alone may not effectively capture the harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

Numerous examples highlight the positive role the private sector, including economic operators in alcohol production and trade, has played in partnership at the national level to implement the calls to action from the 2018 Political Declaration on NCDs, the 2022 Global Alcohol Action Plan, and the targets in the NCD Monitoring Framework. These examples demonstrate the tangible progress that can be achieved through the whole-of-society approach endorsed by these multilateral frameworks.

Through our sister company AWARE.org the industry has proudly implemented the following responsible drinking campaigns.

1. **No to under 18** - Underage drinking is a pervasive and multifaceted issue with significant implications for public health and societal well-being. It is for this reason that the industry places huge emphasis towards curbing this behaviour. Through their “Recreation” programme, AWARE.org has recently reached 9842 adolescents, which resulted in a 44% increase in their knowledge of health risks associated with alcohol consumption and a 75% claim towards a reduction in alcohol consumption. Through their “Ke Moja” programme, they have reached 47331 learners, resulting in a 65% increase in knowledge regarding the health risks associated with alcohol and a 38% claim in reduction of alcohol consumption. Through their partnership with SANCA National, they have recently screened 235 adolescents, showing a 64% increase in knowledge of alcohol-associated health risks and a 5% claim in reduction of alcohol consumption. Through SANCA Central, 123 adolescents were enrolled into the 6-week Golden Harvest in-patient programme, with 74% thereafter claiming no alcohol consumption.
2. **No Drinking and Driving** – Drinking and driving impair the driver's ability to make sound judgments, react quickly, and maintain control of the vehicle, thereby significantly increasing the risk of accidents. Laws against drinking and driving are therefore enforced to promote road safety and reduce the incidence of alcohol-related traffic incidents. Recently AWARE.org, through their “Don’t drink & drive” campaign, has assisted the JMPD to set up approximately 7500 roadblocks, resulting in 5195 arrests. Their presence and continuous campaigns over the festive season, for example, have resulted in a 3.73% reduction in drunk driving cases compared to the previous year. In addition, through their partnership with NICRO have rehabilitated 74 offenders.
3. **Sober pregnancies** - Sober pregnancies are essential to ensure the health and well-being of both the mother and the developing baby. Alcohol consumption during pregnancy can lead to Fetal Alcohol Spectrum Disorders (FASD), which cause lifelong physical, behavioral, and cognitive disabilities in children. Additionally, abstaining from alcohol helps prevent complications such as miscarriage, stillbirth, and preterm birth, promoting a healthier pregnancy and a better start for the child. Through their collaboration with FARR, AWARE.org has

**FROM: THE INTERNATIONAL ALLIANCE
FOR RESPONSIBLE DRINKING**

DATE: 14 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to respond to your Phase 1 consultation process. Our submission focuses on those NCD-GAP objectives most relevant to our members, who are all economic operators in alcohol production and trade.

The 13 Members and 2 Associate Members of the International Alliance for Responsible Drinking (IARD) represent leaders in global beverage alcohol production. They have all committed to upholding IARD's responsibility standards. These include supporting the UN goals to tackle the harmful use of alcohol. IARD and its members have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of Non-Communicable Diseases and look forward to the opportunity to do so again following the 2025 High Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High Level Meeting on NCDs in 2018, in terms of multisectoral action and partnership. This has helped harness the power of the economic operators in alcohol production and trade in support of achieving important NCD objectives, and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of how our members have contributed to accelerating country responses are in Annex 1 below.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: - Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol - Reflect the range of policy options in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts - Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how our members have contributed to the goal in the 2018 Political Declaration to take concrete steps to eliminate marketing and sale to minors are in Annex 2 below.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants of NCDs, and evaluating progress. This framework focuses on three agreed targets: total alcohol consumption per capita,

		heavy episodic drinking, and alcohol-related morbidity and mortality. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevention and control of non-communicable diseases”

Examples of the positive role played the private sector, including economic operators in alcohol production and trade, in partnership at the national level to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework include:

- In response to a May 2022 announcement by Cambodia’s government to set a legal minimum age limit for consumption, our members convened a multistakeholder dialogue attended by government, public, and private sector representatives agreed the need to also introduce a legal purchase age to go further. PA. Cambodia’s alcohol producers (including IARD members), distributors, and retailers, along with the hospitality, food, and beverage sectors, are united in their desire see these minimum age limits established and, in February 2023, released a statement confirming their support for government efforts to do so ([Cambodia Investment Review](#)).
- In Australia, DrinkWise teamed up with the South Australian Government, police and other organisations to [launch a moderate drinking campaign alongside the Australian Football League’s annual ‘Gather Round’ event](#). ‘Always Respect, Always DrinkWise’ messaging was displayed in and around Adelaide’s central business district and game venues to remind fans who chose to drink alcohol while watching games to do so in moderation. The campaign also highlights the importance of respect for family, friends and the community, offers support to any that need it and reminds fans to take advantage of free public transport around the event rather than driving.
- Addressing road safety remains a priority for IARD members, who have supported a range of initiatives around the world that include:
 - Providing equipment to measure blood alcohol content to law enforcement agencies in South Africa ([Food for Mzansi](#));
 - Supporting public transport systems to provide ‘free rides’ initiatives across seven US cities ([Marketing Daily](#));
 - Collaborating with the Federal Road Safety Commission in Nigeria to target drink driving messages towards commercial drivers ([Guardian Nigeria](#));
 - Partnering with the National Traffic Safety Committee in Vietnam to promote road safety ([Retail News Asia](#)).
- In Scotland, alcohol industry stakeholders collaborated with the Scottish Government, local councils, and Police Scotland to create a campaign emphasizing the dangers and penalties of proxy purchase that contributed to a reduction in underage drinking and anti-social behaviour ([Scottish Alcohol Industry Partnership](#)).

These examples provide concrete evidence of the progress that can be achieved by the Whole of Society approach that has been endorsed in these multilateral frameworks. We are encouraging our members and partners to provide others.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of the international approach to alcohol and health from its current focus on “the harmful use of alcohol” to a focus on

FROM: Spirits Romania Association
DATE: 14 JUNE 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. As we are deeply concerned about local and global health aspects, we appreciate the opportunity to contribute to this important preparatory process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our trade association is a member of the Spirits Europe Association and we have closely worked together in the past decade to support UN goals through programmes addressing local issues, challenges and trends. In alignment with the UN Sustainable Development Goals, particularly Goal 3, which aims to ensure healthy lives and promote well-being for all at all ages, Spirits Romania aims to contribute to a healthier society by: promoting responsible drinking habits through public awareness campaigns and educational programs; collaborating with stakeholders to develop and implement programs aimed at reducing alcohol-related harm; by supporting evidence-based interventions to mitigate the negative impacts of alcohol misuse, by ensuring transparency in our actions and committing to fighting the illicit trade of alcohol to protect consumers and uphold legal standards.

Spirits Romania has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs and looks forward to the opportunity to do so again following the 2025 High-Level Meeting.

In this context, please find below our input and comments on the key priority areas and examples of our work to tackle some situations in Romania.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: ● Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol ● Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts ● Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

FROM: spiritsEUROPE

DATE: 17 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focusses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our trade association is a member of the International Alliance for Responsible Drinking/Partnership Council of the International Alliance of Responsible Drinking.

spiritsEUROPE has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focusses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

FROM: FIVS
DATE: 14 JUNE 2024

**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 – Prevention and
Control of NCDs**

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on the NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

FIVS is a global organisation serving the alcohol sector (with a focus on wine) on public policy issues. Our members include producers, distributors, importers, exporters, and trade associations. We are headquartered in Paris, France and our members are based around the world. FIVS members account for approximately 80% of all wine traded globally.

FIVS drives promotion of best practices on well-being and the responsible use of alcohol. The [FIVS Guiding Principles for Advertising and Marketing for Alcohol Beverages](#) advise the sector on how to create codes of practice for the advertising and marketing of alcohol beverages. [FIVS-Assure](#) (a publicly available online database that gathers resources on social aspects programmes in the wine, spirits, and beer sectors) was established over 15 years ago to share exemplary practices by FIVS members, companies, trade associations, and other entities from around the world. FIVS partners with Wine in Moderation with the shared objective of increasing awareness of the significance of social responsibility in the alcohol beverage area.

FIVS and our members have a legitimate and constructive role to play in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	FIVS is fully supportive of this key priority area. We suggest that the WHO-Director General’s (DG) report addresses the benefits of multisectoral action and partnerships in order to accelerate the prevention and control of NCDs. In the case of the alcohol production and trade, the World Health Organization (WHO) has acknowledged the role that economic operators (EOs) play in reducing harmful use. This acknowledgement was made in its Global Strategy to Reduce the Harmful Use of Alcohol, in the 2018 Political Declaration on Non-communicable Diseases, and reiterated in the Global Alcohol Action Plan (GAAP 2022-2030). EOs, including FIVS, were also invited to participate in the WHO dialogue in February 2023 in Geneva to explore opportunities and plans for specific measures to implement GAAP 2022-2030.

		FIVS believes that this ‘all-of-society’ approach is critical to address the issues associated with the harmful use of alcohol. To that end, FIVS has created FIVS-Assure, an online database that gathers resources on social aspects programs in the wine, spirits, and beer sectors. This tool draws upon exemplary practices around the world of companies, trade associations, and other entities in the following four areas: educating young people on alcohol, drinking and driving, responsible drinking, alcohol and pregnancy and marketing and advertising.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	FIVS believes that the DG’s report should focus on the following elements in relation to alcohol in order to create health-promoting environments: - Focus on tackling the harmful use of alcohol - Promotion of a broad array of policy options that take into account local and national context when seeking to effectively address the harmful use of alcohol - Involve the private sector to reduce harmful use of alcohol. Efforts should focus in particular on targeted, evidence-based initiatives to promote responsible consumption and tackle harmful drinking. Given differences in consumption and harmful drinking patterns across the globe, a “one size fits all” approach is neither appropriate, nor has it proven effective. Instead, any future strategy should provide a mixture of options which can be tailored appropriately to address harmful consumption and promote the legal and responsible enjoyment of alcohol beverages. In the case of marketing, FIVS has produced Guiding Principles for Advertising and Marketing for Alcohol Beverages, offering a set of major principles that need to be considered when creating codes of practice for the advertising and marketing of alcohol beverages.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	FIVS supports the monitoring of NCDs and suggests the DG’s report use the NCD Global Monitoring Framework to do so. In the case of the harmful use of alcohol, three indicators have been identified: - Total alcohol per capita consumption (APC) - Heavy episodic drinking among adolescents and adults - Alcohol-related morbidity and mortality among adolescents and adults. Nevertheless, we would caution against over-relying on APC as it is not a reliable indicator of harmful use as it reflects primarily sales instead of consumption. It also

		does not encompass figures concerning illicit alcohol, which should be a key priority area given the risks associated with it.

ASUNTO: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE LAS NACIONES UNIDAS (UNGA) SOBRE LA PREVENCIÓN Y EL CONTROL DE LAS ENFERMEDADES NO TRANSMISIBLES (ENT), CENTRADA EN LAS ÁREAS PRIORITARIAS CLAVE DEL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS)

En nombre de nuestra ASOCIACIÓN DE PRODUCTORES INTERNACIONALES DE LICORES Y PROMOTORES DEL DESARROLLO DE LA INDUSTRIA -PROLICORES- quien representa el 98% de licores importados destilados en Colombia, queremos expresar nuestro más sincero agradecimiento por la oportunidad que nos brindan de participar en la primera fase de este proceso consultivo.

Nuestros comentarios y observaciones, se orientan principalmente hacia aquellos objetivos del Plan Global de Acción para la Prevención de Enfermedades No Transmisibles que impactan directamente a los agentes económicos involucrados en la producción y comercialización de bebidas alcohólicas.

En este contexto, quisiéramos resaltar que, nuestra Asociación se ha esforzado por jugar un rol proactivo en la implementación de las directrices establecidas en la Declaración Política de las Naciones Unidas de 2018 sobre la Prevención y Control de las Enfermedades No Transmisibles, labor que esperamos continuar haciendo tras la Reunión de Alto Nivel programada para el año 2025, ya que consideramos que somos parte de la solución.

A continuación, una breve descripción de nuestros comentarios a esta consulta pública:

#	PGA-ENT Objetivo	Comentarios sobre áreas prioritarias clave
2	Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta de los países para la prevención y el control de las enfermedades no transmisibles.	La colaboración y las alianzas multisectoriales han sido fundamentales para apoyar desde el sector privado los principales objetivos relacionados con las Enfermedades No Transmisibles (ENT). Los operadores económicos han desempeñado un papel esencial en la implementación de las acciones recomendadas en la Declaración Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol de 2022. Los objetivos delineados en el Marco de Monitoreo de ENT han sido reforzados por iniciativas de asociaciones, evidenciando progresos concretos, conseguidos mediante una estrategia de cooperación que tiene efecto en toda la sociedad y que está soportada por acuerdos nacionales. Desde Prolicores, extendemos una breve descripción de las iniciativas que hemos coliderado en Colombia las cuales han sido clave para avanzar significativamente hacia las metas globales establecidas: a) Alianza con la Agencia Nacional de Seguridad Vial (ANSV): Se destaca el acuerdo con la ANSV, enfocada en la reducción de morbilidad por accidentes de tráfico relacionados con el alcohol. Las actividades incluyen el desarrollo de estrategias, generación de contenido educativo, socialización de proyectos y evaluación

continua, con el fin de promover la conducción responsable y la política de cero tolerancia al conducir bajo efectos del alcohol.

b) Convenio de Colaboración con la Fiscalía General de la Nación:

Este acuerdo se centra en fortalecer la capacidad de la fiscalía para investigar delitos relacionados con la alteración y falsificación de bebidas alcohólicas importadas, así como otros delitos que afectan la salud pública, contribuyendo a la seguridad de los consumidores y al mantenimiento de un entorno económico saludable.

c) Campaña “Derribando Mitos”: La campaña "Derribando Mitos" liderada por Prolicores y Acil ha tenido un impacto significativo en la forma en que los colombianos perciben y consumen alcohol. A través de esta iniciativa, se ha desafiado una serie de mitos arraigados sobre el alcohol, proporcionando información basada en evidencia científica que promueve un consumo responsable. Algunos puntos clave y efectos positivos de la campaña incluyen:

1. **Educación y conciencia:** La campaña ha educado al público sobre los efectos reales del alcohol, desmintiendo creencias como que ciertas bebidas son menos alcohólicas que otras y que un consumo temprano puede generar tolerancia.
2. **Herramientas para decisiones informadas:** Introducción del concepto de "trago estándar", que ayuda a los consumidores a entender y comparar el contenido de alcohol en diferentes tipos de bebidas, fomentando así decisiones más informadas.
3. **Prevención de comportamientos riesgosos:** Ha reforzado la importancia de no conducir bajo los efectos del alcohol y los peligros del consumo de alcohol durante el embarazo, destacando políticas de tolerancia cero en contextos de conducción.
4. **Énfasis en la responsabilidad colectiva:** La campaña ha instado a todos los sectores, incluidos consumidores, políticos y comercializadores, a reconocer y actuar sobre la base de que "alcohol es alcohol", independientemente de la bebida.
5. **Impacto social amplio:** Al derribar mitos populares y cambiar percepciones, la campaña busca un impacto duradero en la salud pública y la seguridad, reduciendo el consumo nocivo de alcohol a nivel nacional.

En resumen, "Derribando Mitos" ha jugado un papel crucial en cambiar la conversación sobre el alcohol en Colombia, moviéndola hacia un enfoque más saludable y basado en la responsabilidad individual y colectiva.



	d) Código de Autorregulación con Plataformas Digitales: Este código refleja el compromiso de la industria de bebidas alcohólicas con la autorregulación en publicidad y mercadeo, promoviendo campañas que prohíben el consumo de alcohol por menores de edad y mujeres embarazadas, y abogando por un consumo moderado y responsable. Este código establece estándares más altos que los legales vigentes y promueve la capacitación adecuada de los involucrados en su implementación. e) Iniciativa intergremial “Para que se repita”: Campaña mediática durante la pandemia para promover el autocuidado y la responsabilidad ante el consumo en la que participó todo el ecosistema. f) Participación mesas de trabajo en una de las emisoras más importantes del país para promover la responsabilidad frente al consumo, la no tolerancia de consumo de bebidas alcohólicas de menores de edad, manejo bajo los efectos del alcohol y la promoción del mercado legal en Colombia en la coyuntura de la pandemia. Cada uno de estos esfuerzos subraya el compromiso de nuestra industria con la responsabilidad social y la salud pública, al tiempo que alinea sus intereses comerciales con prácticas éticas y sostenibles.
3 Reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.	Consumo nocivo. Prolicores reconoce que el consumo nocivo de alcohol es perjudicial para la salud. Por eso, hemos aunado esfuerzos para desarrollar varias iniciativas que generan con todo el ecosistema alrededor del alcohol. Lo anterior, ya que somos parte de la solución. A continuación, a manera de ejemplo presentaremos algunas de las iniciativas que han generado impacto en la sociedad, teniendo en cuenta las particularidades y contexto de Colombia, lo cual es fundamental para poder generar políticas públicas alrededor del alcohol. 1. Código de autorregulación de industria junto con plataformas digitales y la federación de comerciantes: Documento mediante el cual se busca desarrollar estrategias específicas para fortalecer este compromiso a través de las siguientes acciones:

	- O Restricciones de publicidad: limitación de la publicidad de bebidas alcohólicas en plataformas y horarios accesibles a menores. Esto incluye la prohibición de anuncios de alcohol en determinadas condiciones específicas. - O Control en puntos de venta: fortalecimiento de los controles para verificar la edad en los puntos de venta físicos y en línea. Esto se logra mediante la exigencia de identificación oficial para verificar la edad antes de la venta de bebidas alcohólicas, así como la implementación de herramientas digitales en ventas en línea. - O Educación y concienciación: nuestros asociados colaboran con organizaciones gubernamentales y no gubernamentales para desarrollar campañas de concientización sobre los riesgos del consumo de alcohol en menores. Estas campañas se dirigen tanto a jóvenes como a padres y tutores, destacando las consecuencias legales y de salud del consumo de alcohol a temprana edad. - O Patrocinio responsable: El sector promueve patrocinios responsables, evitando apoyar eventos que tienen un público predominantemente menor de edad. - O Etiquetado y empaquetado: Se ha mejorado el etiquetado al incluir advertencias y leyendas claras sobre los peligros del consumo de alcohol por menores. También hay un lineamiento de diseño definido, en el cual existe el principio de hacer empaques NO y propagandas no atractivas para menores de edad. Cabe anotar que toda la cadena de valor participó activamente en la construcción de este código y posteriormente en la firma del código, demostrando su compromiso ante las buenas prácticas para promover la responsabilidad frente al consumo.
6 Monitorear las tendencias y determinantes de las enfermedades no transmisibles y evaluar los avances en su prevención y control.	Prolicores ha recomendado a la entidad oficial de estadística de Colombia, actualizar la encuesta de Sustancia Psicoactivas con el fin de lograr la construcción de políticas públicas basadas en data y ciencia. Para tal fin, hemos realizado un análisis riguroso, a través de centros de pensamiento frente a la última encuesta publicada por la entidad estadística en el año 2019 para así entender e identificar qué iniciativas podemos liderar desde Prolicores y su ecosistema.



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.	Member States should be made aware that breast cancer is the most commonly diagnosed cancer today taking men and women together. Member States should be informed that breast cancer is the most common cancer among women in 86% of countries and is the #1 or #2 cause of cancer deaths among 95% of countries. Member states should be informed that around 25% of breast cancer cases are preventable. However, 3 million new breast cancers per year are predicted to occur by 2040. Past prevention strategies have focused on population education, which has largely failed. There is an opportunity through a united global policy change to minimise modifiable risk factors, as well as coordinated, systematic personalised risk prevention programmes. These modifiable risk factors and related prevention programmes are important and can be effective for many other cancers, besides breast cancer. Member States should be informed that breast cancer mortality has successfully been reduced by 40-60% in high income countries, but that these highly favourable findings have yet to be seen in low- and middle-income countries and there are gross inequities within high-income countries disproportionately affecting minoritised people and those with low-incomes. This indicates a powerful opportunity to improve breast cancer outcomes at the global level based on strategic implementation of principles for early detection, prompt diagnosis and treatment to completion by optimising the use of available, sustainable resources with a value-based approach and adapting to local context. Infrastructures and procedures required for optimal diagnosis and management of breast cancer are also needed and can be used for several other cancers, empowering member states to address cancer in general. Member States should be informed that the number of people living with metastatic breast cancer (MBC) as well as with other metastatic cancers is currently unknown and many do not receive appropriate care. There is an opportunity for high-quality cancer registry data on cancer relapse to be collected worldwide. Knowing how many people are living with metastatic cancer will facilitate a better allocation of resources and lead to improved outcome for millions of people worldwide.

		Member States should be informed that breast cancer has common themes with many other cancers, therefore there is an opportunity to apply the approaches and interventions in breast cancer to other cancers to optimise prevention and control.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Member States should examine, adapt to local context and implement evidence-based strategies such as (i) the WHO Global Breast Cancer Initiative (GBCI) Framework to address breast cancer early detection, prompt diagnosis and treatment to completion in their countries.; and (ii) the Lancet Breast Cancer Commission Report inclusive roadmap with suggested actionable targets for change; and (iii) the Advanced Breast Cancer Global Alliance Global Charter
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Action now could prevent many of the 3 million new diagnoses of breast cancer that are predicted to be diagnosed per year by 2040. Modifiable risk factors such as alcohol are applicable to many other cancers (responsible for around 5% of cancer globally) as well as other NCD's. Breast cancer (and other cancers) risk factor education is vital but should be combined with policy change to support sustained behavioural changes and decrease health disparities. The Lancet Breast Cancer Commission suggested targets for change for breast cancer prevention include: • 95% of countries legislating fully the UNICEF Code for advertising and promotion of commercial milk formula products & adhering to the WHO 'Best buys' with respect to alcohol advertising. • Statutory access to at least 18 weeks, and preferably 26 weeks of parental leave at 100% pay. • Mandatory provision of paid breaks and nursing-expressing facilities on return to work • Tax sugar sweetened beverages to raise the retail price at least 20%.
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.	As highlighted by the Lancet Breast Cancer Commission, approaches to systematically identify individuals at increased risk of breast cancer and to offer evidence-based prevention interventions on the basis of their risk level should be implemented and refined through ongoing research. This includes (i) access to genetic testing; and (ii) access to proven risk-reducing medications that halve the risk of breast cancer. As demonstrated by WHO in establishing the Global Breast Cancer Initiative (GBCI), Member States should optimise 1) the degree of universal health coverage to include breast cancer early detection, diagnosis and treatment, and 2) public access to comprehensive

breast cancer management through surgery, radiotherapy and systemic therapy.

Being female is the greatest risk factor for breast cancer—women constitute a group whose fundamental human rights have historically been accorded less respect than men in all settings.

The Lancet Breast Cancer Commission propose that a framework to improve communication and decision making for those with breast cancer and other cancers can be used for women to take control over other aspects of their lives:

- Placing patients at the centre of clinical communication and empowering them to exercise their voices, become fully informed, and choose their own degree of involvement in decisions about their care is an achievable and necessary goal worldwide.
- Improving patient communication and decision making in (breast) cancer improves not only quality of life and body image, but also adherence to therapy, which can affect survival.
- Health-care professional education should include person-centred and culturally sensitive communication skills training, especially if patient literacy or numeracy is low or other barriers to participation in decision making exist.
- Health communication training should include eliciting patients' core values and preferences for information, explaining goals of care, risk–benefit communication, skills to help estimate and explain prognosis and share serious news, and empathically but honestly responding to questions.
- Breast cancer, and cancer in general, is a disease that many patients describe as robbing them of power, but through good communication and facilitating patient autonomy, it could be transformed into an opportunity to return power and emerge stronger than before.

Member states should be aware that cancer, and breast cancer in particular, is still a subject involved in stigma and prejudice in many countries. This is particularly true regarding metastatic cancer such as metastatic breast cancer. Awareness and education are fundamental to avoid isolation and prejudicial attitudes from the social, professional and even family environments of a person living with cancer.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Member States should improve national data collection to include the recording of cancer stage-at-diagnosis for all malignancies as a guide to greatest needs for strategic improvement in (breast) cancer care delivery. The global number of people with metastatic breast (MBC) cancer is unknown and this knowledge gap both prevents adequate allocation of resources and intensifies associated stigma and inequities. Member States should collect high-quality cancer registry data on cancer relapse, to include not just those with MBC, but other metastatic cancers. In order to address the inequity gap, the Lancet Breast cancer Commission suggests that: (i) at least 10% (aiming for >25%) of participants of international breast cancer trials should be from low income and middle-income countries (LMICs); and (ii) at least 10% (aiming for >25%) of all breast cancer trials to be led or co-led by researchers from LMICs. The Lancet Breast Cancer Commission as demonstrated that the costs of breast cancer and its associated suffering are immense; the full costs of breast cancer should be exposed and quantified to be reduced. Costs include financial, emotional, social, and economic costs that affect children, families, local communities, and wider society. Even within health services that are free at the point of delivery, those affected by breast cancer face additional costs that can particularly affect those in society with the lowest incomes. Serious health-related suffering goes unmeasured in global health metrics, so its alleviation is not prioritised by policy makers. Exposing and reducing costs provides an incentive for policy makers to invest in prevention, early detection, cost-effective therapies, and optimal management of breast cancer. Initial estimates of the hidden costs of suffering from breast cancer can catalyse new research for priority-setting tools for breast and other cancers.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Member States should be encouraged to promote implementation research in their countries to monitor systematic improvements in breast cancer early detection, prompt diagnosis, treatment to completion, and provide timely supportive and palliative care across the cancer continuum.

		Suggested tools to evaluate progress include the Global Breast Cancer Initiative (GBCI) '3 Pillars' and the Lancet Breast Cancer Commission's actionable indicators of change.
*	<i>Additional:</i> 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.

FROM: STIVA (NL)
DATE: June 12 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our association is a member of the Partnership Council of the International Alliance of Responsible Drinking. Together IARD's members represent nearly half of global beverage alcohol production. We fully support and are committed to uphold IARD's responsibility standards. One of our main core values is to prevent the harmful use of alcohol which is in line with the UN goals to tackle the harmful use of alcohol.

STIVA have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships in the Netherlands to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. See our general remarks in Annex 3.

ANNEX 1

2. "To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases"

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

The Hungarian Spirits Association has 12 members which represents the majority of the spirits market in Hungary. The main tasks of our association include:

- Strengthening the legal market, taking decisive action to suppress illicit market activity;
- Promotion of responsible alcohol consumption;
- Representation of members' interests in domestic and international legal regulations

Hungarian Spirits Association have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

We operate the website italmertek.hu where you can find information about responsible alcohol consumption in one place.

Here you can get answers to what responsible alcohol consumption is, who drinks in moderation, why choose moderate alcohol consumption in all months of the year, so that it does not harm health.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on “the harmful use of alcohol” to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.
- **Reflect a flexible menu of policy options, taking national and local context into account.** Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that “...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources.”
- **Contributions by the private sector to implementing the 2018 Political Declaration.** The 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Since then, IARD Members have taken significant actions to do so, as individual companies and in partnership with the digital marketing sector including social influencers, physical and on-line retailers, global e-commerce platforms, and the hospitality sector.

1. The Hungarian Spirits Association signed the renewed Hungarian Advertising Code of Ethics in 2023, which regulates the advertising of alcohol products in detail. On the one hand, our member companies comply with the provisions of the code, and on the other hand, if necessary, they also conduct preliminary negotiations with the organization (Hungarian Advertising Self Regulatory Board).

2. Our association conducts an annual campaign for responsible alcohol consumption, which the members also support separately.

- In one year our aim was to raise the attention among the target group of 18–29-year-olds of the importance of responsible alcohol consumption, providing useful tips and advice for a joyful but responsible experience of memorable summer moments.

- Next Year the aim was to improve the drinking culture and habits of alcoholic beverages among young adults (18-29), and the wider adult public (30-40+ population) with special attention to the expected binge drinking, and to educate adults through social media platforms and our website, on how to drink alcoholic beverages responsibly.

- In the following year the primary objective was to extend the reach of these efforts to encompass a broader audience, with a particular emphasis on engaging young adults (18- 29), to make a meaningful and lasting impact on responsible drinking practices within our target demographic.

We will continue this activity this year as well, since with these methods, taking cost-effectiveness into account, we can reach many of the target audience, we can address them, we can make them think, which broadens responsibly alcohol consumption.

Some of our members also carried out an independent campaign.

3. Our association allows even distributors outside the association to display italmertek.hu on their products.

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by IARD Members and partners, which can be informed through regular dialogues with economic operators. These dialogues have been ongoing between the WHO Secretariat and economic operators since 2018 and should continue going forward.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context
- Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

The last two indicators are clearly focused on measuring the harmful use of alcohol. However, we join others in considering that the first indicator is insufficient on its own, as it does not measure progress against harmful drinking, since it does not measure drinking patterns or consequences of harmful drinking. It attempts to use reductions in global per capita alcohol consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

**FROM: Union of Czech Republic Spirits
Producers and Distributors
DATE: 07.06.2024**

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our Union of Czech Republic Spirits Producers and Distributors represents 16 members which represent 85% of Spirits market in the Czech Republic. In the statutes of our organization is mentioned:

The Union, within the framework of its "Drink Responsibly (in CZ Pij s rozumem)" platform, supports the fulfillment of the following goals:

- a) providing information to consumers regarding alcohol and its effect on the human organism
- b) support for responsible consumption of alcoholic beverages
- c) making maximum efforts to prevent alcohol abuse, especially by children and adolescents
- d) making maximum efforts to limit the harmful effects of alcohol on the human organism

Union of Czech Republic Spirits Producers and Distributors have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Raise awareness that for health outcomes, all alcohol beverages are the same and all can be misused • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Acknowledge the broad evidence that demonstrates the relationship between social equity, harmful use of alcohol, and health outcomes • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. "To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases"

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

1. Operation of the web page www.pijisrozumem.cz with all necessary information concerning responsible drinking including information about drink and drive including the calculator of alcohol degradation in human body and possibility to drive car in the Czech Republic where is applied zero tolerance behind the wheel. The announcement of this webpage is included in all advertisement of UVDL members.
2. Support of the programme www.pobavmeseoalkoholu.cz which is focused at 13 years old children main goal of which is the prevent no legal drinking and to learn children about danger connected with drinking of alcohol under 18 years and teach children about properties of alcohol and responsible approach to its usage in adults age.

ANNEX 2

3. "To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments."

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on "the harmful use of alcohol" to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.
- **Alcohol is alcohol.** The relationship between harmful drinking and outcomes is related to alcohol itself, present in beer, wine, and distilled spirits and with the same potential to result in NCDs and social harm. The focus of multilateral strategies has always been on alcohol. Care must be taken to ensure that emphasis on product reformulation to reduce consumption does not create the mistaken impression that some beverage categories are less harmful than others. The WHO and Member States will be mindful that reducing the ABV in the purchased product is not an evidenced strategy to reduce harmful use and alcohol-related harm. Moreover, reformulation is not feasible for several beverage categories. All alcohol beverages can be misused, regardless of their production method or the alcohol content in the

DATE: 12th Jun 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Brewers Association of Japan (BAJ) and Japan Spirits & Liqueur Makers Association (JSLMA) are the two major beverage alcohol trade associations representing over 100 beverage alcohol producers in Japan. We are also a member of the Partnership Council of the International Alliance of Responsible Drinking. Together IARD's members represent nearly half of global beverage alcohol production.

We have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ASUNTO: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE NACIONES UNIDAS SOBRE LA PREVENCIÓN Y CONTROL DE LAS ENFERMEDADES NO TRANSMISIBLES (ENTS) CENTRÁNDOSE EN LAS ÁREAS PRIORITARIAS CLAVE EN EL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS).

Desde la Asociación Gremial Pro Consumo Responsable de Bebidas con Alcohol de Chile (Aprocor), agradecemos la oportunidad de poder contribuir al proceso de consulta de la Fase 1. Nuestras respuestas están focalizadas en aquellos objetivos del Plan de Acción Global para la prevención y control de Enfermedades No Transmisibles (NCD-GAP) más relevantes para los operadores económicos en la producción y el comercio de las bebidas con alcohol.

Aprocor es una asociación gremial que representa a cerca del 98% de los productores, distribuidores e importadores de bebidas destiladas de Chile como Compañía Pisquera de Chile (CCU - Control), Diageo, Pernod Ricard, Bacardí Martini, VCT Chile, Colca Cola, Grupo Valdivieso – Licores Mitjans, Grupo Cepas, Brown-Forman y Cooperativa Capel. Dentro de nuestros principales objetivos se encuentran el crear conciencia en los consumidores sobre los efectos negativos del consumo excesivo, educar a la comunidad sobre el consumo responsable y generación de campañas comunicacionales para alejar al producto de los grupos de riesgo como conductores, embarazadas y menores de edad.

Adicionalmente, nuestro gremio es miembro de la Asociación de la Alianza Internacional de Consumo Responsable de Alcohol (IARD). Juntos, los miembros de IARD representan casi la mitad de la producción mundial de bebidas con alcohol, en dónde existe un alto compromiso para mantener los estándares de responsabilidad de cada una de nuestras empresas y el apoyo a los objetivos de la ONU para abordar el uso perjudicial de las bebidas con alcohol.

#	Objetivos del NDC-GAP	Comentarios sobre las áreas prioritarias claves
2	Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta del país para la prevención y el control de las enfermedades no transmisibles.	Recomendamos que el informe del Director General (DG) refleje el papel positivo y el inmenso aporte que el sector privado ha desempeñado desde la última Reunión de Alto Nivel sobre ENT en 2018. La acción multisectorial y la asociación han ayudado a aprovechar el poder del sector privado en apoyo a la consecución de objetivos importantes de ENT y fomentarán un esfuerzo similar para apoyar la implementación de los objetivos relevantes de ENT antes de los plazos de 2030. En el Anexo 1 podrán encontrar algunos de nuestro país.
3	Reducir los factores de riesgo modificables para las enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.	Recomendamos que el informe del DG: • Enmarque la sección sobre alcohol y salud en torno al marco multilateral acordado sobre alcohol y salud, que se centra en el uso perjudicial del alcohol. • Refleje la gama de opciones de políticas incluidas en la Estrategia Global 2010 para Reducir el Uso Nocivo del Alcohol, la Declaración Política de 2018 sobre ENT y el Plan de Acción Global sobre el Alcohol 2022-2030, así como los contextos nacionales y locales. • Incluya las contribuciones realizadas por el sector privado para reducir el uso nocivo del alcohol. Ejemplos de cómo hemos respondido al desafío en la Declaración Política de 2018 sobre ENT para tomar medidas concretas para eliminar la comercialización y venta a menores están en el Anexo 2.
6	Monitorear las tendencias y los determinantes de las enfermedades no transmisibles y evaluar el progreso en su prevención y control.	Recomendamos que el informe del DG utilice el Marco de Monitoreo de ENT acordado por los Estados miembros para monitorear tendencias y determinantes y evaluar el progreso. Este marco se centra en tres objetivos: consumo total de alcohol per cápita, consumo episódico excesivo de alcohol y morbilidad y mortalidad relacionadas con el alcohol. También recomendamos un enfoque más fuerte en la recolección de datos sobre alcohol no registrado, especialmente el alcohol ilícito, dada la importancia de su impacto en la salud pública.

	El Anexo 3 expone la evidencia de por qué medir solo el consumo global de alcohol per cápita puede no ser un proxy efectivo para medir el uso perjudicial del alcohol.

Anexo 1

"Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y la asociación para acelerar la respuesta del país para la prevención y control de las enfermedades no transmisibles".

Existen diversos ejemplos del positivo rol que ha desempeñado el sector privado, dónde incluyen los operadores económicos en la producción y el comercio de las bebidas con alcohol, en asociaciones a nivel nacional para implementar los llamados a la acción de la Declaración Política del 2018 sobre ENT y el Plan de Acción Global sobre el Alcohol en 2022, y los objetivos en el marco de Monitoreo de ENT. Estos ejemplos muestran una evidencia clara y evidente del progreso concreto que se puede lograr mediante el enfoque de toda la sociedad que estos marcos multilaterales respaldan.

Los principales objetivos que tenemos como Aprocor son alejar los productos con alcohol de los grupos de riesgo, como los conductores y los menores de edad. Desde su creación, hace más de 15 años, en el gremio nos hemos focalizado en la realización de campañas comunicacionales para poder llegar a este tipo de público y educar sobre los riesgos de consumir este tipo de bebidas.

Durante esta década y media, hemos generado una gran cantidad de activaciones para alejar a los conductores del alcohol. Campañas como "El Último Pasajero", "Toma Conciencia" y "El que das miedo eres tú (cuando conduces)" fueron algunas de nuestras exitosas campañas entre los años 2010 y 2018. Además, realizamos videos de experimentos sociales con distintas personalidades para poder llegar a los más jóvenes por medio de las redes sociales, logrando alcanzar los 10 millones de visualizaciones con 5 videos. Desde 2019, creamos una campaña "paraguas" llamada "Conductores Ni Una Gota", la cual es nuestro alero para cualquier tipo de implementación. En los últimos años también hemos intentado estar presentes en eventos donde se consume alcohol, como Lollapalooza, Coctelera Festival o eventos de fiestas patrias, llevando un mensaje muy claro: si usted va a tomar, no conduzca. Adicionalmente, en los últimos años hemos generado estudios relacionados con los hábitos de los consumidores, cuyos resultados nos ayudan a seguir posicionando nuestros mensajes de educación en los medios, considerando lo asombroso de los resultados. Finalmente, este año lanzamos un taller piloto enfocado en los estudiantes escolares de último año, llamado Conductores del Futuro #ConductoresNiUnaGota. El objetivo de este taller es educar a los próximos conductores en cuanto a las leyes y realizar un ejercicio práctico con lentes de alcohosimulación, los cuales permiten darse cuenta de cómo los sentidos se ven afectados luego del primer trago de alcohol.

Por otra parte, también hemos trabajado arduamente con el tema de menores de edad. Entendemos que es un problema de la región, pero como industria queremos aportar nuestro grano de arena. Hemos realizado diversas campañas en medios de comunicación para explicar los daños que genera el alcohol en el cuerpo de un menor de edad, y que la responsabilidad es de todos para poder alejarlo. Hoy, nuestra campaña Menores Ni Una Gota es reconocida por la autoridad en cuanto a los esfuerzos que realizamos para alejarlos del alcohol. También creamos una campaña llamada Derribando Mitos (que hoy está en 5 países de la región), la cual derriba los mitos que han persistido en los últimos años y muestra cómo el alcohol daña a los menores. Además, creamos un podcast llamado "Historias que no son Chiste" en el que reconocidos podcasters cuentan una anécdota donde el alcohol les jugó una mala pasada siendo menores de edad, y cuán diferente hubiese sido si alguien les hubiera mostrado que era algo que no se podía hacer. Este canal logró estar en su mes de estreno en el top 4 de Chile en el ranking de Spotify. Dentro de los estudios de hábitos también realizamos consultas de este tipo, ya que esta información nos permite llegar a los medios, posicionar el problema y entregar mensajes.

Anexo 2

"Para reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes a través de la creación de entornos que promuevan la salud."

Detalles adicionales sobre los puntos establecidos anteriormente:

- Enfoque en el uso perjudicial. Ha habido un debate activo en algunos sectores sobre la necesidad de cambiar el enfoque de las estrategias multilaterales sobre alcohol y salud de su enfoque actual en "el uso perjudicial del alcohol" a un enfoque en el consumo de alcohol per se. Sin embargo, los Estados miembros han acordado y respaldado el enfoque actual en múltiples ocasiones, incluidos en el Plan de Acción Global para la Prevención y Control de Enfermedades No Transmisibles 2013-2030, la Estrategia Global 2010 para Reducir el Uso Nocivo del Alcohol, el Plan de Acción Global sobre Alcohol 2022-2030, y la Declaración Política de la ONU sobre la Prevención y Control de Enfermedades No Transmisibles en 2018.

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

ABELAC is a regional trade association that aims to be a driving force for sustainability and responsibility in the distilled-spirits value chain in Latin America and the Caribbean. ABELAC serves as a collaborative forum in the region, facilitating and strengthening discussions on guidelines and policies aimed at the responsibility regarding alcohol use and the implementation of initiatives and programs to reducing harmful drinking. ABELAC endorses the 2018 UN Political Declaration on the Prevention and Control of NCDs and values the opportunity to provide inputs for the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	ABELAC considers it fundamental to recognize in the Director General's Report the constructive role that the distilled-spirits industry has played in the reduction of the harmful use of alcohol. ABELAC was founded in 2023 to enrich the discussion and promote activities focused on responsibility in the consumption of alcoholic beverages, with the goal of supporting the NCD targets of 2030. Evidence of multisectoral actions, at the local and regional level, can be seen in Annex 1 .
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	ABELAC recommends continuing to focus the discussion in the Report on alcohol and health on the reduction of the harmful use of alcohol, as established in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan. In that context, the efforts of the distilled-spirits industry to promote the responsibility regarding alcohol use should be acknowledged. The Report should promote among member states the significance of the concept of "standard drink" as an essential tool for consumers to measure how much alcohol they drink, regardless of the beverage, and therefore supporting moderate alcohol consumption. The Report should also be vigilant of stakeholders that promote regulation and policies, including tax policies, based on the false assumption that the alcohol in fermented beverages is less impactful than that in distilled beverages. That leads to the misperception that some forms of alcohol are safer than others and undermines the overall effort to address harmful drinking. Actions on how we have responded to the previous challenges established in the 2018 Political Declaration on NCDs are in Annex 2 .
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	ABELAC recommends the Report to continue the use of the NCD Monitoring Framework to monitor trends and determinants and to evaluate progress among member states. Still, we believe that there is an area of opportunity to improve the current monitoring system to gather data on unrecorded alcohol, especially illicit alcohol. Unfortunately, the consumption of illicit alcohol continues to be a significant problem in Latin America and the Caribbean, given the significant presence of illegal markets.

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our Federation, based in Argentina has associates that are active members of the ***International Alliance for Responsible Drinking***. Together IARD's members represent nearly half of global beverage alcohol production. We are committed to uphold ***IARD's responsibility standards as appropriate, including supporting the UN goals to tackle the harmful use of alcohol.***

FADA have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Sugerimos que el informe del Director General (DG) destaque la contribución positiva del sector privado desde la última Reunión de Alto Nivel sobre Enfermedades No Transmisibles (ENT) en 2018. La colaboración y acción multisectoriales han permitido aprovechar el potencial del sector privado para apoyar el logro de importantes objetivos relacionados con las ENT, y fomentarán un esfuerzo similar para respaldar la implementación de las principales metas de ENT antes de 2030. En el Anexo 1 se incluyen ejemplos de nuestras asociaciones a nivel nacional para acelerar las respuestas de los países.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Sugerimos que el informe del Director General: • Estructure la sección sobre alcohol y salud en torno al marco multilateral acordado, centrado en el uso nocivo del alcohol. • Incluya la variedad de opciones de políticas presentes en la Estrategia Mundial para Reducir el Uso Nocivo del Alcohol de 2010, la Declaración Política sobre ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol 2022-2030, teniendo en cuenta los contextos nacionales y locales. • Refleje las contribuciones del sector privado en la reducción del uso nocivo del alcohol. En el Anexo 2 se presentan ejemplos de cómo hemos respondido al desafío de la Declaración Política sobre ENT de 2018, tomando medidas concretas para eliminar la

		comercialización y venta a menores.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Recomendamos que el informe del Director General utilice el Marco de Monitoreo de ENT acordado por los Estados Miembros para seguir las tendencias, analizar los determinantes y evaluar el progreso. Este marco se enfoca en tres objetivos: el consumo total de alcohol per cápita, el consumo excesivo de alcohol en episodios, y la morbilidad y mortalidad relacionadas con el alcohol. También sugerimos poner mayor énfasis en la recopilación de datos sobre el alcohol no registrado, especialmente el alcohol ilícito, debido a su significativo impacto en la salud pública. El Anexo 3 proporciona evidencia que explica por qué medir únicamente el consumo global de alcohol per cápita puede no ser un sustituto eficaz para evaluar el consumo nocivo de alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

Existen numerosos ejemplos del impacto positivo del sector privado, incluidos los operadores económicos en la producción y el comercio de alcohol, en colaboración a nivel nacional para implementar los llamados a la acción de la Declaración Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol de 2022, así como para alcanzar las metas del Marco de Monitoreo de ENT. Estos ejemplos demuestran el progreso tangible que se puede lograr mediante el enfoque de toda la sociedad que apoyan estos marcos multilaterales.

Nuestra Industria ha realizado diversas acciones:

Menores Ni Una Gota, para ayudar a llevar la edad en el inicio en el consumo de alcohol hasta la establecida por ley. Esta campaña se desarrolla en medios digitales y de manera presencial, con talleres en escuelas para padres, alumnos y educadores.

Derribando Mitos: Campaña que se desarrolla en medios digitales y TV abierta. Lucha contra el consumo de alcohol al momento de manejar, educación en consumo moderado de alcohol y riesgos del consumo abusivo, menores y alcohol cero, embarazadas y alcohol cero. Educación en Alcohol es alcohol y alcohol que se consume en cualquier bebida con alcohol estándar. Todos estos puntos se tratan con base científica.

ANNEX 2

3. “To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments.”

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDS, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

The Brazilian Institute of Cachaça (IBRAC) has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's report reflect the positive role that the private sector has played since the last High-Level Meeting on Noncommunicable Diseases (NCDs) in 2018. Multi-sectoral actions and partnerships have helped to channel private sector capacity in support of the advancement of important NCD goals and will encourage a similar effort in support of the implementation of relevant targets in this area towards the 2030 deadline. IBRAC is committed to the development and implementation of initiatives aimed at addressing harmful alcohol consumption. Our actions include partnerships with authorities and civil society, as well as consumer education initiatives on harmful consumption designed in partnership with different trade associations in Brazil and the region. The Institute has a long history as a partner in the implementation of the Yellow May (<i>Maio Amarelo</i>) campaign, an international movement to raise awareness about reducing traffic accidents and is a leader in the Right Doses (<i>Doses Certas</i>) initiative that seeks to deepen consumer education on alcohol consumption. The interaction between IBRAC and the various Brazilian government agencies, civil society, research centers and our production chain enable ongoing dialogue to leverage the capabilities of our industry to support the objectives of preventing and controlling NCDs, and can drive initiatives to achieve the goals set for 2030. Examples of some of our partnerships at the national level to accelerate country responses are given in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the Director-General's report reflect the positive role that the private sector has played since the last High Level Meeting. We recommend that the Director-General's report: • Approach the section on alcohol and health from the perspective adopted in the multilateral agreement on alcohol and health, which focuses on the harmful use of alcohol. • Reflect the different policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the Global Alcohol Action Plan 2022-2030, as well as national and local contexts. • Include the contributions made by the private sector to reducing harmful use of alcohol.

		In line with its commitment to reducing harmful alcohol consumption, IBRAC support the Brazilian Advertising Self-Regulation Code, a document overseen by the Brazilian Advertising Self-Regulation Council that establishes specific guidelines for advertising alcoholic beverages, among other products. The code creates explicit responsibilities and clear limitations on advertising campaigns, including protection for minors, restrictions on times and vehicles, and prohibitions on messages that may in any way induce excessive or irresponsible consumption. In addition to IBRAC's support to the Code, the Institute has made efforts to align and raise awareness among different actors within the value chain, especially small and medium-sized companies, so that they incorporate self-regulation measures and strengthen their commitment to the objectives and provisions of the Code. Additionally, within the tax measures contemplated for the creation of healthy environments, IBRAC would like to emphasize the necessity of an equal taxation of alcohol. In the Brazilian context, distilled beverages pay five times more taxes than fermented beverages and studies indicate that they also lead the list of illicit alcoholic products available in the country. The high tax burden opens up vulnerabilities to product counterfeiting, which generates a series of risks to the health of consumers that cannot be ignored. In this sense, IBRAC works to raise awareness of the impact of this situation in the national context and recommends that the DG include considerations of equal taxation as a principle within the approaches to develop tax measures as part of the menu of public policy options. Examples of how we have responded to the challenge of the 2018 Political Declaration on NCDs to take concrete action to eliminate advertising and sales to minors are included in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

IBRAC EXAMPLE:



17 de junio de 2024

ASUNTO: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE LAS NACIONES UNIDAS (UNGA) SOBRE LA PREVENCIÓN Y EL CONTROL DE LAS ENFERMEDADES NO TRANSMISIBLES (ENT), CENTRADA EN LAS ÁREAS PRIORITARIAS CLAVE DEL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS)

La ASOCIACIÓN COLOMBIANA DE EMPRESAS LICORERAS ACIL, entidad que agremia las licoreras departamentales del país, agradece el espacio que se ha propiciado para participar en la primera fase de este proceso.

Teniendo en cuenta el sector al que pertenecemos, orientaremos nuestras observaciones a los efectos de los objetivos del Plan Global de Acción para la Prevención de Enfermedades No Transmisibles.

#	Objetivo	Comentarios
2	Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta de los países para la prevención y el control de las enfermedades no transmisibles.	Los operadores económicos han jugado un papel muy importante en la implementación de las acciones recomendadas en la Declaración Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol de 2022. Para apoyar los principales objetivos relacionados con las Enfermedades No Transmisibles (ENT), las alianzas multisectoriales han sido fundamentales. Los objetivos del Marco de Monitoreo de ENT han sido trabajados por medio de iniciativas de asociaciones, con una estrategia de cooperación, sustentada en acuerdos, logrando progresos concretos. Las iniciativas que se han emprendido desde Acil, en pro del cumplimiento de las metas globales; algunas en compañía de otras agremiaciones del sector son: 1. Alianza con la Agencia Nacional de Seguridad Vial (ANSV): Se destaca el acuerdo con la ANSV, enfocada en la reducción de morbilidad por accidentes de tráfico relacionados con el alcohol. Las actividades incluyen el desarrollo de estrategias, generación de contenido educativo, socialización de proyectos y evaluación continua, con el fin de promover la conducción responsable

ASOCIACIÓN COLOMBIANA DE EMPRESAS LICORERAS

BOGOTÁ, D.C. CALLE 72 No. 6-44 Of. 502

TEL. 7432204 - 7432242

info@acilcol.co

		y la política de cero tolerancia al conducir bajo efectos del alcohol. 2. Convenio de Colaboración con la Fiscalía General de la Nación: Este acuerdo se centra en fortalecer la capacidad de la fiscalía para investigar delitos relacionados con la alteración y falsificación de bebidas alcohólicas, así como otros delitos que afectan la salud pública, contribuyendo a la seguridad de los consumidores y al mantenimiento de un entorno económico saludable. Este convenio a logrado el dismantelamiento de grandes bandas dedicadas a la adulteración y el contrabando. 3. Campaña "Derribando Mitos": La campaña "Derribando Mitos" liderada por Prolicores y Acil ha tenido un impacto significativo en la forma en que los colombianos perciben y consumen alcohol. A través de esta iniciativa, se ha desafiado una serie de mitos arraigados sobre el alcohol, proporcionando información basada en evidencia científica que promueve un consumo responsable. Algunos puntos clave y efectos positivos de la campaña incluyen: 3.1. Educación y conciencia: La campaña ha educado al público sobre los efectos reales del alcohol, desmintiendo creencias como que ciertas bebidas son menos alcohólicas que otras y que un consumo temprano puede generar tolerancia. 3.2. Herramientas para decisiones informadas: Introducción del concepto de "trago estándar", que ayuda a los consumidores a entender y comparar el contenido de alcohol en diferentes tipos de bebidas, fomentando así decisiones más informadas. 3.3. Prevención de comportamientos riesgosos: Ha reforzado la importancia de no conducir bajo los efectos del alcohol y los peligros del consumo de alcohol durante el embarazo, destacando políticas de tolerancia cero en contextos de conducción. 3.4. Énfasis en la responsabilidad colectiva: La campaña ha instado a todos los sectores, incluidos consumidores, políticos y

		comercializadores, a reconocer y actuar sobre la base de que "alcohol es alcohol", independientemente de la bebida. 3.5. Impacto social amplio: Al derribar mitos populares y cambiar percepciones, la campaña busca un impacto duradero en la salud pública y la seguridad, reduciendo el consumo nocivo de alcohol a nivel nacional. En conclusión, "Derribando Mitos" ha jugado un papel crucial en cambiar la conversación sobre el alcohol en Colombia, moviéndola hacia un enfoque más saludable y basado en la responsabilidad individual y colectiva. 4. Código de Autorregulación con Plataformas Digitales: Este código refleja el compromiso de la industria de bebidas alcohólicas con la autorregulación en publicidad y mercadeo, promoviendo campañas que prohíben el consumo de alcohol por menores de edad y mujeres embarazadas, y abogando por un consumo moderado y responsable. Este código establece estándares más altos que los legales vigentes y promueve la capacitación adecuada de los involucrados en su implementación. 5. Iniciativa intergremial "Para que se repita": Campaña mediática durante la pandemia para promover el autocuidado y la responsabilidad ante el consumo en la que participó todo el ecosistema. Cada esfuerzo realizado muestra el gran compromiso de nuestra industria con la responsabilidad social y la salud pública, alineando los intereses comerciales con prácticas éticas y sostenibles.
3	Reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.	Como asociación y como industria, hemos reconocido que el "consumo nocivo" es perjudicial para la salud. Teniendo en cuenta las implicaciones, el sector tuvo la iniciativa de aunar esfuerzos en pro de ser parte de la solución. Ejemplo de esto: Se código de autorregulación de industria junto con plataformas digitales y la federación de comerciantes: Documento mediante el cual se busca desarrollar

		estrategias específicas para fortalecer este compromiso a través de las siguientes acciones: ▪ Restricciones de publicidad: limitación de la publicidad de bebidas alcohólicas en plataformas y horarios accesibles a menores. Esto incluye la prohibición de anuncios de alcohol en determinadas condiciones específicas. ▪ Control en puntos de venta: fortalecimiento de los controles para verificar la edad en los puntos de venta físicos y en línea. Esto se logra mediante la exigencia de identificación oficial para verificar la edad antes de la venta de bebidas alcohólicas, así como la implementación de herramientas digitales en ventas en línea. ▪ Educación y concienciación: colaboración con organizaciones gubernamentales y no gubernamentales para desarrollar campañas de concientización sobre los riesgos del consumo de alcohol en menores. Estas campañas se dirigen tanto a jóvenes como a padres y tutores, destacando las consecuencias legales y de salud del consumo de alcohol a temprana edad. ▪ Patrocinio responsable: El sector promueve patrocinios responsables, evitando apoyar eventos que tienen un público predominantemente menor de edad. ▪ Etiquetado y empaquetado: Se ha mejorado el etiquetado al incluir advertencias y leyendas claras sobre los peligros del consumo de alcohol por menores. También hay un lineamiento de diseño definido, en el cual existe el principio de hacer empaques NO y propagandas no atractivas para menores de edad. La cadena de valor participó activamente en la construcción de este código y posteriormente en la firma del código, demostrando su compromiso ante las buenas prácticas para promover la responsabilidad frente al consumo.

ASUNTO: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE LAS NACIONES UNIDAS (UNGA) SOBRE LA PREVENCIÓN Y EL CONTROL DE LAS ENFERMEDADES NO TRANSMISIBLES (ENT), CENTRADA EN LAS ÁREAS PRIORITARIAS CLAVES DEL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS)

En nombre de la ASOCIACIÓN DE BARES DE COLOMBIA – Asobares - , organización sin ánimo de lucro que representa a 2500 establecimientos comerciales en 16 Departamentos de nuestro país, con énfasis en gastrobares, bares y discotecas, quienes representan el 70% de la facturación anual del sector (actividad CIU 5630) que ocupa, en la División 56 del [DANE](#), a 1.475.514 personas, 55.77% mujeres de las cuales 37.30% son mujeres cabeza de familia y 47% son jóvenes entre 18 y 28 años como grandes gestores de primer empleo para la mayoría de ellos. Además, el sector de Bares, Restaurantes y Alojamiento, es hoy por hoy la tercera actividad económica de mayor generación de empleo del país aportando el 3.58% del PIB de la Nación.

Con la presentación anterior, queremos expresar nuestro más sincero agradecimiento por la oportunidad que nos brindan de participar en la primera fase de este proceso consultivo.

Nuestros comentarios y observaciones, se orientan principalmente hacia aquellos objetivos del Plan Global de Acción para la Prevención de Enfermedades No Transmisibles que impactan directamente a los agentes económicos involucrados en la producción y comercialización de bebidas alcohólicas.

En este contexto, quisiéramos resaltar que, nuestra Asociación se ha esforzado por jugar un rol proactivo en la implementación de las directrices establecidas en la Declaración Política de las Naciones Unidas de 2018 sobre la Prevención y Control de las Enfermedades No Transmisibles, labor que esperamos continuar haciendo tras la Reunión de Alto Nivel programada para el año 2025, ya que consideramos que somos parte de la solución.

A continuación, una breve descripción de nuestros comentarios a esta consulta pública:

#	PGA-ENT Objetivo	Comentarios sobre áreas prioritarias clave
2	Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta de los países para la prevención y el control de las enfermedades no transmisibles.	La colaboración y las alianzas multisectoriales han sido fundamentales para apoyar desde el sector privado los principales objetivos relacionados con las Enfermedades No Transmisibles (ENT). Los operadores económicos han desempeñado un papel esencial en la implementación de las acciones recomendadas en la Declaración Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol de 2022. Los objetivos delineados en el Marco de Monitoreo de ENT han sido reforzados por iniciativas de asociaciones, evidenciando progresos concretos, conseguidos mediante una estrategia de cooperación que tiene efecto en toda la sociedad y que está soportada por acuerdos nacionales.

Desde Asobares, extendemos una breve descripción de las iniciativas que hemos liderado en Colombia las cuales han sido clave para avanzar significativamente hacia las metas globales establecidas:

- a) **Creación de sellos de excelencia y calidad para los establecimientos comerciales con las mejores prácticas de operación. “SELLO SEGURO”** donde desde un Acuerdo del Concejo de Bogotá, Acuerdo 581 de 2015, impulsamos la creación de éste Sello el cual no solo se limita al cumplimiento de los requisitos de ley sino motiva a cumplir, vía autorregulación, la asunción de otros como generar alianzas con taxis seguros para los clientes, tener convenios con parqueaderos toda la noche para evitar la conducción una vez haya ingerido licor, entre otros requisitos.



- b) **Alianza por la Vida:** Articulación público privada enfocada en la disminución de la accidentalidad por causa probable embriaguez. Las actividades incluyen el desarrollo de estrategias, generación de contenido educativo, socialización de proyectos y evaluación continua, con el fin de promover la conducción responsable y la política de cero tolerancia al conducir bajo efectos del alcohol.



- c) **Redes de Cuidado:** En el marco de diferentes Decretos Distritales, los establecimientos afiliados en Bogotá que asumen una posición de cuidado no solo de sus usuarios sino en la zona donde operan, participan en capacitaciones de seguridad, manejo de alcohol y PSA entre otros, se unen con entidades y Policía de la ciudad en pro del bienestar de quienes nos visitan.
- d) **Expobar, el Congreso más importante de la economía nocturna en Colombia.** La cita anual que en Noviembre y durante los últimos 10 años hemos tenido sin costo para toda la cadena de valor del sector,

propietarios, directivos, bartenders, meseros, personal de seguridad, artistas, djs, personal de cocina, promotores e influenciadores digitales, proveedores y emprendedores se han desarrollado, presentado e implementado diferentes estrategias allí para más de 30 mil asistentes como:

- Impulso al emprendedor local como proveedor del sector.
- Plataforma de lanzamiento de nuevos talentos musicales.
- Capacitaciones certificadas en venta y consumo responsable para más de 3000 trabajadores.
- Implementación de la campaña “Drink more Water”
- Respaldo a las bebidas ancestrales de las comunidades a través de la gastronomía líquida.
- Implementación de una nueva Gobernanza de la Noche en las ciudades con Alcaldes Nocturnos de diferentes ciudades del mundo invitados para lograr ciudades 24 horas.

e) ECOBARES: La implementación de un programa de recolección principalmente de botellas que salen como residuos reutilizables de los establecimientos, ha sido determinante para proteger en temas de salud pública a la ciudadanía al destruirse el insumo principal de la adulteración de licor que es la BOTELLA DE VIDRIO.



f) La campaña "Pregunta por Angela", iniciada en el Reino Unido, la hemos implementado en Colombia de la mano de la Vicepresidencia de la República para evitar situaciones que generen riesgo, acoso o violencia contra las mujeres en nuestros espacios nocturnos en plena articulación con entidades como las Secretarías de la Mujer, Policía Nacional y medios de comunicación.

Para mayor información: <https://asobares.org/pregunta-por-angela-3/>



- g. Iniciativa intergremial “Para que se repita”:** Campaña mediática durante la pandemia para promover el autocuidado y la responsabilidad ante el consumo en la que participó todo el ecosistema.
- h. Implementación de las certificaciones en calidad, servicio, manejo acústico y sostenibilidad de la International Nightlife Association** como parte de la evolución, concientización y futuro del sector, estas certificaciones hoy se desarrollan para mejorar la operación, proteger a los usuarios y equipos de trabajo y mejorar la convivencia en los entornos donde se desarrolla la actividad.



Cada uno de estos esfuerzos subraya el compromiso de nuestra industria con la responsabilidad social y la salud pública, al tiempo que alinea sus intereses comerciales con prácticas éticas y sostenibles.

3	Reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.	Consumo nocivo. Asobares reconoce que el consumo nocivo de alcohol es perjudicial para la salud. Por eso, hemos aunado esfuerzos para desarrollar varias iniciativas que generan con todo el ecosistema alrededor del alcohol. Lo anterior, ya que somos parte de la solución. A continuación, a manera de ejemplo presentaremos algunas de las iniciativas que han generado impacto en la sociedad, teniendo en cuenta las particularidades y contexto de Colombia, lo cual es fundamental para poder generar políticas públicas alrededor del alcohol como comercializadores, son ellas: 1. Código de autorregulación de industria junto con plataformas digitales y Asobares: Documento mediante el cual se busca desarrollar estrategias específicas para fortalecer este compromiso a través de las siguientes acciones: o Restricciones de publicidad: limitación de la publicidad de bebidas alcohólicas en plataformas y horarios accesibles a menores. Esto incluye la prohibición de anuncios de alcohol en determinadas condiciones específicas. o Control en puntos de venta: fortalecimiento de los controles para verificar la edad en los puntos de venta físicos y en línea. Esto se logra mediante la exigencia de identificación oficial para verificar la edad antes de la venta de bebidas alcohólicas, así como la implementación de herramientas digitales en ventas en línea. o Educación y concienciación: nuestros asociados colaboran con organizaciones gubernamentales y no gubernamentales para desarrollar campañas de concientización sobre los riesgos del consumo de alcohol en menores. Estas campañas se dirigen tanto a jóvenes como a padres y tutores, destacando las consecuencias legales y de salud del consumo de alcohol a temprana edad. Cabe anotar que toda la cadena de valor participó activamente en la construcción de este código y posteriormente en la firma del código, demostrando su compromiso ante las buenas prácticas para promover la responsabilidad frente al consumo.
6	Monitorear las tendencias y determinantes de las enfermedades no transmisibles y evaluar los avances en su prevención y control.	Asobares ha recomendado a la entidad oficial de estadística de Colombia, actualizar la encuesta de Sustancia Psicoactivas con el fin de lograr la construcción de políticas públicas basadas en data y ciencia. Para tal fin, hemos realizado un análisis riguroso, a través de centros de pensamiento frente a la última encuesta publicada por la entidad estadística en el año 2019 para así entender e identificar qué iniciativas podemos liderar desde Asobares y su ecosistema.



Montevideo, 17 Junio de 2024

**ASAMBLEA GENERAL DE LAS NACIONES UNIDAS
(UNGA)
Presente.**

Ref.: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE LAS NACIONES UNIDAS (UNGA) SOBRE LA PREVENCIÓN Y EL CONTROL DE LAS ENFERMEDADES NO TRANSMISIBLES (ENT), CENTRADA EN LAS ÁREAS PRIORITARIAS CLAVE DEL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS)

Gracias por la oportunidad de contribuir a su proceso de consulta de la Fase 1. Nuestra respuesta se centra en los objetivos del Plan Global de Acción de las Enfermedades No Transmisibles (PGA-ENT) más relevantes para los operadores económicos en la producción y el comercio de alcohol.

El **Centro de Fabricantes de Licores (CFL)**, fundado en 1918, es la gremial que agrupa a la industria de elaboración y comercialización de bebidas alcohólicas destiladas de Uruguay e integra la Cámara de Industrias del Uruguay. El mismo incluye empresas nacionales y extranjeras. Esta Asociación nuclea aproximadamente al 95% de las empresas de esta Industria.

EL CFL incluye empresas que forman parte de la Alianza Internacional para el Consumo Responsable (IARD por su sigla en inglés). Como Asociación en general sostenemos el compromiso de defender los estándares de responsabilidad del IARD según corresponda, incluido el apoyo a los objetivos de la ONU para abordar el uso nocivo del alcohol o equivalente.

El CFL dentro de sus posibilidades y en el contexto de su mercado, ha tratado de desempeñar un papel constructivo en la implementación del llamado a la acción en la Declaración Política de las Naciones Unidas sobre la Prevención y el Control de las ENT de 2018, y espera tener la oportunidad de seguir haciéndolo después de la Reunión de Alto Nivel de 2025.

A) Respecto del Objetivo ENT de “Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta de los países para la prevención y el control de las enfermedades no transmisibles.”

Recomendamos que el informe del Director General (DG) refleje el papel positivo que ha desempeñado el sector privado desde la última Reunión de Alto Nivel sobre ENT en 2018. La acción y las asociaciones multisectoriales han ayudado a aprovechar el poder del sector privado en apoyo de lograr importantes avances en materia de ENT objetivos y alentará un esfuerzo similar para apoyar la implementación de las principales metas relevantes de ENT antes de los plazos de 2030.

El CFL mantiene una frecuente relación tanto con autoridades regulatorias como sanitarias, donde en conjunto se monitorea y se denuncia todo indicio y evidencia de alcohol ilegítimo, que

ingresa al país sin ningún control sanitario y puede representar un peligro para la salud de los consumidores. En este sentido se mantienen contactos con la Dirección Nacional de Aduanas.

En **Anexo A** – detallaremos ejemplo de campaña digital en Uruguay promovido por el CFL:

B) Respecto del Objetivo ENT de “Reducir los factores de riesgo modificables de enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.”

Sugerimos que el informe del Director General:

- Enmarque la sección sobre alcohol y salud en torno al marco multilateral acordado sobre alcohol y salud, que se centra en el uso nocivo del alcohol.
- Refleje la gama de opciones de políticas incluidas en la Estrategia Mundial para Reducir el Uso Nocivo del Alcohol de 2010, la Declaración Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol 2022-2030, así como los contextos nacionales y locales.
- Incluya los aportes realizados por el sector privado para reducir el uso nocivo del alcohol.

En el **Anexo B** se encuentran ejemplos de cómo hemos respondido al desafío de la Declaración Política sobre las ENT de 2018 de tomar medidas concretas para eliminar la comercialización y la venta a menores.

C) Respecto del Objetivo ENT de “Monitorear las tendencias y determinantes de las enfermedades no transmisibles y evaluar los avances en su prevención y control.”

Recomendamos que el informe del Director General utilice el Marco de Monitoreo de ENT acordado por los Estados Miembros para monitorear las tendencias y los determinantes y evaluar el progreso. Este marco se centra en tres objetivos: el consumo total de alcohol per cápita, el consumo excesivo de alcohol por episodios y la morbilidad y mortalidad relacionadas con el alcohol. También recomendamos prestar más atención a la recopilación de datos sobre el alcohol no registrado, especialmente el alcohol ilícito, dada la importancia de su impacto en la salud pública.

El **Anexo C** expone la evidencia de por qué medir el alcohol per cápita global por sí solo puede no ser un sustituto eficaz para medir el consumo nocivo de alcohol.



Sin más saluda a ustedes atentamente

Por Centro de Fabricantes de Licores del Uruguay
Dr. Esc. Juan Campomar

Ciudad de México, 15 Junio 2024

Asunto: Consulta en Línea sobre la Cuarta Reunión de Alto Nivel de la Asamblea General de Naciones Unidas sobre la Prevención y Control de las Enfermedades No Transmisibles (ENTs) centrándose en las áreas prioritarias clave en el Informe del Director General de la Organización Mundial de la Salud (OMS)

El Consejo Mexicano Vitivinícola A.C. (CMV) es una asociación que trabaja por el crecimiento de la industria vitivinícola nacional y el reconocimiento de su calidad a nivel global. Con más de 72 años de trayectoria, el CMV representa a los principales productores de uva y vino del país, agrupando a más de 70 socios dedicados a la producción de uvas de mesa, uva pasa, jugos, vinos de mesa y brandy.

Nuestra misión es fomentar el desarrollo del cultivo de la vid, la industrialización de la uva y la comercialización de los productos derivados, promoviendo siempre la calidad y sostenibilidad en cada etapa del proceso. La historia del CMV es un intercambio de sabores y experiencias que refleja el talento y dedicación de emprendedores y productores mexicanos

El CMV colabora estrechamente con universidades e instituciones como la Fundación de Investigaciones Sociales, A.C. (FISAC), para implementar programas de prevención de adicciones y salud mental. Estos esfuerzos incluyen la Estrategia Nacional de Prevención de Adicciones (ENPA), que nos permite acercarnos a los jóvenes y nuevas generaciones, promoviendo hábitos saludables desde temprana edad.

A nombre del Consejo Mexicano Vitivinícola (CMV), que representa a los principales productores de uva del país en sus cinco vocaciones y trabaja por la protección de las familias mexicanas productoras de este producto nacional, expresamos nuestro más sincero agradecimiento por permitirnos contribuir al proceso de consulta de Fase I en el marco del Plan de Acción Global para la Prevención y Control de Enfermedades No Transmisibles (ENT).





Nos complace enormemente poder colaborar en esta iniciativa tan importante y relevante para la salud pública, y reafirmamos nuestro compromiso de seguir contribuyendo activamente en el desarrollo e implementación de estrategias que fomenten un consumo responsable de alcohol y contribuyan a la prevención de enfermedades no transmisibles.

El CMV está comprometido con promover prácticas responsables en la producción, comercialización y consumo de vino mexicano, así como con apoyar iniciativas que contribuyan a mejorar la salud y el bienestar de la población. Estamos convencidos de que trabajando juntos podremos lograr avances significativos en la prevención y control de enfermedades no transmisibles.

El Consejo Mexicano Vitivinícola (CMV) y sus asociados están absolutamente comprometidos en el riguroso cumplimiento de la norma de etiquetado para contribuir a los objetivos del sector salud.

Reconocemos la importancia de proporcionar información clara y precisa sobre nuestros productos, especialmente en lo que respecta al contenido de alcohol y las advertencias sobre su consumo responsable.

Este compromiso refleja nuestra dedicación a promover prácticas responsables en la industria vitivinícola y a contribuir activamente a la salud y bienestar de la sociedad.

Quedamos a su disposición para cualquier consulta adicional o colaboración futura que pueda surgir en el marco de esta importante iniciativa. Una vez más, le agradecemos la oportunidad de participar y esperamos seguir colaborando estrechamente en el futuro.

NCD-GAP Objetivo	DESARROLLO
2. Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las alianzas para acelerar la respuesta del país a la prevención y el control de las enfermedades no transmisibles.	
¿Qué alianzas y/o convenios ha establecido su organización con entidades gubernamentales y no gubernamentales para reducir el consumo nocivo de alcohol?	
El Consejo Mexicano Vitivinícola (CMV) está comprometido con la promoción de un consumo responsable del vino y la reducción del consumo nocivo de alcohol. Para lograr este objetivo, establecemos alianzas y convenios de colaboración con diversas organizaciones no gubernamentales y gubernamentales, como la Fundación de Investigaciones Sociales A.C. (FISAC), entre otras.	



uvayvino.org.mx

Montecito 38 piso 15 despacho 22
Colonia Nápoles, alcaldía
Benito Juárez, CP 03810, CDMX



cmv@uvayvino.org.mx



55 90 00 01 99

1. Alianza con FISAC:

- En colaboración con FISAC, desarrollamos programas educativos y campañas de concienciación que se centran en la promoción del consumo responsable de vino. Estas iniciativas incluyen talleres, seminarios y materiales educativos diseñados para informar a la población sobre los riesgos asociados con el consumo excesivo de alcohol.

- Implementamos programas específicos para jóvenes y adultos, promoviendo mensajes de prevención y responsabilidad, y destacando la importancia de la moderación en el consumo de bebidas alcohólicas.

2. Convenios con Organizaciones Gubernamentales:

- Trabajamos de la mano con entidades gubernamentales para apoyar la creación y ejecución de políticas públicas orientadas a la reducción del consumo nocivo de alcohol. Participamos activamente en mesas de diálogo y foros para aportar nuestra perspectiva y experiencia en el sector vitivinícola.

- Colaboramos en la implementación de campañas nacionales como "Si toma, no maneje" y la difusión de mensajes de prevención dirigidos a mujeres embarazadas y menores de edad.

3. Colaboración con Organizaciones No Gubernamentales:

- Establecemos convenios con ONGs dedicadas a la salud pública y la prevención del abuso de sustancias, para desarrollar proyectos conjuntos que aborden los problemas relacionados con el consumo nocivo de alcohol. Estas colaboraciones incluyen la coorganización de eventos, la creación de materiales educativos y la realización de estudios e investigaciones sobre el impacto del alcohol en la sociedad.

- Participamos en programas comunitarios que buscan sensibilizar a la población sobre los efectos negativos del consumo excesivo de alcohol y la importancia de adoptar hábitos de consumo más saludables y responsables.

4. Iniciativas Propias del CMV:

- Además de nuestras alianzas y convenios, el CMV lleva a cabo sus propias iniciativas para promover el consumo responsable de vino. Estas incluyen campañas de publicidad, programas de formación para bodegas y trabajadores, y la difusión de información a través de nuestras plataformas digitales y eventos del sector.

- Nos esforzamos por educar a los consumidores sobre la cultura del vino, destacando la importancia de disfrutarlo de manera consciente y moderada.

El Consejo Mexicano Vitivinícola se enorgullece de estas colaboraciones y reafirma su compromiso con la reducción del consumo nocivo de alcohol. A través de

nuestras alianzas y convenios, buscamos crear un entorno más seguro y saludable para todos, promoviendo el disfrute responsable del vino como parte de una vida equilibrada.

¿Qué programas de capacitación ha desarrollado para líderes y trabajadores en la industria de bebidas con alcohol (y cadena comercial) sobre la prevención del consumo nocivo?

El Consejo Mexicano Vitivinícola (CMV) está comprometido con el desarrollo y la implementación constante de programas de capacitación dirigidos a bodegas, trabajadores y, sobre todo, a los consumidores. Estos programas tienen como objetivo principal la prevención del consumo nocivo de bebidas alcohólicas, promoviendo hábitos de consumo responsables y conscientes.

1. Capacitación para Bodegas:

- Organizamos talleres y seminarios enfocados en las mejores prácticas de producción y en la promoción de un consumo responsable.
- Implementamos programas de certificación para bodegas que cumplen con estándares elevados de responsabilidad social y prevención del consumo nocivo.

2. Capacitación para Trabajadores:

- Ofrecemos cursos de formación continua para nuestros trabajadores, abarcando temas desde la salud y seguridad en el trabajo hasta la educación sobre el consumo responsable de alcohol.
- Fomentamos un ambiente de trabajo consciente y responsable, donde todos los empleados sean embajadores de prácticas saludables y seguras.

3. Campañas Educativas para Consumidores:

- Desarrollamos y difundimos campañas educativas a través de medios digitales y tradicionales, informando a los consumidores sobre los riesgos del consumo excesivo de alcohol y promoviendo un consumo moderado y responsable.
- Colaboramos con escuelas, universidades y organizaciones comunitarias para llevar a cabo programas de sensibilización sobre los efectos del consumo nocivo de alcohol y la importancia de hábitos saludables.

Ejemplos de Nuestras Campañas:

- "Consume con Responsabilidad": Una campaña en redes sociales y medios de comunicación que proporciona información sobre límites de consumo seguro, alternativas sin alcohol y consejos para disfrutar del vino de manera responsable.
- "Educando para un Futuro Saludable": Programas en colaboración con instituciones educativas, donde se realizan charlas y talleres interactivos sobre los efectos del alcohol en el cuerpo y la mente, dirigidos tanto a jóvenes como a padres.

- "Promotores de la Salud": Iniciativa donde formamos a voluntarios y líderes comunitarios para que actúen como promotores de la salud en sus respectivas comunidades, difundiendo mensajes de consumo responsable y prevención del abuso de alcohol.

El Consejo Mexicano Vitivinícola se enorgullece de estos esfuerzos y reafirma su compromiso con la promoción de un consumo consciente y saludable de nuestras bebidas, asegurando el bienestar de todos los involucrados y de la comunidad en general.

¿Cómo contribuye su organización a la implementación de políticas públicas orientadas a la prevención del consumo de alcohol?

El Consejo Mexicano Vitivinícola (CMV) desempeña un papel activo y comprometido en la implementación de políticas públicas orientadas a la prevención del consumo nocivo de alcohol. Nuestra colaboración con las autoridades y nuestro propio compromiso interno reflejan nuestra dedicación a promover un entorno de consumo responsable y seguro.

1. Enfoque en la No Venta de Alcohol a Menores de 18 Años:

- El CMV apoya y promueve estrictamente la política de no venta de alcohol a menores de 18 años. Trabajamos en estrecha colaboración con las autoridades para asegurar el cumplimiento de esta regulación, implementando programas de formación para comerciantes y bodegas sobre la importancia de verificar la edad de los compradores.

- Realizamos campañas de concienciación dirigidas a padres y educadores para sensibilizar sobre los riesgos del consumo de alcohol en menores y la importancia de prevenirlo desde el hogar y la escuela.

2. Prevención del Consumo de Alcohol en Mujeres Embarazadas:

- Difundimos activamente mensajes y materiales educativos sobre los riesgos del consumo de alcohol durante el embarazo. Esto incluye colaboraciones con centros de salud y programas comunitarios para informar a las mujeres embarazadas y a sus familias sobre los peligros para la salud del feto.

- Las etiquetas de nuestros productos incluyen advertencias claras y visibles sobre la no recomendación de consumo de alcohol para mujeres embarazadas, en cumplimiento con las normativas sanitarias.

3. Campañas de Seguridad Vial:

- Apoyamos y participamos en campañas de concienciación como "Si toma, no maneje", dirigidas a reducir los accidentes de tráfico relacionados con el consumo de alcohol. Estas campañas incluyen publicidad en medios de comunicación, eventos públicos y colaboraciones con organismos de seguridad vial.

- Promovemos el uso de alternativas seguras de transporte, como el servicio de taxis y conductores designados, especialmente en eventos y festivales donde se consume alcohol.

4. Colaboración con Políticas Públicas:

- El CMV trabaja conjuntamente con las autoridades gubernamentales en la creación y revisión de políticas públicas que buscan reducir el consumo nocivo de alcohol. Participamos en mesas de trabajo y foros para aportar nuestra experiencia y perspectiva en la elaboración de normativas efectivas.

- Apoyamos la implementación de programas educativos y de prevención en escuelas y comunidades, proporcionando recursos y colaborando en la difusión de información clave para la prevención del consumo irresponsable de alcohol.

El Consejo Mexicano Vitivinícola reafirma su compromiso con la promoción de un consumo responsable y con la implementación de políticas públicas efectivas que protejan la salud y seguridad de nuestra sociedad. A través de nuestras acciones y colaboraciones, buscamos contribuir a la construcción de un entorno más seguro y consciente en relación con el consumo de alcohol.

3. Reducir los factores de riesgo modificables para las enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.

¿Qué medidas ha tomado su organización para restringir el marketing de alcohol dirigido a menores de edad?

El Consejo Mexicano Vitivinícola (CMV) está firmemente comprometido con la protección de los menores de edad y con la promoción de un consumo responsable y seguro de nuestros productos. En este sentido, queremos dejar claro que:

1. Marketing Responsable:

- El CMV de ninguna manera dirige sus estrategias de marketing y publicidad hacia menores de edad. Todos nuestros materiales promocionales están diseñados y distribuidos con un enfoque claro hacia el público adulto, cumpliendo estrictamente con las normativas y regulaciones aplicables.

- Nos aseguramos de que nuestras campañas publicitarias, tanto en medios tradicionales como digitales, eviten cualquier contenido que pueda atraer a menores de edad. Esto incluye la selección cuidadosa de imágenes, mensajes y plataformas de difusión.

2. Prohibición de Venta a Menores:

- El CMV y todos sus asociados cumplen cabalmente con la prohibición de venta de alcohol a menores de 18 años. Esta es una regla que acatamos estrictamente y que vigilamos de manera permanente.

- Implementamos controles rigurosos en puntos de venta para verificar la edad de los compradores, asegurando que ningún menor de edad tenga acceso a productos alcohólicos. Este compromiso es un pilar fundamental de nuestras operaciones y de la responsabilidad social de nuestro sector.

3. Vigilancia y Control:

- Mantenemos una vigilancia continua y estricta para asegurar que nuestras políticas y prácticas de marketing y venta de alcohol se alineen con nuestras normas éticas y legales. Realizamos auditorías y capacitaciones regulares para garantizar el cumplimiento en todas las áreas de nuestra actividad.
- Colaboramos con las autoridades y otras organizaciones para promover el cumplimiento de la normativa y para identificar y corregir cualquier incumplimiento de manera oportuna.

El Consejo Mexicano Vitivinícola reafirma su compromiso con la protección de los menores de edad y con la promoción de un consumo responsable y seguro de nuestros productos. La integridad y la responsabilidad son valores fundamentales para nosotros, y trabajamos incansablemente para asegurarnos de que se mantengan en todas nuestras prácticas y operaciones.

¿Qué medidas ha tomado su organización para eliminar la comercialización y venta a menores?

El Consejo Mexicano Vitivinícola (CMV) y sus asociados están comprometidos en garantizar que no haya venta ni comercialización de alcohol a menores de edad. Nos enorgullece declarar que hemos detectado cero incidencias de venta a menores, resultado de un conjunto de medidas rigurosas y efectivas implementadas de manera permanente.

1. Campañas Permanentes:

- Llevamos a cabo campañas continuas de concienciación y educación dirigidas tanto a nuestros asociados como al público en general, enfatizando la importancia de evitar la venta de alcohol a menores. Estas campañas utilizan medios digitales, impresos y eventos educativos para difundir el mensaje.

2. Vigilancia Activa:

- Implementamos un sistema de vigilancia activa en todos los puntos de venta asociados, incluyendo bodegas y tiendas. Realizamos auditorías regulares y visitas sorpresa para asegurar el cumplimiento de la normativa de no venta de alcohol a menores.

- Capacitamos constantemente a los empleados de nuestros asociados sobre las leyes y mejores prácticas para la verificación de la edad de los compradores, asegurando que todos entiendan y respeten estas regulaciones.

3. Convenios con Restaurantes:

- Hemos establecido convenios con restaurantes y establecimientos que venden nuestros productos, para asegurar que también cumplan estrictamente con la prohibición de venta de alcohol a menores. Proveemos orientación y recursos para la implementación de políticas de verificación de edad.

- Colaboramos estrechamente con estos establecimientos para realizar capacitaciones y auditorías periódicas, garantizando que se mantengan altos estándares de cumplimiento.

4. Medidas Adicionales:

- Fomentamos la denuncia de cualquier intento de compra por parte de menores, asegurando que nuestros asociados y el público tengan mecanismos para reportar y abordar cualquier incumplimiento.

El Consejo Mexicano Vitivinícola y sus asociados se enorgullecen de su compromiso con la protección de los menores y la promoción de un consumo responsable de alcohol. A través de estas medidas integrales, logramos mantener un entorno seguro y cumplir con los más altos estándares de responsabilidad social y legal.

¿Qué iniciativas ha implementado para promover la responsabilidad frente al consumo en los lugares donde se vende y consume alcohol, como bares y restaurantes?

El Consejo Mexicano Vitivinícola (CMV) ha implementado diversas iniciativas para promover la responsabilidad frente al consumo de alcohol en lugares donde se vende y consume, como bares y restaurantes. Estas iniciativas buscan asegurar que el consumo de alcohol se realice de manera responsable y segura, protegiendo tanto a los consumidores como a la comunidad en general.

1. Programas de Capacitación:

- Desarrollamos y ofrecemos programas de capacitación para el personal de bares y restaurantes, enfocándonos en la identificación de signos de consumo excesivo y en la implementación de prácticas responsables de servicio de alcohol.

- Estas capacitaciones incluyen temas como la verificación de la edad de los clientes, la importancia de no servir alcohol a personas visiblemente intoxicadas y las mejores prácticas para fomentar un ambiente seguro.

2. Campañas de Concienciación:

- Llevamos a cabo campañas de concienciación en colaboración con bares y restaurantes, promoviendo mensajes de consumo responsable entre los clientes. Utilizamos carteles, folletos y medios digitales para difundir información clave sobre los riesgos del consumo excesivo de alcohol y las ventajas de beber de manera moderada.

- Las campañas incluyen mensajes específicos como “Si tomas, no manejes” y “Disfruta con moderación”, diseñados para sensibilizar a los consumidores sobre la importancia de tomar decisiones responsables.

3. Alianzas Estratégicas:

- Establecemos alianzas con organizaciones no gubernamentales y gubernamentales, como la Fundación de Investigaciones Sociales A.C. (FISAC), para desarrollar iniciativas conjuntas que promuevan el consumo responsable en establecimientos de venta de alcohol.

- Trabajamos con estas organizaciones para implementar programas de monitoreo y evaluación de prácticas de consumo responsable, asegurando que los bares y restaurantes cumplan con las normativas y estándares establecidos.

4. Implementación de Políticas Estrictas:

- Apoyamos a bares y restaurantes en la implementación de políticas estrictas de servicio de alcohol, incluyendo la prohibición de venta a menores de edad y la no venta a personas visiblemente intoxicadas.

- Proveemos orientación y recursos para que los establecimientos puedan adoptar y mantener estas políticas de manera efectiva, garantizando un entorno seguro para todos los clientes.

5. Promoción del Conductor Designado:

- Promovemos activamente el uso de conductores designados entre los clientes de bares y restaurantes. Colaboramos con estos establecimientos para ofrecer incentivos a los conductores designados, como bebidas no alcohólicas gratuitas.

- Realizamos campañas específicas para concienciar sobre los peligros de conducir bajo los efectos del alcohol y la importancia de planificar un transporte seguro.

El Consejo Mexicano Vitivinícola está comprometido con la promoción de un consumo responsable de alcohol en bares y restaurantes. A través de estas iniciativas, buscamos crear un entorno donde el disfrute del vino y otras bebidas alcohólicas se realice de manera segura y consciente, protegiendo la salud y el bienestar de todos los involucrados.

¿Cómo aborda su organización la reducción del acceso al alcohol en comunidades vulnerables (menores, mujeres embarazadas)?

El Consejo Mexicano Vitivinícola (CMV) está firmemente comprometido con la reducción del acceso al alcohol en comunidades vulnerables, como menores de edad y mujeres embarazadas. Entendemos la importancia de proteger a estos grupos y hemos implementado diversas estrategias para garantizar su bienestar y seguridad.

1. Prohibición Estricta de Venta a Menores:

- El CMV y sus asociados aplican rigurosamente la prohibición de venta de alcohol a menores de 18 años. Esta norma es un pilar fundamental de nuestras operaciones, y nos aseguramos de que todos los puntos de venta asociados cumplan con esta regulación de manera estricta.
- Realizamos capacitaciones continuas para el personal de tiendas, bares y restaurantes sobre la importancia de verificar la edad de los clientes. Utilizamos tecnología de verificación de identidad para asegurar el cumplimiento de esta política.

2. Campañas de Concienciación:

- Desarrollamos campañas de concienciación dirigidas a la comunidad en general para informar sobre los riesgos del consumo de alcohol en menores y mujeres embarazadas. Estas campañas incluyen la distribución de materiales educativos en escuelas, centros de salud y comunidades.
- Colaboramos con medios de comunicación para difundir mensajes preventivos que enfatizan la importancia de evitar el consumo de alcohol en estos grupos vulnerables.

3. Etiquetado y Advertencias:

- Todos nuestros productos incluyen etiquetas claras y visibles que advierten sobre los riesgos del consumo de alcohol durante el embarazo y prohíben la venta a menores de edad. Estas etiquetas son diseñadas para captar la atención y educar a los consumidores sobre los peligros asociados.
- Implementamos campañas de sensibilización en puntos de venta para reforzar estas advertencias y asegurar que los consumidores estén bien informados.

4. Programas Educativos y de Apoyo:

- Colaboramos con escuelas y organizaciones comunitarias para ofrecer programas educativos que aborden los riesgos del consumo de alcohol en menores y mujeres embarazadas. Estos programas incluyen talleres, charlas y materiales didácticos diseñados para fomentar una cultura de responsabilidad y prevención.
- Apoyamos a las mujeres embarazadas a través de alianzas con centros de salud y programas de apoyo comunitario, ofreciendo recursos y orientación para evitar el consumo de alcohol durante el embarazo.

5. Monitoreo y Cumplimiento:

- Implementamos sistemas de monitoreo y auditoría para asegurar el cumplimiento de nuestras políticas en todos los puntos de venta asociados. Realizamos visitas sorpresa y auditorías periódicas para verificar que no se venda alcohol a menores ni a mujeres embarazadas.
- Establecemos canales de denuncia para que la comunidad pueda reportar cualquier incumplimiento de estas normas, asegurando una respuesta rápida y efectiva.

El Consejo Mexicano Vitivinícola se dedica a la protección de las comunidades vulnerables y a la promoción de un consumo responsable de alcohol. A través de estas estrategias, buscamos crear un entorno seguro y saludable para todos, asegurando que los menores de edad y las mujeres embarazadas estén protegidos de los riesgos asociados con el consumo de alcohol.

Programas de las empresas miembros de tu asociación que promuevan estilos de vida saludables y fortalezcan la salud mental

Nota: Favor de proporcionar ejemplos de cómo su empresa/miembro del PC contribuyó a lograr estos objetivos, haciendo referencia especial a los estándares de IARD, por ejemplo, sobre marketing digital, etiquetas de productos, influencers, así como los sectores de ventas en línea, venta minorista y de la hospitalidad, donde sea posible.

Contribuciones del Consejo Mexicano Vitivinícola (CMV) para Alcanzar Objetivos de Prevención del Consumo de Alcohol:

1. Marketing Digital Responsable:

- El CMV implementa estrategias de marketing digital que promueven el consumo responsable de alcohol, evitando dirigirse a menores de edad y utilizando mensajes educativos sobre los riesgos del consumo excesivo.

2. Etiquetado de Productos:

- Todos los productos del CMV cuentan con etiquetas claras y visibles que advierten sobre los riesgos del consumo de alcohol durante el embarazo y la conducción, cumpliendo con las normativas y recomendaciones del sector salud.

3. Colaboración con Influencers:

- El CMV colabora con influencers para promover mensajes de consumo responsable de alcohol, asegurando que los contenidos sean apropiados y respeten las normativas vigentes.

4. Venta en Línea y Minorista:

- El CMV promueve prácticas responsables en la venta de alcohol en línea y en establecimientos minoristas, asegurando el cumplimiento de las normativas de edad y restricciones de venta.

5. Hospitalidad y Restaurantes:

- El CMV trabaja en colaboración con el sector de hospitalidad y restaurantes para promover prácticas responsables en la venta y consumo de alcohol, incluyendo la capacitación del personal y la implementación de políticas de prevención.

6. Cumplimiento de Normativas de Etiquetado:

- El CMV asegura que todos los productos cumplen con las normativas de etiquetado del sector salud, incluyendo información clara y precisa sobre el contenido de alcohol y las advertencias correspondientes.

Estos ejemplos ilustran cómo el CMV contribuye de manera activa a promover un consumo responsable de alcohol y a cumplir con las normativas y recomendaciones del sector salud en diferentes áreas y sectores relevantes.

6. Monitorear las tendencias y los determinantes de las enfermedades no transmisibles y evaluar el progreso en su prevención y control.

¿Qué sistemas de monitoreo ha implementado su organización para evaluar la efectividad de sus programas de prevención del consumo nocivo de alcohol?

El Consejo Mexicano Vitivinícola (CMV) reconoce la importancia de monitorear y evaluar la efectividad de sus programas de prevención del consumo nocivo de alcohol. Para garantizar la eficacia de estas iniciativas, hemos implementado varios sistemas de monitoreo que nos permiten evaluar constantemente su impacto y realizar ajustes según sea necesario.

1. Indicadores de Desempeño:

- Utilizamos indicadores de desempeño para medir el impacto de nuestros programas de prevención. Estos indicadores incluyen la reducción en el número de casos de consumo nocivo de alcohol, el aumento en la conciencia pública sobre los riesgos asociados con el consumo excesivo de alcohol, y la disminución en la venta de alcohol a menores de edad y mujeres embarazadas.

2. Encuestas y Estudios de Investigación:

- Realizamos encuestas periódicas para evaluar el conocimiento, actitudes y comportamientos relacionados con el consumo de alcohol en la población. Estos estudios nos permiten identificar áreas de mejora y ajustar nuestros programas en consecuencia.

- Colaboramos con instituciones de investigación para llevar a cabo estudios sobre la efectividad de nuestras campañas y programas de prevención. Estos estudios nos proporcionan datos objetivos sobre el impacto de nuestras iniciativas.

3. Evaluaciones Externas:

- Contratamos evaluadores externos para realizar evaluaciones independientes de nuestros programas de prevención. Estas evaluaciones nos brindan una perspectiva imparcial sobre la efectividad de nuestras iniciativas y nos ayudan a identificar áreas de mejora.

- Participamos en auditorías externas para verificar el cumplimiento de nuestras políticas y procedimientos en cuanto a la venta y comercialización de alcohol. Estas auditorías garantizan que estamos cumpliendo con los estándares más altos de responsabilidad y ética.

4. Colaboración con Autoridades y Organizaciones:

- Colaboramos estrechamente con autoridades locales y organizaciones de la sociedad civil para compartir información y datos sobre el consumo de alcohol y las prácticas de prevención. Esta colaboración nos permite obtener una visión más completa de la situación y mejorar nuestros programas en consecuencia.

El Consejo Mexicano Vitivinícola está comprometido con la mejora continua de sus programas de prevención del consumo nocivo de alcohol. A través de estos sistemas de monitoreo y evaluación, buscamos garantizar que nuestras iniciativas tengan un impacto positivo en la salud y bienestar de la comunidad.

¿Cómo recopila y utiliza su organización los datos sobre el consumo de alcohol y sus efectos para informar futuras acciones?

El Consejo Mexicano Vitivinícola (CMV) reconoce la importancia de recopilar y utilizar datos sobre el consumo de alcohol y sus efectos para informar futuras acciones en pro de la salud. Para lograrlo, implementamos diversas estrategias de recopilación de datos y análisis que nos permiten obtener información relevante y actualizada sobre el tema.

1. Encuestas y Estudios de Investigación:

- Realizamos encuestas periódicas para recopilar datos sobre el consumo de alcohol en la población. Estas encuestas nos proporcionan información sobre los hábitos de consumo, las actitudes hacia el alcohol y la percepción de los riesgos asociados.

- Colaboramos con instituciones de investigación para llevar a cabo estudios más detallados sobre el consumo de alcohol y sus efectos en la salud. Estos estudios nos ayudan a identificar tendencias y patrones de consumo, así como a entender mejor los factores que influyen en el consumo nocivo de alcohol.

2. Análisis de Datos de Ventas y Distribución:

- Analizamos datos de ventas y distribución de alcohol para identificar áreas geográficas o grupos demográficos con mayor consumo de alcohol. Esta información nos ayuda a dirigir nuestras acciones preventivas de manera más efectiva.

- Utilizamos herramientas de análisis de datos para identificar tendencias en el consumo de alcohol, como picos de consumo en ciertas épocas del año o en eventos específicos.

3. Colaboración con Autoridades y Organizaciones:

- Colaboramos con autoridades de salud y organizaciones relacionadas para compartir datos y experiencias en el campo de la prevención del consumo nocivo de alcohol. Esta colaboración nos permite acceder a datos más amplios y actualizados sobre el tema.

- Participamos en grupos de trabajo y mesas de diálogo donde se discuten y analizan datos sobre el consumo de alcohol y se proponen acciones para abordar este problema de manera efectiva.

4. Uso de Datos para Informar Decisiones:

- Utilizamos los datos recopilados para informar nuestras estrategias y acciones futuras en pro de la salud. Estos datos nos ayudan a identificar áreas de intervención prioritarias y a diseñar programas y campañas de prevención más efectivos.

- Evaluamos regularmente el impacto de nuestras acciones utilizando datos objetivos, lo que nos permite ajustar nuestras estrategias según sea necesario y garantizar que estamos trabajando de manera efectiva para reducir el consumo nocivo de alcohol y sus efectos negativos en la salud.

El Consejo Mexicano Vitivinícola está comprometido con el uso responsable de los datos sobre el consumo de alcohol. Trabajamos continuamente para mejorar nuestras estrategias de recopilación y análisis de datos, con el objetivo de informar y fortalecer nuestras acciones en pro de la salud de la población.

¿Qué indicadores clave de desempeño utiliza su organización para medir el impacto de sus iniciativas de prevención del consumo de alcohol?

El Consejo Mexicano Vitivinícola (CMV) utiliza una serie de indicadores clave para medir el desempeño y el impacto de sus iniciativas en la prevención del consumo de alcohol. Estos indicadores proporcionan información valiosa sobre la efectividad de nuestras acciones y nos ayudan a identificar áreas de mejora. Algunos de los indicadores clave que utilizamos incluyen:

1. Consumo de Alcohol en Menores:

- Porcentaje de menores de 18 años que reportan haber consumido alcohol en el último mes.
- Tendencias en el consumo de alcohol en menores a lo largo del tiempo.

2. Conciencia Pública sobre los Riesgos del Consumo de Alcohol:

- Nivel de conciencia pública sobre los riesgos asociados con el consumo de alcohol en menores y mujeres embarazadas.
- Cambios en la percepción pública sobre la responsabilidad en el consumo de alcohol.

3. Acciones de Cumplimiento de la Ley:

- Número de establecimientos que han sido sancionados por vender alcohol a menores de edad o personas visiblemente intoxicadas.
- Cumplimiento de las regulaciones sobre la venta de alcohol en establecimientos.

4. Impacto en la Salud Pública:

- Número de casos de intoxicación por alcohol atendidos en servicios de emergencia.
- Tendencias en la incidencia de enfermedades relacionadas con el consumo de alcohol.

5. Participación en Programas de Prevención:

- Número de personas que han participado en programas de prevención del consumo de alcohol.
- Nivel de satisfacción de los participantes con los programas ofrecidos.

6. Cambios en el Comportamiento de Consumo:

- Cambios en los hábitos de consumo de alcohol, como la frecuencia y la cantidad consumida.
- Porcentaje de personas que han reducido su consumo de alcohol como resultado de las iniciativas de prevención.

Estos indicadores nos permiten evaluar el impacto de nuestras iniciativas y ajustar nuestras estrategias según sea necesario para lograr mejores resultados en la prevención del consumo de alcohol. El CMV está comprometido con la utilización de datos objetivos para mejorar continuamente nuestras acciones y contribuir a la salud y bienestar de la sociedad.



Asunción, 17 de Junio de 2024

**ASAMBLEA GENERAL DE LAS NACIONES UNIDAS
(UNGA)
Presente.**

Ref.: CONSULTA EN LÍNEA SOBRE LA CUARTA REUNIÓN DE ALTO NIVEL DE LA ASAMBLEA GENERAL DE LAS NACIONES UNIDAS (UNGA) SOBRE LA PREVENCIÓN Y EL CONTROL DE LAS ENFERMEDADES NO TRANSMISIBLES (ENT), CENTRADA EN LAS ÁREAS PRIORITARIAS CLAVE DEL INFORME DEL DIRECTOR GENERAL DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD (OMS)

Gracias por la oportunidad de contribuir a su proceso de consulta de la Fase 1. Nuestra respuesta se centra en los objetivos del Plan Global de Acción de las Enfermedades No Transmisibles (PGA-ENT) más relevantes para los operadores económicos en la producción y el comercio de alcohol.

El **Centro de Fabricantes de Licores (CFL)**, fundado en 1918, es la gremial que agrupa a la industria de elaboración y comercialización de bebidas alcohólicas destiladas de Uruguay e integra la Cámara de Industrias del Uruguay. El mismo incluye empresas nacionales y extranjeras. Esta Asociación nuclea aproximadamente al 95% de las empresas de esta Industria.

EL CFL incluye empresas que forman parte de la Alianza Internacional para el Consumo Responsable (IARD por su sigla en inglés). Como Cámara en general sostenemos el compromiso de defender los estándares de responsabilidad del IARD según corresponda, incluido el apoyo a los objetivos de la ONU para abordar el uso nocivo del alcohol o equivalente.

Respecto de esta segunda consulta, entendemos conveniente aportar respecto lo siguiente respecto al punto 3 de la consulta en línea: ***“3. **Financiamiento Domestico para ENT y Salud Mental: Cuál es el rol de los impuestos en la salud y de otros mecanismos tributarios.**”***

A) Consideraciones Generales.

- El alcohol ilícito no debe ser ignorado. Mayor foco y mejor información es requerida respecto alcohol ilícito y representa una significativa amenaza para el fisco y la salud de las sociedades.
- Cualquier tributación a las bebidas alcohólicas debería ser parte de una estructura integral entre lo tributario y regulatorio, proporcionado, adecuado y coherente con el contexto local y

consistente con los principios de la Organización Mundial de Comercio. Dicha tributación no debería crear distorsiones de mercado ni incrementar riesgos de consumo nocivo.

- Los Análisis de “tributos de Salud” deberían contemplar el amplio rango de evidencia de los Estados Miembros que actualmente los implementen, en vez de considerar casos aislados y basarse en los estudios técnicos públicos de expertos en la materia, descartando la “literatura gris”.
- La Industria esta comprometida a promover regulaciones justas y equilibradas que aseguren la sustentabilidad y la integridad en la producción y comercialización de bebidas alcohólicas. Nuestra argumentación en la materia, se enfoca en dos principales áreas: estructuras tributarias justas y combate contra el comercio ilegítimo, todo procurando un ambiente seguro y equitativo en el mercado.

A.1.) Consideraciones particulares respecto al Esquema Tributario.

Como Industria defendemos una justa, transparente, y equilibrada carga tributaria, que promueva una competencia leal para las bebidas alcohólicas, evitando precios excesivos que está probado que incentivan el acceso de los consumidores al mercado ilegal con alternativas peligrosas, como productos falsificados o de contrabando. Es relevante considerar los impactos económicos, a efectos de evitar eventuales distorsiones económicas que tiene estos efectos secundarios negativos.

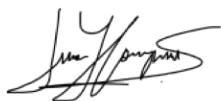
A.2) Comercio Ilegítimo

Una carga tributaria excesiva a las bebidas alcohólicas y la ausencia de un marco de competencia leal dentro del sector, pueden derivar en el desarrollo de los mercados ilegítimos.

Impuestos y precios altos generan altos riesgos de contrabando elevado, informalidad de comercialización con la relevante pérdida fiscal asociada, falsificación de productos, todo ello en desmedro de la salubridad de los consumidores.

Estudios globales llevados a cabo por la IARD y publicados en su sitio web, reportan la relación proporcional de aumento del mercado ilegítimo cuando se tiene incrementos de precio y viceversa.

Sin más saluda a ustedes atentamente



Dr. Esc. Juan Campomar
Por Centro de Fabricantes de Licores del Uruguay

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our **trade association, ABBD – Associação Brasileira de Bebidas Destiladas**, represent the companies Bacardi, Beam Suntory do Brasil, Brown-Forman, DIAGEO, and Pernod Ricard in Brazil. All the aforementioned companies are members of the International Alliance for Responsible Drinking. Together IARD's members represent nearly half of global beverage alcohol production. **We are guided by WHO's and UN's goals to prevent the harmful use of alcohol and IARD's responsibility standards.**

The associated companies have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We propose that the Director General's report emphasizes the beneficial role of the private sector from 2018 onwards. For instance, our association has been promoting the equal treatment of alcohol to avoid misled consumption . ABBD has taken significant steps in this direction and the positive role the private sector has played in this front. Our initiative 'Doses Certas' aims to educate the public through studies, research, and information dissemination. By emphasizing moderation in alcohol consumption, 'Doses Certas' encourages people to make conscious choices when they decide to drink. Additionally, ABBD's campaign 'Álcool é Álcool' highlights the standard drink measure, allowing consumers to track the amount of pure alcohol (ethanol) in each beverage. This knowledge empowers individuals to manage their alcohol intake effectively, serving as a crucial first step toward responsible drinking and better health outcomes. Check our website by clicking the following hyperlink here or URL https://alcoolealcool.doses certas.com.br/ .
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We propose that the Director General's report frame the section on alcohol and health around the notion of harmful use of alcohol as agreed on the multilateral framework which focuses on the harmful use of alcohol. ABBD has launched two initiatives to promote responsible alcohol consumption. The 'Doses Certas' program focuses on educating the public about moderation through various informational science-based resources. Meanwhile, the 'Álcool é Álcool' campaign educates consumers on standard drink measures to help them monitor their ethanol intake. These proactive initiatives demonstrate how the private sector can be part of a societal approach to reduce NCDs and the harmful use of alcohol. Additionally, ABBD has been actively participating in national debates and policy discussions to reinforce consumer protection. In line with this, we have been working diligently to ensure that alcohol consumption by healthy adults is done in moderation and to curb

		abusive use or consumption by at-risk groups such as minors and pregnant women. We have established partnerships with entities within the distilled spirits ecosystem, seeking to support and reinforce the entire supply chain's commitment to consumer health. Check our website here. ABBD has been actively advocating for tax parity among all players in the sector, bringing awareness that there is no moderation beverage, and all types of alcoholic beverages are equally harmful if misused. By promoting fair and balanced taxation, the alcoholic sector can contribute to the NCD Goal by avoiding the creation of health-compromising environments due to unregulated or illegal alcohol consumption. Also, ABBD is advocating to amplify the Brazilian National Health Council (CNS) recommendation not to tax alcoholic beverages based on alcohol percentage variation, because it would bring less impact to beer category – which represents more than 90% of the market in the country. Check the recommendation here. This approach ensures a level playing field, discourages the consumption of potentially harmful illicit alcohol, and supports the government's fiscal objectives without compromising public health. ABBD is working directly with the Brazilian Ministry of Justice to implement measures to correctly combat illicit market in the country, as this is a multi-body job – Federal Police, Federal Revenue Service and Ministry of Agriculture.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	APC in Brazil has decreased from 8.6 liters in 2010 to 7.7 liters in 2019. This tendency of reduction does not translate into a proportional reduction in alcohol-related harms. For instance, the frequency of HED over the past 30 days was reported to be 20.8% in 2023 according to the Brazilian Ministry of Health data, is slightly higher than the 19.7% recorded in 2016 by the WHO. Furthermore, the fact that 5.9% of individuals admitted to driving after drinking alcohol in 2023 highlights the persistence of risky behaviours associated with alcohol use, despite the reduction tendency in APC. Therefore, it's important to consider a broader range of indicators to assess progress in reducing alcohol-related harms in Brazil. Check Ministry of Health source here. ABBD directs significant efforts to address the illicit alcohol trade, given the significance of its impact on public health. We have advocated for actions against smuggling, counterfeiting, illicit artisanal production, the use of non-consumable substitute alcohol, and tax fraud. These efforts aim to shield consumers from health hazards and guarantee a level playing field in the market. The ABBD's actions are underscored by impactful data from Euromonitor International's study "Illegal Alcohol Market in Brazil". The research indicates that the illegal market's direct losses soared to R\$ 56.9 billion in 2023. This figure marks a 224% nominal growth since 2017. Additionally, the shortfall in tax revenue for 2023 reached R\$ 28.2 billion, up 176% from 2017. The association has been actively engaging in national debates for a just and balanced tax framework that can minimize the risk of tax

	losses and avert deficits in government revenue. Moreover, by curbing the appeal of cheaper illicit alcohol, ABBD seeks to diminish the market distortions that drive consumers towards harmful alternatives. ABBD's approach is a call to action for health authorities and policymakers to monitor and address the determinants of NCDs linked to the illicit alcohol trade.

FROM: Cámara Nacional de la
Industria Tequilera
DATE: 12 de junio, 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

La Cámara Nacional de la Industria Tequilera (CNIT), es la asociación comercial que representa, promueve y defiende el destilado tequila y su industria a nivel mundial, apoyando los intereses de nuestros afiliados, buscando su desarrollo como actores competitivos y socialmente responsables. La bebida espirituosa Tequila es una bebida icónica de México que existe desde el siglo XVI, ostentando la Denominación de Origen Tequila (DOT) otorgada por la Organización Mundial de la Propiedad Intelectual en 1977 y actualmente reconocida por 57 países. Siendo la producción de tequila una actividad agroindustrial, es el sustento de alrededor de 41,800 agricultores de Agave Tequilana Weber (variedad ‘‘azul’’) y aproximadamente 100,000 empleados en 198 destilerías autorizadas para la producción de Tequila (al cierre de 2023).

La CNIT es miembro del Consejo de Asociación de la Alianza Internacional para el Consumo Responsable (IARD), cuya membresía representa casi el 50% de la producción mundial de bebidas alcohólicas. La CNIT busca ser propositiva en el llamado a la acción en la Declaración Política de las Naciones Unidas sobre la Prevención y el Control de las Enfermedades No Transmisibles de 2018, y sigue firmemente comprometida con la Estrategia Global para Reducir el Uso Nocivo del Alcohol, por lo cual, agradecemos tener la oportunidad de presentar nuestros comentarios, en preparación para el Informe del Director General de la Organización Mundial de la Salud (OMS), para la Cuarta Reunión de Alto Nivel de la Asamblea General sobre la Prevención y el Control de las Enfermedades No Transmisibles (ENT), que se celebrará en 2025.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Respetuosamente, agradeceríamos que el informe del Director General de la OMS, considere las contribuciones que ha aportado la agroindustria tequilera en la prevención de las ENT, así como nuestros esfuerzos para apoyar la implementación de las principales metas de ENT antes de 2030. Algunos de los esfuerzos realizados son: •La alineación de nuestros miembros en temas de responsabilidad frente al consumo de bebidas alcohólicas; principalmente para que sus productos no lleguen a menores de edad. •La capacitación continua a los colaboradores de las empresas miembros de la CNIT; sobre temas para evitar el uso nocivo del alcohol.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Sugeriríamos que el informe del Director General: •Se centre en el uso nocivo del alcohol, con base en la sección sobre alcohol y salud del marco multilateral acordado sobre alcohol y salud. •Incluya la gama de opciones de políticas comprendidas en la Estrategia Mundial para Reducir el Uso Nocivo del Alcohol de 2010, la Declaración Política sobre las ENT de 2018 y el Plan de Acción Mundial sobre el Alcohol 2022-2030. •Brinde la relevancia merecida a los contextos nacionales y locales.

•Tenga en cuenta las contribuciones del sector privado para reducir el uso nocivo del alcohol.

Aquí se presentan diversas acciones implementadas en México, las cuales inciden en la disminución del consumo nocivo de alcohol, a través de evitar el consumo de bebidas con alcohol en menores de edad, así como en mujeres embarazadas y no combinar la conducción de vehículos y el alcohol.

En México, las regulaciones de etiquetado aplicables a las bebidas con alcohol son suficientemente claras en establecer las citadas restricciones. Esto se encuentra fundamentado en la Norma Oficial Mexicana “NOM-142-SSA1/SCFI-2014, Bebidas alcohólicas. Especificaciones sanitarias. Etiquetado sanitario y comercial” (NOM-142).

Es muy importante destacar la participación activa de la CNIT en la elaboración de esta NOM. Es también relevante mencionar que, cada botella de tequila que se produce debe ostentar la respectiva leyenda precautoria “El abuso en el consumo de este producto es nocivo para la salud” (Art. 9.3.7.2.1 NOM-142), así como los símbolos previstos en el Art. 9.3.7.2.4 de la NOM-142, así como en su Apéndice Normativo “A. Símbolos”, “A.2”, los símbolos a utilizar son:

Símbolo 1, Prohibición de consumo en menores de 18 años:



Símbolo 2, Prohibición de consumo por mujeres embarazadas:



Símbolo 3, Prohibición de conducción bajo los influjos del alcohol:



Por su parte, la CNIT también participó activamente en la formulación de la Norma Oficial Mexicana “NOM-006-SCFI-2012, Bebidas alcohólicas-Tequila-Especificaciones” (NOM-006), misma que en su Art. 11.1, inciso l), establece que, cada botella de tequila producida debe ostentar “las leyendas precautorias establecidas en la legislación sanitaria”. Es decir, la NOM-142.

De esta manera nuestra organización ha trabajado para proteger a poblaciones vulnerables, restringiendo la venta de productos con alcohol a menores de edad y a mujeres embarazadas. Asimismo, hemos sido proactivos en brindar la información adecuada para evitar combinar el alcohol y el volante, difundiendo y reforzando los mensajes, a través de diversos medios.

En la CNIT laboramos en diversos comités de trabajo, entre los que se encuentra el Comité de Responsabilidad Social, mismo que brinda una capacitación permanente para los socios de la CNIT en temas de prevención del uso nocivo del alcohol, buscando que transmitan este conocimiento a sus colaboradores.

Por otra parte, como ya se mencionó anteriormente, la CNIT participó activamente en la elaboración de la NOM-142, misma que en su Art. 9.4.1.2.1, menciona que la bebida estándar contiene aproximadamente 13g de alcohol, lo cual tiene su fundamento en el punto D.2.1 del Apéndice D Informativo de la Norma Oficial Mexicana “NOM-047-SSA2-2015, Para la atención a la salud del Grupo Etario de 10 a 19 años de edad” (NOM-047).

Se transcribe a continuación lo establecido en dicho apartado de la NOM-047:

D.2.1 Los parámetros para determinar el consumo de bajo riesgo de alcohol, para mayores de edad que gozan de buena salud, son los siguientes:

En Hombres mayores de 18 años de edad	En Mujeres mayores de 18 años de edad
No más de una copa estándar por hora;	No más de una copa estándar por hora;
No más de 4 copas estándar por ocasión, y	No más de 3 copas estándar por ocasión, y
No más de 12 copas estándar a la semana.	No más de 9 copas estándar a la semana
Se recomienda que tengan días libres de consumo.	

Equivalencias de Copa estándar:



Una botella de cerveza = 1 copa estándar.
 Un jarrito de pulque = 1 copa estándar.
 Una caguamán = 3 copas estándar.
 Una botella de destilados de ¾ = 6 copas estándar.
 Una botella de destilados de ½ = 12 copas estándar.
 Una botella de destilados de ¼ = 17 copas estándar.
 Una botella de destilados de 1 litro = 22 copas estándar.
 Una botella de vino de ¾ = 6 copas estándar.
 Una botella de vino de 1 litro = 8 copas estándar.

En México una unidad de bebida estándar tiene aproximadamente 13 gramos de etanol o alcohol etílico.

De esta forma la normativa en cuestión provee a la población correspondiente, un parámetro para evitar el consumo nocivo de bebidas con alcohol por parte de personas mayores de edad, que decidan responsable y voluntariamente consumir este tipo de productos.

Por otra parte, la CNIT, junto con nuestros afiliados, hemos trabajado en diferentes frentes para apoyar la implementación del llamado a la acción en la Declaración Política de las Naciones Unidas sobre la Prevención y el Control de las Enfermedades No Transmisibles de 2018. Enseguida se presentan algunos ejemplos de acciones que hemos desarrollado, esperando que las mismas reflejen el necesario enfoque de “toda-la-sociedad” para contribuir juntos al alcance de los objetivos.

- **MITOS Y REALIDAD DEL ALCOHOL:** estamos comprometidos con la promoción de la responsabilidad ante el consumo, como medio de combate al consumo nocivo del alcohol, por lo cual apoyamos y promovemos la impartición de talleres sobre mitos y realidades del alcohol a estudiantes universitarios, siempre y cuando sean mayores de edad. En estos talleres se comparte información basada en ciencia, sobre los efectos del alcohol en el cuerpo humano, a fin de que los jóvenes se concienticen sobre esto y actúen en consecuencia, si deciden consumir bebidas con alcohol.

- **PROGRAMA EDUCATIVO “NO ALCOHOL Y VOLANTE”:** la CNIT, preocupada por la seguridad de los conductores de la zona metropolitana de Guadalajara, Jalisco, México, implementó este programa de sensibilización y capacitación, a través del cual se brindan a los instructores de escuelas de manejo, herramientas que ayudarán a los nuevos conductores a ser responsables y conscientes sobre los riesgos que existen al combinar alcohol y el volante. Los instructores de las escuelas de manejo que participan en el programa, se constituyen a su vez en REPLICADORES del mismo hacia los alumnos de las escuelas. En 2021 se capacitó a 7 escuelas de manejo de la zona metropolitana de Guadalajara. 28 instructores han participado en el programa. Por otra parte, en 2020 se registraron 207 accidentes de tránsito en todo el estado de Jalisco, en los cuales la persona involucrada tenía aliento alcohólico. Mientras que, en 2021, se registraron 185 percances de esta naturaleza, lo cual representa una baja del 11%. Este programa genera responsabilidad ante el consumo de bebidas alcohólicas, reduciendo riesgos y evitando percances viales.

- **PROGRAMA AUTOSOBRIETY:** en continuación al programa educativo “NO ALCOHOL Y VOLANTE” la CNIT en colaboración con nuestro afiliado Pernod Ricard México, lanzamos el programa Autosobriety, autorizado por el Instituto de las Naciones Unidas para la Formación Profesional y la Investigación (UNITAR-por sus siglas en inglés), el cual sustituye al programa previo. Este programa es el resultado de una asociación entre UNITAR y Pernod Ricard, con la ambición de implementarlo a nivel mundial, en países donde la reducción de los accidentes de tráfico relacionados con el consumo de alcohol es

	una prioridad. El programa recibe apoyo de los organismos gubernamentales locales para llegar al mayor número de conductores posible. Enseguida se presenta un resumen de los alcances de su implementación en el periodo de mayo 2023 a mayo 2024: • Total de personas capacitadas: 586 • Tipos de público: Policías y estudiantes del estado de Jalisco. • CATAS DE TEQUILA DIRIGIDAS A LIDERES Y COLABORADORES DE LA INDUSTRIA: con el apoyo de nuestros conocedores (expertos catadores) del tequila, brindamos catas de tequila, buscando que el consumidor aprecie y deguste del producto, en términos de calidad y no de cantidad, adquiriendo así la conciencia de la moderación y la importancia de servir tragos estándar para poder llevar adecuadamente los límites de consumo, con el objetivo de reducir el consumo nocivo de alcohol. Estas acciones ayudan para que el consumidor conciba al tequila, como una bebida única, que se degusta mejor con responsabilidad y moderación. Durante 2023 se organizaron 6 catas de tequila con una participación de 305 personas. • CAMPAÑA “DRINK MORE WATER”: en colaboración con nuestro miembro Pernod Ricard México, se implementó esta campaña, consistente en colocar estaciones de servicio de agua para promover el consumo de agua y la hidratación, durante eventos en los que esté presente el tequila. Esta campaña se aplicó con gran éxito, durante las celebraciones de nuestros tradicionales eventos anuales; “Día Nacional del Tequila” y “Día del Tequilero” del año 2023, año en el que se realizaron 8 eventos en los que se aplicó este esquema, contando con 965 personas participantes.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. Proponemos que el informe del Director General utilice el Marco de Monitoreo de las ENT acordado por los Estados Miembros para vigilar las tendencias y los determinantes, a fin de evaluar el progreso. Este marco se centra en tres objetivos: el consumo total de alcohol per cápita, el consumo excesivo de alcohol por episodios y la morbilidad y mortalidad relacionadas con el alcohol. También recomendamos prestar más atención a la recopilación de datos sobre el alcohol no registrado, especialmente el alcohol ilícito, dada la importancia de su impacto en la salud pública. La CNIT en su carácter de organismo líder de la agroindustria tequilera de México, busca constantemente concretar acciones que incentiven la responsabilidad y moderación ante el consumo de bebidas con alcohol. Una estrategia que hemos venido promoviendo ante el Gobierno de México es, el cambio en el esquema tributario del Impuesto Especial sobre Producción y Servicios (IEPS) para los productos con alcohol, el cual consiste en pasar de un esquema

	ad valorem (impuesto en función del valor del producto) a un esquema ad quantum (impuesto en función del grado alcohólico del producto). Enseguida se incluye evidencias sobre nuestras acciones para disminuir el consumo nocivo de alcohol, mediante el combate al comercio informal de bebidas con alcohol. Según el Estudio de Informalidad de Bebidas Destiladas en México, correspondiente al año 2020, realizado por Euromonitor, la dimensión del mercado informal de bebidas destiladas fue del 42.5%, sobre el total del mercado formal de bebidas destiladas. La propuesta de cambio de esquema gravable del IEPS a sistema ad quantum ayudará a reducir el consumo nocivo de productos con alcohol en México, toda vez que se reduce la evasión fiscal en la producción y en la importación; lo cual impide la subvaluación de productos. Asimismo, cierto rango de productos bajaría su precio, haciéndolos menos atractivos para su falsificación. Por otra parte, se busca que los productores pequeños reciban incentivos fiscales con el objetivo de incrementar la formalidad. En conclusión, todas estas acciones vendrían a reducir el mercado informal en México y en consecuencia disminuiría el consumo nocivo de productos con alcohol. La CNIT seguirá promoviendo el cambio del esquema gravable del IEPS, con el nuevo Gobierno de México.

FROM: Foundation for Advancing Alcohol Responsibility (Responsibility.org)

SUBMITTED DATE: 10 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our not-for-profit organization is a member of the Partnership Council of the International Alliance of Responsible Drinking (IARD). Together IARD's members represent nearly half of global beverage alcohol production. Responsibility.org's missions are to eliminate drunk driving and work with others to end all impaired driving, eliminate underage drinking, and empower adults to make a lifetime of responsible alcohol choices. For more than 32 years, Responsibility.org has transformed countless lives through programs that bring individuals, families, and communities together to inspire a lifetime of responsible alcohol choices.

Responsibility.org has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs and looks forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on

	unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases”

There are many examples of the positive role the private sector has played including economic operators in alcohol production and trade, in partnership at the national level, to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. These examples provide evidence of the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse:

DRUNK/IMPAIRED DRIVING

- Stop High Risk Impaired Driving**- High-Risk impaired drivers include those with a high BAC .15 or higher, repeat offenders, and those impaired by multiple substances. Responsibility.org has created several resources on our website to [Stop High-Risk Impaired Driving](#) through the six phases of the DUI system. In support of Stop HRID, we provide presentations, technical assistance, support and lobbying efforts with federal and state legislators on these policy issues. In partnership with the Governors Highway Safety Association (GHSA) since 2015, we have provided over \$1 million in grants to states to help support High-Risk impaired driving activities to reduce impaired driving. This population requires additional interventions to address recidivism and is outlined in [our publication of evidenced based programs we support](#), “[Guide to Pretrial Services – Key Components and Best Practices Recommendations](#).” Historically, the pretrial phase has been an area of the system that has limited resources and programming. Agencies that are responsible for overseeing the supervision of defendants released at the pretrial stage are looking to balance protecting public safety, preserve individual rights, and make decisions based on accurate information about risk level and treatment needs. Some of these are as follows:
 - Screening and Assessment validated for the DUI offender** – Responsibility.org and the Cambridge Health Alliance (affiliate of Harvard Medical School) co-created the Computerized Assessment and Referral System (CARS), which is a standardized mental health assessment tool, based on the World Health Organization’s Composite International Diagnostic Interview (or [CIDI](#)). CARS is used to identify comorbidity of substance use and mental health disorder. This has been validated with DUI offenders but there is no evidence-based research to show that it reduces drunk driving or reduces recidivism. CARS is provided for free to any court or users working with the DUI population. We are currently working with Cambridge Health Alliance to streamline the screening process for the self-administered and interviewer administered versions, so judges can better assess those with potential substance use disorders and co-occurring mental health disorders. The research has demonstrated that the CARS-5 screener has adequate validity on its own for the purposes of identifying mental health issues of concern for DUI populations.
 - Monitoring**
 - DUI Courts/Specialty Courts** - DWI Courts are specialized, comprehensive court programs that provide a structure of appropriate treatment, supervision, and accountability. A team approach is utilized as judges, prosecutors, defense counsel, law enforcement, probation officers, treatment practitioners, and other involved stakeholders work together with court participants. Our team works closely with AllRise (formally none as the National Center of DWI Courts) and the American Probation and Parole Association on providing addressing the critical need of

utilizing screening and assessment tools for more positive outcomes from an impaired driving case.

- **Ignition interlock devices (IID)** – This important technology prevents drinking and driving, and research shows that these devices are highly effective at reducing recidivism while installed. Best practices include all offender requirements, compliance-based removal, incorporating IID with treatment programs, photo of the driver, GPS, etc. Responsibility.org actively lobbies and supports state legislation on the best practices for IID with key partners to include the coalition of ignition interlock manufacturers. Responsibility.org was invited to participate in the American Association of Motor Vehicles Administrators (AAMVA) IID Best Practices Guide 2023 advisory board.
- **Transdermal/continuous alcohol monitoring (CAM)** – This device usually consists of an ankle bracelet that detects alcohol consumption by sensing alcohol that passes through the skin as it is eliminated from the body.
- **Home/remote monitoring devices** – This technology works in the same manner as a breathalyzer as the user blows into the device and the results are either uploaded by a service provider or transmitted to a monitoring agency instantly using cellular service. Similar to ignition interlock devices, many of these devices come equipped with a camera feature to prevent circumvention.
- **Pretrial Services**
 - **Pretrial detention** - In most jurisdictions, defendants charged with DUIs must appear before a bond court judge to determine the conditions of their release prior to the disposition of the criminal case.
 - **DUI diversion programs** - The use of pretrial diversion is becoming a popular option as reform efforts view this approach as another way to reduce mass incarceration and target behavioral health needs among low-risk and/or non-violent offenders. Diversion models vary but they typically involve a combination of monitoring and rehabilitation and reward participant compliance by dismissing or disposing of the charges, and in some states, expunging the charge from the offender's record after successful completion of the program.
 - **24/7 Sobriety Programs** - 24/7 is an accountability-based program which imposes immediate, yet modest sanctions to deter problem drinking and change behavior through maintaining sobriety. The program focuses on the principles of deterrence, primarily swift, certain, and proportionate sanctions, to change behavior. These programs work well when combined with an IID requirement.
 - **Pretrial release programs** - Individuals deemed eligible for release are required to report to the pretrial services agency which monitors compliance and has the ability to make referrals to services and interventions within the community.

The International Council on Alcohol, Drugs, and Traffic Safety (ICADTS) created the Impaired Driving Behavioral Interventions Interest Group (IDBIIG), for which Responsibility.org is a member, to explore the recommendations in this document on an international level. This group was created as a result of a presentation at ICADTS in Rotterdam, Netherlands in 2022, and inquiries on the various measures detailed in this publication - [“Guide to Pretrial Services – Key Components and Best Practices Recommendations.”](#)
- **Technological Advances in Anti-Drunken Driving Prevention**

Responsibility.org knows that bold, innovative approaches are required to reduce and prevent crashes and save lives. New technology ultimately may help prevent drunk, drugged, and multiple substance-impaired driving, as well as distracted driving and fatigued driving. Responsibility.org supported the HALT/RIDE Acts that were signed into law to lead to a safety standard to equip all new cars with drunken-driving prevention technology. Responsibility.org believes technological advances like this are fundamental to preventing impaired driving fatalities in the future.

- **High Visibility Enforcement (HVE)** campaigns typically utilize stepped up enforcement efforts that may include saturation patrols, No Refusal programs, and/or sobriety checkpoints combined with accompanying public information campaigns. Electronic message boards, road signs, command posts, scene lighting, and Breath Alcohol Testing (BAT) vehicles enhance the highly visible law enforcement presence. Responsibility.org actively supports HVE with social media, state presentations, and state grants.
- **Open Container Laws** - Established to reduce drunk driving, open container laws prohibit individuals from being in possession of open containers of alcohol while in a vehicle. These restrictions can apply to the driver alone or both the driver and passengers in a vehicle. While these laws vary across the country, in many jurisdictions the vehicle does not have to be in motion for the open container restriction to apply. Responsibility.org has position statements on the importance of open container laws and actively supports state legislation.
- **[The National Alliance to Stop Impaired Driving](#)** (NASID) is a coalition established and led by Responsibility.org to eliminate all forms of impaired driving, as not all DUI arrests or crashes are alcohol related but include multiple substance impaired driving. Our work focuses on effective and proven measures such as DUI system reform, DUI detection, and improved use of data and technology. NASID is a broad coalition of stakeholders working in a public/private partnership to achieve these goals. NASID members include law enforcement, prosecutors, judges, toxicologists, academics, safety advocates, and industry leaders. NASID provides national leadership to expand testing among impaired drivers, training for criminal justice practitioners, toxicology lab capacity improvements, and programs to increase likelihood of recovery and reductions in recidivism. Work includes state and federal advocacy efforts, public awareness and education, and state implementation of effective programs. NASID provides a number of resources and publications to support law enforcement, prosecutors, toxicology, and others in the DUI system. Click the link to learn more about [National Alliance to Stop Impaired Driving \(NASID\)](#)
- **State Grant Programs** - Responsibility.org has worked in a private/public partnership with the Governors Highway Safety Association (GHSA), for the past ten years, by providing grants to state highway safety offices to supplement or support creative DUI solutions addressing drunk and impaired driving program.
- **DUI Incident Data Improvements** – Responsibility.org works in a private/public partnership with the Association of Transportation Safety Information Professionals (ATSIP) working on addressing gaps and barriers in DUI crash and arrest data. ATSIP represents all state and US territory state traffic records officials.
- **Practitioner Education** - There have been numerous studies investigating the criminal justice system as it relates to impaired driving. Practitioners face many complex and technical challenges in their efforts to effectively detect, prosecute, sentence, sanction, and treat these offenders. Law enforcement, prosecutors, judges, probation officers, treatment practitioners, and licensing authorities benefit from education and training on the latest impaired driving research, countermeasures, and evidence-based practices. Responsibility.org partners with the National District Attorneys Association National Traffic Law Center to provide training resources ranging from monographs to on-demand training for prosecutors on DUI prosecution, which includes CLE credits.
- **Alcohol Impaired Driving Detection Workshops** – This training is commonly known as “wet labs” and is conducted at the conclusion of a standard field sobriety test training to provide practical alcohol detection for law enforcement officers. Responsibility.org has provided resources for wet-labs and works with states to help support these training activities.

UNDERAGE DRINKING

- Research findings support the effectiveness of education and school-based programs, family-based interventions, social norms approaches, and screening work.
- Interventions aimed at strengthening family relationships in the middle-school years can have a positive, lasting effect on students’ drinking behavior.
- Numerous studies consistently support the efficacy of brief individual motivational interventions to prevent underage drinking and reduce the quantity and frequency of heavy drinking and alcohol-related problems.
- A single 4-hour classroom training session measurably improves help-seeking attitudes and behaviors and decreases alcohol risks.

[*Ask, Listen, Learn: Kids and Alcohol Don't Mix*](#), Responsibility.org's premiere underage drinking prevention program targets parents and educators of middle school aged kids (ages 9-13 and/or grades 4-8) to encourage them to say "NO" to underage drinking. Through an independent evaluation in 2018, the Alcohol and the Brain curriculum was found to be effective in providing children with the knowledge and confidence to make good decisions about refraining from underage drinking and increasing conversations about the dangers of underage drinking with adults. Since launch in 2003, *Ask, Listen, Learn* has been implemented in all 50 US states and six countries and has reached over 183 million parents, educators, and children.

Outside of Responsibility.org,

- Project Alert, which is a substance abuse prevention/ health curriculum for 7th and 8th graders <https://www.projectalert.com>.
- SBIRT – Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.
- College AIM - this matrix from NIAAA evaluates individual and environmental-level interventions to reduce and prevent to reduce underage drinking, including harmful and excessive alcohol consumption, and the associated harmful consequences - <https://www.collegedrinkingprevention.gov/CollegeAIM/Default.aspx>)
BASICS which is widely used across many college campuses: <https://youth.gov/content/brief-alcohol-screening-and-intervention-college-students-basics>.
- ICCPUD (<https://www.stopalcoholabuse.gov/> - The federal Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) works with state, territorial, and local governments and organizations to reduce and prevent underage drinking and its consequences. ICCPUD's website, [StopAlcoholAbuse.gov](https://www.stopalcoholabuse.gov/), provides the latest research and resources to support underage drinking prevention and related issues.
- The Health and Human Services (HHS) Office of Disease Prevention and Health Promotion provide information on evidence-based programs and resources to combat alcohol and drug use – <https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/evidence-based-resources>.

(b) programmes to target heavy episodic drinking;

RESPONSIBLE DRINKING

- Responsibility.org has had a long-standing commitment to educate and prevent harmful consumption, and has always recognized and advocated that not everyone should consume alcohol. As part of this effort Responsibility.org has funded research conducted by the Cambridge Health Alliance, Division on Addictions, a teaching affiliate of Harvard Medical School, through an endowed professorship in the Psychology Department, to determine the efficacy of responsible drinking strategies and programs – Responsible Drinking: A Synthesis of Empirical Evidence. The objective of this research is to identify empirically grounded responsible drinking studies in an effort to identify and assess evidenced-based responsible drinking strategies, activities, and programs.

Additional programming and initiatives targeting key audiences include,

Alcohol101+

- In 2021, Responsibility.org launched [Alcohol101+](#) a cost-free digital alcohol education program for colleges and universities to use with their students. Developed to address the high rates of binge drinking among US college students, the program provides students content on the potential consequences of harmful drinking, risk reduction strategies, and individualized feedback based on their own experiences and perceptions of alcohol. An independent evaluation of Alcohol101+ found that a majority of students completing the course reported they were less likely to engage in harmful drinking and they were more likely to use risk reduction strategies included in the program. Since launch, the program has been used by over 150 colleges and organizations with over 17,000 students completing the course.

Responsibility Starts With Me

- Responsibility has different meanings and takes on different roles for each person. Our Responsibility #StartsWithMe movement encourages individuals to talk about what responsibility means to them. Through compelling storytelling and interactive elements, the campaign encourages individuals to take proactive steps in their daily lives to make responsible choices, particularly regarding alcohol consumption. The "Responsibility Starts With Me" campaign has been distinguished by the remarkable diversity and breadth of individuals who have participated in filming videos, sharing their personal commitments to responsibility. From community leaders and public officials to celebrities, school principals, moms, and dads, the campaign has brought together a wide array of voices, each contributing a unique perspective on the importance of responsible behavior. Prominent figures from various sectors have lent their support, including elected officials who emphasize the role of policy in fostering responsibility, healthcare professionals who highlight the impact of responsible behavior on public health, and business and community leaders whose companies and organizations are leading by example in advancing alcohol responsibility. Well-known celebrities and social media influencers have used their platforms to amplify the campaign's message, reaching broader and more diverse audiences. These personal testimonies have added a relatable and authentic touch to the campaign, making its message resonate more deeply with the general public. By showcasing such a wide range of participants, the "Responsibility Starts With Me" campaign has successfully created a sense of collective responsibility, demonstrating that everyone has a role to play in fostering a culture of responsibility and accountability.

Virtual Bar

- The [Virtual Bar](#) is a free interactive Blood Alcohol Content (BAC) calculator developed by Responsibility.org that utilizes the latest science to help consumers better understand how different factors affect their BAC based on gender, weight, food, type of drinks, and how they drink – how much they consume and how fast (or slow) they drink. The Virtual Bar estimates an individual's BAC, but also estimates how long it would take for an individual's BAC to return to 0.00. The Virtual Bar also allows the user to customize their drinking experiences and safely learn how alcohol affects them as an individual before they even have start drinking. The Virtual Bar contains both alcohol and non-alcohol beverages options and provides details on the amount of alcohol contained in each beverage so the user understands if their beverage is a standard serving or more or less. Users also receive information on the impairment and how they might be feeling at the various BAC levels. The Virtual Bar is a free resource available online and as an app.

Research has shown that food consumed prior to drinking can reduce an individual's peak BAC by 30-40%. As part of the development of the Virtual Bar tool, Responsibility.org funded research to study the impact of food on an individual's BAC level. The food options include and reflect real food options that consumers often eat, especially young adults when they are consuming alcohol.

ANNEX 2

3. "To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health promoting environments."

Further details on the points set out above:

- **Focus on harmful use.** There has been an active debate in some quarters about the need to shift the focus of multilateral strategies on alcohol and health from its current focus on "the harmful use of alcohol" to a focus on alcohol consumption per se. However, Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.
- **Reflect a flexible menu of policy options, taking national and local context into account.** Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that "...the prioritization and implementation [of high impact strategies and

interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources.”

- **Contributions by the private sector to implementing the 2018 Political Declaration.** The 2018 Political Declaration called on economic operators in alcohol production and trade to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Since then, IARD Members have taken significant actions to do so, as individual companies and in partnership with the digital marketing sector including social influencers, physical and on-line retailers, global e-commerce platforms, and the hospitality sector.

Public-private partnerships are key to delivering on Responsibility.org’s three-fold mission to eliminate drunk driving and work with others to end all forms of impaired driving, eliminate underage drinking, and promote the responsible consumption of alcohol, including not drinking.

CARS (Computer Assessment and Referral System) Tool

DUI offenders often have substance use and mental health disorders that go undiagnosed and untreated – research has found that 45% of repeat drunk drivers have a major mental health disorder in addition to a substance use disorder. With funding from Responsibility.org, CARS was created by the Cambridge Health Alliance (CHA), Division on Addiction, a teaching affiliate of Harvard Medical School. CARS packages the powerful CIDI mental health assessment tool in a user-friendly interface. It is a tool that laypeople can use easily to administer assessments. The CARS personalized clinical reports include information about the client’s mental health disorders or risks, a summary of other risk factors and important issues, and a list of related health resources that provide services for clients’ particular issues and location. To learn more and to download CARS visit www.CARStrainingcenter.org. Responsibility.org amplifies and promotes this tool among key audiences including offering training on how to use and implement the tool in judicial, probation and parole, and treatment settings. Additionally, Responsibility.org funded the development of a standalone screener version that focuses on mental health without the risk of DUI recidivism included to expand the use and implementation of the tool.

PARENTING INFLUENCERS

Parents are the number one influence on their kids’ decisions to drink—or not to drink—alcohol, and when conversations about alcohol between children and parents increase, the underage drinking rate decreases. With information coming at kids from all angles and devices, it’s critical that conversations not only start early and happen often, but that they also continue as kids grow—the topics and complexity of them growing as well. We want families to talk early, talk often, and be as safe and healthy as possible.

Since 2014, we have kept our finger on the pulse on life with kids in an effort to meet parents where they are. With that in mind, each year we assemble a team of parenting influencers, and arm them with information about modeling responsible behavior and talking to their kids about alcohol to prevent underage drinking.

The goal of this team is to empower other parents and caregivers to be confident about their own decisions regarding alcohol, model healthy, balanced behaviors, and create a foundation for starting conversations with their kids starting at an early age.

In 2024, Responsibility.org has partnered with nine social media influencers with diverse audiences and backgrounds to include:

- Tomika Bryant: [Tomika Talks](#) | 149K IG followers
- Burton Buffaloe & Dustin Smith: [Raising Buffaloes](#) 136K YT Subscribers | [Dustin Patrick Smith](#) | 195K IG followers
- Mariana Cano: [Yo Mariana](#) 11K IG followers
- Angela Kim: [Mommy Diary](#) | 308K IG followers
- Jose Rolon: [NYC Gay Dad](#) | 143K IG Followers
- Danielle Schaffer: [City Girl Gone Mom](#) | 557K IG Followers
- Dustin Smith: [Dustin Patrick Smith](#) | 195K IG followers
- Dr. Kim Van Dusen: [The Parentologist](#) | 109K IG followers

- D'Anthony Ward: [Dad Vlog](#) | 107K IG followers
- LaShawn Wiltz: [Everyday Eyecandy](#) | 32K IG followers

Examples of activations below are from Alcohol Responsibility Month in April 2024:

- City Girl Gone Mom: [How Can You Support Alcohol Responsibility Month?](#)
- The Parentologist: [April is Alcohol Responsibility Month](#)
- NYC Gay Dad: [The Importance of Alcohol Responsibility Month and Being an Ambassador](#)

LIFESTYLE INFLUENCERS

Building upon the success and reach of the parenting influencer team, Responsibility.org launched a new initiative to include lifestyle influencers to reach consumers of legal drinking age to educate them about responsible drinking practices. Addressing both those who choose to drink as well as those who choose to abstain from drinking (for any reason), the lifestyle influencers talk about decision making, educate about standard drink sizes, discuss responsible hosting practices, and help consumers understand what “drinking responsibly” means.

Lifestyle activations take place throughout the year depending on the influencer and their audience/community, but include the Super Bowl, Valentine’s Day, birthday celebrations, vacations, and other events. In 2024, Responsibility.org has partnered with five social media influencer with diverse audiences and backgrounds to include:

- Candy Calderon: [Brain & Wellness Expert](#) | 16.7K IG followers
- Maria Angelica Fassrainer: [maryandpalettes](#) | 171 IG followers
- Amber Gardner: [Amber](#) | 115 IG followers
- Tony Polcari: [TonyPinDC](#) | 201K IG followers
- Melanie Santos: [Melanie Santos](#) (blog)

Examples of activations below are from 2024:

- Unearthed Amber: [A responsible “Galentine’s Day” celebration](#)
- Candy Calderon: [Alcohol Responsibility Month](#)

EDUCATION PARTNERSHIPS

- *American College Health Association (ACHA)*
- *American School Counselor Association (ASCA)*
- *Association for Middle Level Education (AMLE)*
- *Association for Orientation-Transition-Retention in Higher Education (NODA)*
- *Association of Fraternity and Sorority Advisors (AFA)*
- *Association of Student Conduct Administration (ASCA)*
- *Classroom Champions – A mentorship program focusing on social and emotional learning*
- *Community Anti-Drug Coalitions of America (CADCA)*
- *Discovery Education*
- *National Association of Elementary School Principals (NAESP)*
- *PLT4M – A physical and health education learning management platform*
- *Society for Health and Physical Education (SHAPE America)*
- *Student Affairs Administrators in Higher Education (NASPA)*
- *UVA’s Gordie Center – A hazing prevention organization.*
- *We Are Teachers – A community of K-12 educators*

DRUNK/IMPAIRED DRIVING PARTNERSHIPS

- *International Association of Chiefs of Police (IACP) – Road Safety Committee and DRE Section Member*
- *National Sheriffs Association (NSA) - Traffic Safety Committee*
- *Board of Directors – Washington Regional Alcohol Program (WRAP) (Chris Konschak)*
- *Association of Traffic Safety Information Professionals (ATSIP) (Traffic Records) – Taskforce exploring the gaps, challenges and opportunities with DUI data collection and other traffic records data.*

- *International Council on Alcohol, Drugs, and Traffic Safety (ICADTS) – Impaired Driving Behavioral Interventions Interest Group – (Pre-Trial Services Guide)*
- *Governors Highway Safety Association (GHSA) - connection with all 50 states and US territories highway safety offices.*
- *ALL Rise (formally National Association of Drug Court Professionals) – Engagement with DUI Specialty Court professionals on key trends and topics (Chris Korschak)*
- *American Bar Association and Texas Center for the Judiciary – Judicial Advisory Board (Chris Korschak)*
- *American Probation and Parole Association (APPA) - focusing on screening and assessments for the repeat DUI offender. This is a key group for accountability for those on probation and parole for DUI.*
- *American Association of Motor Vehicle Administrators – Best practices guide for IID, licensing and credentialing.*
- *Mothers Against Drunk Driving (MADD) and MADD Canada*
- *National District Attorneys Association – National Traffic Law Center – creation of training resources for officers and prosecutors.*
- *National Transportation Board (NTSB) - Highway Safety Coalition*
- *National Safety Councils - Alcohol, Drug, and Impaired Driving Committee (ADID)*
- *National Council of State Legislators (NCSL)– active engagement to address impaired driving policy and education for policy makers.*
- *Students Against Destructive Decisions (SADD)*
- *Transportation Research Board - Impairment in Transportation Committee Member*
- *Uber – responsible consumption and ride sharing*
- *United States Department of Transportation*
 - *National Highway Traffic Safety Administration (NHTSA)*
 - *Federal Motor Carrier Safety Administration (FMCSA)*
- *Cambridge Health Alliance, Division on Addiction a Harvard Medical School a teaching affiliate and the CARS Program – Screening and assessment for impaired drivers focused on substance use and/or mental health disorders.*

We Don't Serve Teens

We Don't Serve Teens was originally developed in partnership and launched in 2007 in conjunction with the Federal Trade Commission (FTC). In 2022, the campaign relaunch was directed by Responsibility.org. The goal of the campaign is to raise awareness about underage drinking statistics and to unify all partners with the understanding that serving, selling, and supplying alcohol to those under the legal drinking age is illegal, irresponsible, and unsafe. www.wedontserveteens.org.

- Current partners dedicated to We Don't Serve Teens include <http://www.wedontserveteens.org/partners>.

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by IARD Members and partners, which can be informed through regular dialogues with economic operators. These dialogues have been ongoing between the WHO Secretariat and economic operators since 2018 and should continue going forward.

ANNEX 3

6. “To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.”

The NCD Global Monitoring Framework was agreed by Member States during the World Health Assembly in May 2013, and has three indicators for tracking the harmful use of alcohol. These are:

- Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context
- Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context

- According to the 2022 National Survey on Drug Use and Health (NSDUH; latest available) report, 61.2 million Americans, 12 and older reported binge drinking in the past month (44.5% of those who consume alcohol). Less than one in four adults, 21+ and older, reported binge drinking and while this level of consumption remained relatively unchanged from 2021 to 2022 the longer term trend shows an 11% decline since 2015,
- Among 12- to 20-year olds, reported rates of lifetime, past month consumption, binge drinking, and heavy alcohol consumption have declined steadily from 2013 to 2022, reaching or at near historic low levels in 2022. About 5.8 million Americans between the ages of 12 and 20 report current alcohol consumption; this represents 15% of this age group for whom alcohol consumption is illegal. One in 12 underage youth reported binge drinking in 2022, down more than 4% from 2021 and decreasing almost 39% proportionally from 13.4% in 2015 to 8.2% in 2022.

(Source: <https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases>)

Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

- According to the US Centers for Disease Control about 178,000 people die from excessive alcohol use annually, including about 4,000 young people (under 21) who die from excessive alcohol use each year. (Source: https://nccd.cdc.gov/DPH_ARDI/default/default.aspx)

The last two indicators are clearly focused on measuring the harmful use of alcohol. However, we join others in considering that the first indicator is insufficient on its own, as it does not measure progress against harmful drinking, since it does not measure drinking patterns or consequences of harmful drinking. It attempts to use reductions in global per capita alcohol consumption as a proxy for reductions in the harmful use of alcohol and has undergone methodological revisions in recent years.

- According to the 2022 National Survey on Drug Use and Health (NSDUH; latest available) report, 61.2 million Americans 12 and older reported binge drinking in the past month (44.5% of those who consume alcohol). Less than one in four adults, 21+ and older, reported binge drinking and while this level of consumption remained relatively unchanged from 2021 to 2022 the longer term trend shows an 11% decline since 2015,
- Among 12- to 20-year olds, reported rates of lifetime, past month consumption, binge drinking, and heavy alcohol consumption have declined steadily from 2013 to 2022, reaching or at near historic low levels in 2022. About 5.8 million Americans between the ages of 12 and 20 report current alcohol consumption; this represents 15% of this age group for whom alcohol consumption is illegal. One in 12 underage youth reported binge drinking in 2022, down more than 4% from 2021 and decreasing almost 39% proportionally from 13.4% in 2015 to 8.2% in 2022.
- According to the Monitoring the Future Survey, overall substance use among teens in 2023 remained below the pre-pandemic levels reported in 2020. Underage binge drinking (defined as having five or more drinks in a row in the past two weeks) continued to remain below pre-pandemic levels, continuing its long-term decline. Among 8th, 10th and 12th graders combined binge drinking declined, with less than six percent reporting they have engaged in this level of harmful consumption. Binge drinking has declined 51 percent proportionally from 2014 to 2023 and 72 percent since 1991.
 - Two percent of 8th graders reported binge drinking in 2023, a decrease of 82 percent from 1991, and 51 percent from 2014 to 2023.
 - Five percent of 10th graders engaged in binge drinking, down 57 percent from 13 percent in 2014, and 74 percent since 1991.
 - One in ten 12th graders (10 percent) report consuming five or more drinks in a row, a 47 percent decrease from 19 percent, proportionally, in 2014, and 66 percent from 1991 to 2023.
- Among college students, the 2022 Monitoring the Future Survey reported more than one in four college students report engaging in binge drinking (having five or more drinks in a row in the past two weeks). However, the prevalence of binge drinking among college students declined 11 percent proportionally, from 31.2 percent in 2021 to 27.7 percent in 2022.
 - Binge drinking had typically been more prevalent among college than noncollege young adults over the years, but in 2022 there was no significant difference.
 - High-intensity drinking (consuming 10 or more drinks in a row at least once in the past two weeks) declined significantly from 2021 to 2022. One in twenty college students (5.2 percent) said they consumed 10 or more drinks in a row compared to 10.5 percent in 2021.

- o College men were two times more likely to report having engaged in high-intensity drinking than their college women peers (8% and 3.4%, respectively).

(Source: University of Michigan, Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 60, 1976-2022, 8/2023)

We refer you to the submission by IARD for more details.

17 June 2024

Subject: Public Consultation on the Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs, Focusing on the Key Priority Areas in the WHO Director General's Report

The Singapore Beer Industry Association (SBIA) welcomes the opportunity to provide our feedback as part of the Phase 1 consultation process.

The SBIA represents the leading beer producers in Singapore with a mission to foster a thriving ecosystem in the food and beverage, hospitality, tourism, and retail sectors. We are fully committed to reducing the misuse of alcohol and embedding a responsible drinking culture within a balanced lifestyle. By engaging and collaborating with the government and other key stakeholders, we aim to address industry challenges, support policy development, and contribute to the sustainable growth of Singapore's economy. Members of the SBIA comprise of Asia Pacific Breweries Singapore (part of the HEINEKEN Company), Carlsberg Singapore, and Anheuser-Busch Inbev Singapore.

SBIA members are working to implement the WHO's Global Alcohol Action Plan (2022-2030), and support the target to **reduce harmful alcohol use by 20%**. We remain committed to continuing this work following the 2025 High-Level Meeting.

For the purposes of this submission, we will focus on the NCD-GAP objectives most relevant to our members as economic operators in the production and trade of alcohol, i.e., 1, 2, 3, 5 and 6.

#	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.	SBIA members are aligned with the WHO's goal to reduce harmful alcohol use , and are actively implementing business objectives and initiatives to support public health goals. For instance, we are constantly developing innovative low and zero alcohol products, which have been shown to help prevent and reduce harmful alcohol consumption.
2	To strengthen national capacity , leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Multi-stakeholder engagement and public-private partnerships are crucial for addressing the harmful use of alcohol. SBIA collaborates closely with other trade associations, customers, and consumers to leverage the private sector's potential in achieving NCD objectives. Examples of SBIA's partnerships to accelerate Singapore's response can be found in Annex 1. Beyond simply promoting responsible drinking, it is crucial for policies to normalize the consumption of low and zero alcohol beverages. Policymakers therefore play a pivotal role in guiding consumers towards these alternative choices which help to reduce consumption, thereby leading to better public health outcomes.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	SBIA members acknowledge the call for increased private sector involvement as outlined in the 2018 Political Declaration and the 2022 Global Alcohol Action Plan. In response, we have taken significant steps to implement the key asks of Economic Operators. We remain dedicated to (1) preventing the marketing and sale of alcohol to minors, (2) strictly adhering to responsible labelling and advertising policies for all products, and (3) offering training programs to equip bartenders and restaurant service staff with the skills needed for responsible beverage service. Examples of these efforts are provided in Annex 2. Substituting higher alcohol products with lower alcohol alternatives, such as beer, is crucial for reducing alcohol-related harms at the population level. SBIA members, as producers of beers with low and zero alcohol, are well-positioned to offer consumers alternative choices that mitigate the harmful effects of alcohol. Moving forward, future WHO normative documents and guidance to member states should explore differentiated policies by beverage type to incentivize greater substitution and encourage the production and consumption of lower and no ABV beverages.
4	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	SBIA endorses the Global Alcohol Action Plan's (2022) call for alcohol policy research, particularly to evaluate the impact of substituting higher alcohol products with zero and lower alcohol alternatives. This research should also explore the importance of an enabling policy environment tailored to the type and strength of alcoholic beverages.
5	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Given the potential of low- and zero alcohol beers to mitigate alcohol-related harm, the NCD Monitoring Framework should also track the impact of substitution policies on all three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. For recent trends in alcohol consumption habits in Singapore, please refer to Annex 3.

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.	
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- To promote guidelines that enforce the prevention of all the biological and medical effects of low frequency, radiofrequency and microwaves radiation (EMF) to humans – especially children, pregnant women, patients, the elderly, those injured by and sensitive to this electro magnetic fields of electricity and wireless and those using electromedical devices or implants - To ensure the best attainable protection within the workplaces - To educate the public on the hazards associated with wireless technologies and electricity and how to minimize exposure (e.g. using cables) - To promote diagnosis protocols for people more sensitive to EMFs - To catalyse urgent action to develop the best therapies for reduce pathological effects of EMFs to people affected by the environmental disease electro hypersensitivity (EHS)
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- To Enact exposure limits to RF EMF based on all health and biological effects, not only thermal, to protect humans – especially children, pregnant women, patients, the elderly, those injured by and sensitive to this electro magnetic fields of electricity and wireless and those using electromedical devices or implants; apply the precautionary principle - To ensure that exposure guidelines are made by scientists with biomedical expertise on non-ionising EMFs and who are free from conflicts of interest

		- To promote the constitution of free-electrosmog areas with zero EMFs suitable for people affected by EHS
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.	- To educate the public on the hazards associated with wireless technologies and electricity and how to minimize exposure (e.g. using cables) - Educate medical professionals on the biological effects of non-ionising EMFs and provide training in the treatment of patients with electromagnetic sensitivity, including through diagnostic and therapy protocols
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- To promote research into all the long-term and short-term effects of exposure to electromagnetic fields ~~in~~ for all relevant bioactive parameters through independently financed research programmes. And to work towards guidelines and recommendations for protective and precautionary measures that take into account biological effects next to thermal effects of EMFs.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	- To finance epidemiological continuous surveys to monitor NCDs -in relation to exposure to EMFs
*	<i>Additional:</i> 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.



**UKRAINIAN INDUSTRY COMPANY FOR THE PRODUCTION OF
BEER, SOFT DRINKS AND MINERAL WATERS
PRJSC "UKRPYVO"**

Mala Zhytomyrska str, 3-A, Kyiv (Ukraine), 01001, tel. +38 (044) 279-71-79
E-mail: gn-korenkova@ukrpivo.com, www.ukrpivo.com,
Code of Company 14297558

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

Web-based consultation: Phase I

**General comments on key priority areas in the WHO-Director General's report
Submission from Ukrpyvo (Ukraine)**

Summary: Ukrainian industry company for the production of beer, soft drinks and mineral waters PrJSC "Ukrpyvo" (hereinafter - "Ukrpyvo") was established in December 1993 by legal entities and individuals. Ukrpyvo is a company that represents the general interests of producers of beer, soft drinks and mineral waters and malt products before the legislative and executive authorities, performs the functions of a coordinating body in matters of technology, quality and certification of products, determination of the main directions of technical rearmament, dissemination of scientific and economic information. Ukrpyvo promotes the introduction of scientific and technical developments at enterprises, the implementation of targeted development programs. The geography of the location of the enterprises that Ukrpyvo takes care of covers all regions of Ukraine. Members of Ukrpyvo are working to implement the WHO Action Plan (2022–2030) to Effectively Implement the Global Strategy to Reduce the Harmful Use of Alcohol (hereafter the GAAP).

#	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.	A whole of society approach is vital to ensuring the prevention and control of NCDs remains a priority for international cooperation. Brewers share the WHO's goal to reduce the <u>harmful use</u> of alcohol and are transforming their businesses to contribute to public health aims. The Global Alcohol Action Plan (GAAP) identifies a critical role for the private sector to reduce alcohol-related harm and brewers have taken multiple actions to implement the WHO's recommendations for economic operators' cooperation. The 2010 Global Alcohol Strategy also establishes a whole-of-society approach that recognizes economic operators as "essential for success," and asks them to "consider effective ways to prevent and reduce harmful



UKRAINIAN INDUSTRY COMPANY FOR THE PRODUCTION OF BEER, SOFT DRINKS AND MINERAL WATERS PRJSC "UKRPYVO"

Mala Zhytomyrska str, 3-A, Kyiv (Ukraine), 01001, tel. +38 (044) 279-71-79
E-mail: gn-korenkova@ukrpivo.com, www.ukrpivo.com,
Code of Company 14297558

		use of alcohol within their core roles” as developers, producers, marketers, and sellers of alcoholic beverages. The Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, reaffirms this approach. Examples of participation in this effort are included in the appendix.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Multi-stakeholder engagement and public/private partnerships, in line with the recommendations of the Global Alcohol Action Plan, are essential for tackling the harmful use of alcohol. At the country level, accelerating the adoption of lower and no-alcohol beverages requires a whole of society response with a particular role for policymakers, to nudge adult consumers more effectively toward lower ABV beverages like beer. Policies that nudge consumers towards lower alcohol beverages are a time-tested, evidence-based way to improve public health outcomes. For example, a comprehensive study of the impact of alcohol policies by WHO Europe (2019) found that policies shifting consumption away from high-strength alcohol beverages toward lower-alcohol beverages were associated with a decline in harm. Examples of effective policymaking and the impact of lower- and no-alcohol beverages at national levels are included in the appendix.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Portfolio and policy outcomes that support lower and no-alcohol beer category growth are aligned with efforts to encourage moderate consumption as part of a well-



UKRAINIAN INDUSTRY COMPANY FOR THE PRODUCTION OF BEER, SOFT DRINKS AND MINERAL WATERS PRJSC "UKRPYVO"

Mala Zhytomyrska str, 3-A, Kyiv (Ukraine), 01001, tel. +38 (044) 279-71-79
E-mail: gn-korenkova@ukrpivo.com, www.ukrpivo.com,
Code of Company 14297558

		balanced lifestyle. Addressing harmful use of alcohol requires a holistic approach, considering multiple societal and cultural factors. Brewers recognize the request for the private sector to do more from the 2018 Political Declaration and, more recently, the 2022 Global Alcohol Action Plan, and have taken multiple steps to implement the core asks of Economic Operators. Evidence from studies and market-level policy outcomes is included in the appendix.
4	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Brewers support the Global Alcohol Action Plan's (2022) call for alcohol policy research, including the impact of differentiated policies according to the alcohol content of alcoholic beverages. Further research is needed to assess the impact of substituting higher alcohol products with no and lower alcohol products. This would also include the role of an enabling policy environment based on differentiated policies according to the beverage type and strength of alcoholic beverages.¹
5	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	With developments in the growth of low- and no-alcohol beers and evidence of their potential to reduce alcohol harm, the NCD Monitoring Framework should also track the impact of substitution strategies across all three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality.

¹ Global Alcohol Action Plan 2022-2030 action 5; pg. 28. (2022)



UKRAINIAN INDUSTRY COMPANY FOR THE PRODUCTION OF BEER, SOFT DRINKS AND MINERAL WATERS PRJSC "UKRPYVO"

Mala Zhytomyrska str, 3-A, Kyiv (Ukraine), 01001, tel. +38 (044) 279-71-79
E-mail: gn-korenkova@ukrpivo.com, www.ukrpivo.com,
Code of Company 14297558

*

Additional: To promote mental health and well-being as a vital component of achieving SDG target 3.4.

We welcome the formation of the Commission on Social Connection (2024-2026).² We would urge the commission to prioritize and conduct studies on the importance of social connections as an important part of wellbeing.

Appendix:

Objective 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.**”

Brewers share the WHO’s goal to reduce the **harmful use** of alcohol and are transforming their businesses to contribute to public health aims. The Global Alcohol Action Plan (GAAP) identifies a critical role for the private sector to reduce alcohol-related harm and **brewers have taken multiple actions to implement the WHO’s recommendations for economic operators’ cooperation.**

The 2010 Global Alcohol Strategy establishes a whole-of-society approach **that recognizes economic operators as “essential for success,”** and asks them to “consider effective ways to prevent and reduce harmful use of alcohol within their core roles” as developers, producers, marketers, and sellers of alcoholic beverages.

The Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, reaffirms this approach:

- o “Encouraging economic operators in the area of alcohol production and trade, as appropriate, to contribute to reducing harmful use of alcohol in their core areas, taking into account national, religious and cultural contexts”³

The brewing sector has met this invitation for action and **worked to develop, produce, and market new lower- and non-alcoholic products that have since been proven to contribute to preventing and reducing harmful use of alcohol.**⁴

² WHO Commission on Social Connection

³ General Assembly [resolution 73/2](#), Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, A/RES/73/2 (17 October 2018).

⁴ Availability of lower-strength beer reduced average consumption – especially among among heavy drinkers. Anderson P, Jané Llopis E, O'Donnell A, et al., Impact of low and no alcohol beers on purchases of alcohol: interrupted time series analysis of British household shopping data, 2015–2018. [BMJ Open](#) 2020;10:e036371. doi:10.1136/bmjopen-2019-036371

17 June 2024

Re: Web-based Consultation on the Fourth High Level meeting of the UNGA on the Prevention and Control of NCDs, focusing on the Key Priority Areas in the WHO Director General's Report

Thank you for the opportunity to contribute to your Phase 1 consultation process. As a world leader in the wine & spirits industry, our response will focus on the NCD-GAP objectives that are most relevant to us as an economic-operator.

Created by the merger of Pernod and Ricard in 1975, Pernod Ricard has over 240 brands distributed in more than 160 countries. In FY 2023 these generated consolidated net sales of €12,137 million. We believe our products bring people together during genuine, friendly moments of connection and have a valuable place in society. Nevertheless, the Group acknowledges that inappropriate alcohol consumption can cause serious problems for individuals and communities. Accordingly, we place a very high emphasis on responsible alcohol consumption in all our policies and take meaningful action to reduce the harmful use of alcohol.

We are also a founding member of the International Alliance for Responsible Drinking (IARD), whose members represent nearly half of global beverage alcohol production. As such we are committed to upholding IARD's responsibility standards and supporting the UN goals to tackle the harmful use of alcohol. We have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

Summary

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines.

Annex 1 provide examples of our partnerships at global national level to accelerate country responses

3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.

We recommend that the DG's report:

- Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol. Member States have agreed and endorsed the current approach on multiple occasions, including in the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2030 the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan 2022-2030, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases in 2018.
- Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts. Paragraph 27 of the Global Alcohol Action Plan 2022-2030 states that *"...the prioritization and implementation [of high impact strategies and interventions and other policy options and interventions recommended by the global strategy] is at the discretion of each Member State, depending on the needs and status of implementation of these measures in a given country. It is also dependent on national and subnational social, economic and cultural contexts, public health priorities, health system policies and available resources."*; and
- Include the contributions made by the private sector to reduce the harmful use of alcohol.
- Consider empirical evidence of countries that have implemented best buy policies (notably in Northern Europe) and identify which such countries do not appear to have achieved better outcomes in terms of reduction of harmful use of alcohol.

Annex 2 illustrates how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors.

6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on

unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health.

Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.

ANNEX 1

2. “To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases.”

As a leading producer Pernod Ricard has executed a wide range of actions programmes both globally and in individual countries to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework. In FY 23, Pernod Ricard contributed to local responsible drinking initiatives in 48 markets, around 65% of these were in partnership with trade associations. Most of the interventions address heavy episodic drinking, underage drinking and drinking and driving, and promote the moderate consumption of alcohol. Our approach builds on the strength of our decentralized business model. We recognize that different cultures, religions, and societies require different solutions within their local context. We believe in partnership as behaviour change cannot be achieved by us alone. Here are a few examples that illustrate the concrete progress that can be achieved such a whole-of-society approach:

- **Responsible Party & Drink More Water- targeting heavy episodic drinking.**

Responsible Party is Pernod Ricard’s flagship programme dedicated to fighting binge drinking around the world. Since its launch in 2009, this non-branded programme has been implemented in 60 countries. The online campaign has reached more than 400 million young adults, and the on-the-field programme 9 million through activations during iconic music festivals, carnivals, events, and student parties. Originally launched in partnership with Erasmus Student Network, the largest European student organisation, a scientific evaluation demonstrated that the programme was effective in raising awareness of the risks of binge drinking and in reducing harm during the parties. Its scope has since expanded from students to the young adult population at large, with the innovative “DRINK MORE WATER” campaign launched in 2021 targeting Gen Z. A second iteration launched in 2024 has reached 100 million people in 34 markets.

- **Autosobriety Training Programme- reducing alcohol related traffic harm.**

Since 2020 Pernod Ricard has partnered with the United Nations Institute for Training and Research (UNITAR) on the roll-out of the Autosobriety training programme. This initiative aims to provide road safety stakeholders with educational tools to raise awareness on the risks associated with drinking and driving to contribute to the UN Global Road Safety Performance Target #9 to halve the number of alcohol-related road traffic injuries and fatalities by 2030. The core of the programme is an online educational module which covers: road crash statistics; the impact of alcohol on the ability to drive and relevant risks; the legal ramifications of drinking and driving; and personal responsibility to avoid drink-driving. In addition, an augmented reality video was developed to simulate the effects of alcohol on driving and the increasing risks of road accidents. In FY23, the Autosobriety programme was expanded to six additional countries, bringing the programme to eight countries in total (South Africa, Dominican Republic, Mexico, Ecuador, Poland, Cambodia, China, Vietnam) and the Group’s partnership with UNITAR was also renewed.

**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.	Advocating for the prioritization of oral health within global, regional, and national agendas allows for the alignment of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2030 and the WHO Global Oral Health Action Plan. Strengthening international cooperation and advocacy specific to oral health can lead to benefits and Member States should create a broader health and development agenda that: 1. Prioritizes oral health to ensure that everyone, regardless of socio-economic status or geographic location, has access to essential oral health services and access to essential medicines in the dental category. This will assist to reduce health disparities and promote equity in healthcare. 2. Emphasizes preventive measures, oral hygiene education, and healthy lifestyle promotion to reduce the prevalence of oral diseases and their associated complications. 3. Invests in oral health promotion and disease prevention to reduce the economic burden resulting from the reduction of costly treatments for advanced oral diseases – beneficial to both individuals and healthcare systems.

		4. Prioritizes oral health to improve overall well-being and quality of life for individuals and communities as oral diseases can significantly impact an individual's quality of life, affecting their ability to eat, speak, and socialize comfortably. 5. Integrates oral health services into existing healthcare systems including health workforce curricula, ensuring that oral health receives the appropriate level of attention and resources . 6. Includes oral health in internationally agreed development goals, such as the Sustainable Development Goals (SDGs), to increase the allocation of resources by governments and organizations as well as the implementation of policies to address oral health needs effectively. 7. Increases research and innovation in the prevention, diagnosis, and treatment of oral diseases, resulting in better health outcomes for patients.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Enhancing national capacity, leadership, governance, multisectoral action, and partnerships are vital components in accelerating the country's response to preventing and controlling noncommunicable diseases (NCDs), including oral diseases. IADR supports Member States to: 1. Invest in training programs for oral healthcare professionals to enhance their skills in oral health promotion, prevention, and treatment. This ensures that the healthcare workforce is equipped to address oral health needs effectively. 2. Establish strong leadership and governance structures within the healthcare system to oversee oral health initiatives, set priorities, allocate resources, and monitor progress. This involves engaging government agencies, policymakers, and stakeholders to develop evidence-based policies and strategies for oral health. 3. Foster collaboration across different sectors, including education, finance, and agriculture, to address the social and commercial determinants of oral health and implement comprehensive interventions. This is especially important due to the shared risk factors and bi-directional relationship amongst oral diseases and other NCDs. 4. Forge partnerships with civil society organizations, academic institutions, professional associations, and

		international agencies and engage communities to leverage expertise, resources, and networks for oral health promotion and disease prevention. Collaborative efforts can amplify the impact of interventions and reach underserved populations more effectively. 5. Strengthen surveillance systems and data collection mechanisms to monitor the prevalence of oral diseases, track risk factors, and evaluate the effectiveness of interventions. Timely and accurate data are essential for informed decision-making and resource allocation.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Creating health-promoting environments specific to oral health and oral diseases involves addressing modifiable risk factors and underlying commercial social determinants. IADR supports Member States to: 1. Educate individuals and communities about the importance of oral health, proper oral hygiene practices, and the impact of lifestyle choices on oral health outcomes. This includes raising awareness about the risks of tobacco use, unhealthy diet, and excessive alcohol consumption on oral health. These oral health promotion programs should be implemented in workplaces and schools to encourage healthy behaviours. 2. Identify and address underlying commercial and social determinants that contribute to oral health disparities, such as poverty, inadequate housing, lack of education, and limited access to nutritious food and clean water. Implement policies and programs aimed at reducing socio-economic inequalities and promoting social inclusion. 3. Foster environments that support healthy behaviours and lifestyles conducive to good oral health. This includes promoting smoke-free environments, providing access to the dental preparations on the Essential Medicines list, fluoridated water, and implementing policies that encourage healthy eating habits and physical activity. 4. Engage communities in identifying their oral health needs, priorities, and solutions. Empower community members to take ownership of their oral health by involving them in the planning, implementation, and evaluation of oral health promotion initiatives. IADR supports the WHO Secretariat to:

		1. Advocate for policies and regulations that create supportive environments for oral health, such as regulations on the marketing and sale of sugary drinks, tobacco, and unhealthy foods, as well as policies to promote water fluoridation and oral health education in schools.
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.	Strengthening health systems to address the prevention and control of noncommunicable diseases (NCDs), including oral diseases, requires a people-centered approach and a focus on primary healthcare and universal health coverage (UHC). IADR supports Member States to: 1. Ensure that oral health services are integrated into primary healthcare settings, including increasing accessibility and affordability for all. This should be inclusive of training primary care providers to deliver basic oral health services, such as oral health screenings, preventive care, and early intervention for common oral health issues. 2. Define policies and initiatives that promote universal health coverage, ensuring that all individuals have access to essential oral health services without facing financial hardship. This should be inclusive of expanding insurance coverage for oral health care, reducing out-of-pocket expenses, and removing barriers to accessing oral health services. 3. Empower healthcare providers, including oral healthcare professionals, primary care physicians, nurses, and community health workers, to take a proactive role in addressing oral health within the context of primary healthcare. Provide training and resources to support healthcare providers in delivering comprehensive oral health services and promoting oral health education. 4. Implement community-based approaches to oral health promotion and disease prevention, engaging communities in identifying their oral health needs and priorities. This may involve establishing community oral health education programs, organizing outreach initiatives, and leveraging community health workers to deliver oral health services in underserved areas. 5. Strengthen health information systems to collect data on oral health indicators, monitor oral health outcomes, and track progress towards NCD prevention and control goals. This data can inform

		evidence-based decision-making, resource allocation, and policy development.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promoting and supporting national capacity for high-quality research and development (R&D) for the prevention and control of noncommunicable diseases (NCDs), including oral diseases, is essential for advancing knowledge, improving interventions, and reducing the burden of these conditions. IADR supports Member States to: 1. Allocate resources to develop and maintain research infrastructure, including laboratories, research centers, and academic institutions, equipped with state-of-the-art facilities and technologies for conducting oral health research. 2. Provide training opportunities and capacity-building programs for researchers, healthcare professionals, and students interested in oral health research within national research and health agendas. 3. Create funding opportunities and mentorship programs to support early career researchers and encourage them to pursue careers in oral health research. This can include grants for pilot studies, fellowships for postgraduate training, and mentorship by established researchers. 4. Encourage multidisciplinary research collaborations that bring together experts from diverse fields, such as dentistry, public health, epidemiology, engineering, genetics, and behavioral sciences, to address complex oral health issues from multiple perspectives. 5. Support the translation of research findings into evidence-based policies, programs, and interventions for the prevention and control of oral diseases. Engage policymakers, healthcare providers, and community stakeholders in the research process to ensure that research findings are effectively translated into practice.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Monitoring the trends and determinants of noncommunicable diseases (NCDs), including oral diseases, is crucial for evaluating progress in their prevention and control efforts. IADR supports Member States to:

		1. Establish robust surveillance systems to collect data on the prevalence, incidence, and distribution of oral diseases, risk factors, and determinants. 2. Monitor changes in modifiable risk factors and determinants of oral diseases, including socio-economic status, access to oral healthcare services, oral hygiene practices, dietary habits, and tobacco and alcohol consumption patterns. This helps identify high-risk populations and target interventions accordingly. 3. Invest in epidemiological research to investigate the underlying causes and determinants of oral diseases, including genetic, environmental, behavioral, and social factors. This research can inform the development of evidence-based interventions and policies for oral disease prevention and control. 4. Evaluate the effectiveness of oral health promotion programs, preventive interventions, and policy initiatives in reducing the burden of oral diseases and improving oral health outcomes. 5. Invest in health information systems to facilitate data collection, analysis, and reporting on oral health indicators. Develop electronic health records, registries, and surveillance databases to monitor oral health trends, track progress towards prevention and control goals, and inform policy decision-making.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	It is important that the WHO Secretariat and Member States recognize the bidirectional relationship between oral health and mental health. Poor oral health, such as dental caries and periodontal diseases, can contribute to psychological distress, while mental health conditions like depression and anxiety can impact oral health behaviors and access to dental care. Therefore, IADR supports Member States to: 1. Implement integrated healthcare approaches that address both oral health and mental health within primary care settings. This involves training healthcare providers to screen for mental health issues during dental visits and vice versa, as well as coordinating care between dental professionals and mental health specialists. 2. Include mental health education and awareness components in oral health promotion campaigns and educational materials. Emphasize the importance of

		mental well-being in maintaining oral health and overall quality of life. 3. Invest in research to better understand the relationship between oral health, mental health, and well-being, and to identify best buys for promoting mental health in the context of oral health care.

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

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.	- Planetary Health: Focus on addressing interconnected global issues, for instance the dual burden of climate change and NCDs that are both attributable in part due to demographic changes, including rapid urbanisation and population. The identification of co-benefit solutions in tackling these twin challenges can allow for an effective and integrated response to achieve many internationally agreed development goals, including SDG 1, 2, 4, 5 and 10. - Universal Health Coverage: Prioritise the achievement of universal health coverage, making appropriate national investments supported by transparent, evidence-based processes for setting health priorities. - Food Systems and Nutrition: Ensure the policies that shape our food systems promote health and prevent NCDs, in addition to increasing food security and reducing malnutrition in all its forms with a comprehensive and coherent package of measures and a cross-government approach including the health, agriculture, consumer affairs, trade, and fiscal authorities. - Investment: Countries must commit to a set of global financing targets for NCD

		investment, informed by recommendations from the WHO and World Bank International Dialogue on Sustainable Financing for NCDs and Mental Health process, and supported by increased data collection, transparency, and accountability for NCD financing within integrated health systems and cross-government multi-sectoral action on NCDs, and development assistance.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- Address the social, environmental, economic, and commercial determinants of health that impact NCD prevalence and outcomes, by working across all sectors through a whole-of-government approach ensuring public policies promote population health and equity - Identify, develop, and formalise opportunities for social participation, including governance and decision-making roles for communities, people with lived experience and civil society across policies, programmes, and resource allocation. A safe, open, and enabling environment is needed to ensure advocates can fully contribute to the NCD response. - Build government capacities to design and implement meaningful participation and facilitating the capacity strengthening of populations, communities, and civil society, which may involve legal reforms to empower civil society and communities. - Recognise and support grassroots innovations that improve access to essential healthcare services, strengthen healthcare systems, foster resilient development, including women-led innovations that have the potential to be gender transformative.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Adopt a wide-ranging, enforceable, health-in-all-policies approach, focusing on addressing the unhealthy environments which endanger obesity, physical inactivity and the harmful use of tobacco and alcohol, including by: - o Increasing taxes on tobacco, alcohol, and processed foods high in salt, fat, or sugar - o Prioritising salt intake reduction, and the consumption of potassium enriched, sodium-reduced salt substitutes to address uncontrolled

		high blood pressure around the world and reduce preventable deaths. - o Ensuring that fiscal policies to reduce the affordability of unhealthy products are accompanied by health-promoting fiscal policies, including to promote access to a nutritious, healthy diet and clean energy sources. - Strengthen national surveillance and monitoring systems to collect quality population-based incidence, prevalence, and mortality data to monitor progress towards national NCD and risk factor targets (disaggregated by age, gender, income, and other factor), by leveraging existing infrastructure and registries for evidence-based action, financing, and accountability. - Fund implementation research to assess the effectiveness and acceptability of policy interventions for communities.
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.	- Put patients at the centre, integrating NCD prevention and care within existing health services and taking a life course approach to address multiple health conditions, including at primary care level, and prevent catastrophic out-of-pocket costs by putting health insurance programmes in place. - Implement equitable, interoperable, and cost-effective digital solutions within health systems to enable effective prevention and management of NCDs across the continuum of care (screening, diagnosis, treatment, rehabilitation, and palliative care), promote behaviour change, and improve the availability of information available.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- Address the under-representation of women and girls, and other groups experiencing marginalisation in clinical trials and research by examining barriers to participation and identifying more inclusive institutional and informational policies and procedures to encourage their participation. - Strengthen funding and research capacity in implementation science focusing on NCDs. Implementation research on NCD program delivery, including cost effectiveness in various regions, can

		illuminate what does and does not work in achieving NCD control. This can promote faster, more efficient, and more effective scale-up of lifesaving and health-preserving health system strategies. - Improve the evidence base and understanding of how to prevent and manage multiple long-term health conditions, focusing on patients and not isolated diseases. Without a better understanding of multimorbidity, it will not be possible for any country to plan future healthcare resources and re-design services effectively.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	- Prioritise the routine collection and analysis of data disaggregated by sex, gender, and other intersecting characteristics to track progress towards targets and identify and address barriers that impede women, girls and other groups experiencing marginalisation from accessing health promotion, prevention, diagnosis, treatment, and care. - Regularly review the implementation of the WHO 'Best Buys' for NCD Prevention and Control, including understanding challenges and enablers affecting NCD policy adoption and implementation.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	- Increase financial and human resources for mental health care, particularly in low-and-middle income countries and provide adequate and sustain support as well as supervision for health workers. - Promote the use of technology as a means of increasing access to mental health care services, including distance training, consultations, and supervision of providers but also open space for online access to evidence-based psychological interventions. - Include persons with lived experience of mental health disorders/service users in designing the care they need and engage them in delivery as peer care-providers.

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

**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*.

Submission from: UNICEF

#	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.	- Need to better strengthen the integration of mental health within NCD prevention and control narratives at all levels. - Better highlight mental health as a critical component of achieving SDG targets, particularly 3.4 (reduce premature mortality from NCDs) and beyond, such as 3.5 (substance abuse), 4.2 (early childhood development), and 16.2 (end violence against children). - Enhance language tied to advocacy efforts for mental health awareness, reducing stigma, and sharing best practices for mental health promotion and NCD prevention. - In framing the issues of NCDs and Mental Health, it is important to include perspectives of children and young people.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	- Strengthen the development and implementation of national mental health strategies that are integrated into broader NCD plans, ensuring coordination across health, education, social welfare, and justice sectors. - Improve governance structures to include a broader range of NCDs and mental health stakeholders, including young people with lived

		experience and caregivers, in decision-making processes. - Foster stronger partnerships between governmental and non-governmental organizations to create holistic approaches to mental health more broadly as well as part of NCD agenda.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Address the social determinants of health that impact mental health and wellbeing, such as poverty, education, and housing, within both MH & NCD prevention frameworks. - Stronger reference needed on environments that support the health and wellbeing of young people, including their mental health, through community-based programs, school health initiatives, and workplace mental health policies. - Advocate more intentionally for policies and programs that reduce exposure to risk factors like substance use, lack of physical activity, unhealthy diets, violence, and discrimination, which contribute to both mental health issues and NCDs.
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.	- Better and more direct language needed on the need to integrate mental health services into primary health care, digital health and school health, and ensure these services are accessible, affordable, and culturally sensitive. - Highlight community-based mental health care that addresses the prevention, promotion, and treatment continuum. - Ensure universal health coverage plans include comprehensive NCDs and mental health services and support, especially for children and adolescents.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- Highlight need for increased investment in research focused on child and adolescent mental health, understanding the unique risk factors and protective factors within this population. - Support high quality research on childhood-onset NCDs (e.g. Sickle Cell Disease, Type 1 Diabetes, and Childhood Heart Diseases) to understand the burden in low and middle income countries and also develop interventions to address these conditions; - Develop national and regional mental health data systems to monitor trends, outcomes, and the effectiveness of MH interventions, more broadly and as part of NCD.

		- Ensure we are promoting participatory research that includes children, youth, and those with lived experiences in designing and evaluating mental health (and NCD) interventions.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	- Better highlight the need for establishing comprehensive monitoring and evaluation frameworks that include mental health indicators alongside traditional NCD metrics; - Revisit SDG Indicator 3.4.1 on NCDs; the current indicator excludes children and young people, as it is defined as premature mortality from Cardiovascular disease, cancer, diabetes or chronic respiratory diseases among 30 to 70 year olds. For example, a child with Sickle Cell Disease dying at 5 years of age will not be counted, so is a child dying of cancer. - Utilize data to identify gaps and guide policy adjustments, ensuring that mental health and NCD prevention strategies remain responsive to emerging needs. - Promote transparency and accountability in reporting mental health outcomes and NCD prevention progress, engaging stakeholders in continuous improvement efforts.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	General recommendations: - Ensure mental health is prominently featured in the WHO Director-General's report and the title of the upcoming High-Level Meeting, reflecting its critical importance. - Highlight mental health as a cross-cutting issue that impacts multiple SDGs (including 3.5, 4.2 and 16.2 among others), necessitating a comprehensive, multisectoral approach. Noting also limitations with the current indicator for 3.4.2 monitoring suicide deaths, which neglects many other important domains of mental health, especially relating to child and adolescent mental health. - Advocate for innovative accountability mechanisms to monitor and celebrate progress in child, adolescent, and caregiver mental health commitments. - Emphasize the importance of a supported, competent mental health workforce, particularly those focused on children and adolescents, across health, education, and social sectors. Key principles to highlight in the report include: - o Life course approach

- o Prevention, promotion, care continuum
- o Socioecological framework
- o Need for multisectoral approach to mental health, spanning health but also education, child protection, social welfare, justice and beyond – with fully costed and budgeted national MH plan across ministries.

Important policy recommendations to include in the report:

1. Urgently invest in community-based child and adolescent mental health support across sectors for a collaborative approach to prevention, promotion, and care.
2. Integrate mental health in primary health care, digital health, and school health services.
3. Scale up support for parents and caregivers, including evidence-based parenting programs that promote nurturing care and support caregiver mental health.
4. Integrate mental health support in schools and learning environments, providing resources in familiar settings.
5. Increase investment in ministries of social welfare to expand access and care for vulnerable populations.
6. Address mental health stigma and discrimination through positive narratives and community-based initiatives.
7. Improve data and research on child, adolescent, and caregiver mental health, prioritizing localized research.
8. Ensure full inclusion and leadership of children, youth, caregivers, and those with lived experience in mental health policies and programs.

Additional underpinning actions to reference:

- **ACCOUNTABILITY:** as set out by ED Russell at Argentina GMHS, UNICEF is in the initial stages of creating an innovative accountability mechanism on child, adolescent and caregiver mental health to monitor commitments by governments and celebrate and encourage progress. The mechanism aims to promote concrete political commitments that can lead to genuine impact at a national level through

		services and policies that support child and youth mental health. • INNOVATION: From better use of technology within functioning non-digital mental health systems and services, to enhancing quality, accessibility and productivity of mental health services for all ages in low-resource settings. • WORKFORCE: the report must also highlight the need for strategies for sustained investment in the development of a competent and supported multidisciplinary MHPSS workforce across sectors, that focus on child and adolescent mental health, catering to diverse mental health needs.

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



Dr. (Prof.) Ashish Kumar

MD, DM, FRCP Edinburgh, FACP, FISG, FINASL, MISG
Professor & Senior Consultant of Gastroenterology & Hepatology
SPECIALIST OF LIVER & DIGESTIVE DISEASES
Visiting Fellow National Cancer Center, Japan
Visiting Fellow UCSF Medical Center, USA
Sir Ganga Ram Hospital, New Delhi



Ganga Ram Institute for Postgraduate
Medical Education & Research

For Appointments Call : 011-42254000, +91-8826022042, +91-7838682838

Mobile : +91-9312792573 • E-mail : ashishk10@yahoo.com • Website : www.DrAshishKumar.com • Registration No. : DMC 26640

June 13, 2024

To:

WHO Global Coordination Mechanism on the Prevention and Control of NCDs
OnTheRoadTo2025@who.int

Subject: Submission for the Fourth UN High-Level Meeting on NCDs – Priorities for Addressing Steatotic Liver Disease and Metabolic Dysfunction-Associated Steatotic Liver Disease

Dear WHO Team,

On behalf of the **Sir Ganga Ram Hospital, New Delhi, India** and in alignment with the European Association for the Study of the Liver (EASL) and the Healthy Livers Healthy Lives (HLHL) coalition, I am submitting our priorities and comments for the upcoming Fourth UN High-Level Meeting on Non-Communicable Diseases (NCDs).

Objective 1: Raising Priority

Advocacy towards a broader appreciation of the impact of NCDs beyond the 5x5 framework, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).

Objective 2: Strengthening National Capacity

For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs.

Objective 3: Reducing Modifiable Risk Factors

Accelerate work on the commercial determinants of health with a strong focus on political economy analysis and understanding of policy-making processes at the national, regional, and global levels.

Objective 4: Strengthening Health Systems

Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus to look at the complex interactions of multimorbidity needs. At a practical level, this involves developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document pockets of good practice.

Objective 5: Promoting Research and Development

Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic person-centred personalized or whole-of-society approaches.

Objective 6: Monitoring and Evaluating Progress



Dr. (Prof.) Ashish Kumar

MD, DM, FRCP Edinburgh, FACP, FISG, FINASL, MISG
Professor & Senior Consultant of Gastroenterology & Hepatology
SPECIALIST OF LIVER & DIGESTIVE DISEASES
Visiting Fellow National Cancer Center, Japan
Visiting Fellow UCSF Medical Center, USA
Sir Ganga Ram Hospital, New Delhi



Ganga Ram Institute for Postgraduate
Medical Education & Research

For Appointments Call : 011-42254000, +91-8826022042, +91-7838682838

Mobile : +91-9312792573 • E-mail : ashishk10@yahoo.com • Website : www.DrAshishKumar.com • Registration No. : DMC 26640

Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.

In Addition: Promoting Mental Health and Well-Being

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.

We appreciate the opportunity to contribute to this vital consultation and look forward to continued collaborative efforts in addressing the global burden of NCDs, including steatotic liver disease and MASLD.

Yours sincerely,



Dr. Ashish Kumar

Professor & Senior Consultant of Gastroenterology
Sir Ganga Ram Hospital

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.	Digestive Cancer Europe (DiCE) agrees with increasing the salience of NCDs through international cooperation. DiCE strongly believes that exchange of knowledge and experiences lies at the heart of the incremental improvements in oncology. We would like to however highlight that these should include patient perspective and active involvement of patients at all stages of cooperation. Patient reported outcomes should be included in all discussions surrounding NCDs (including oncology). Primary as well as secondary prevention (screening) are key to success towards meeting SDG and diminishing the burden of NCDs. Increasing the number and type of public awareness campaigns should be considered as one of the key priority areas. Detecting digestive cancers early saves lives and saves money. As an example, detection of CRC at stage 1 is associated with 92% five-year overall survival. Unfortunately, 55 % of patients are diagnosed at the late stage of the disease (stage III and IV). In terms of monetary value, the difference in cost between the early and late stages is probably tenfold, between 4, 000 EUR and 40, 000 EUR. Cooperation between all stakeholders concerned with prevention, treatment and care needs to be enhanced in a structured dialogue. To ensure transparent tracking of progress, reporting and accountability mechanisms should be established.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	DiCE considers that the following would enhance national capacity to adequately respond to NCDs burden. 1. Strengthening policy frameworks for NCDs by establishing clear, evidence-based policies and guidelines aligned with international best practices. 2. Investing in screening and early detection to improve cancer outcomes and overall disease control through evidence-based and cost-effective screening policies. 3. Ensuring access to multidisciplinary care by providing all patients with prompt, well-coordinated multidisciplinary specialist treatment, supportive care, and palliative care. 4. Treatment of cancer patients in specialised cancers centres; to that end cooperation on establishment and best practices of such centres. 5. Efficient resource allocation and spending by constantly optimising the allocation and use of available resources for better and more efficient healthcare delivery.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	DiCE agrees that targeting risk factors for development of NCDs, including cancer, is crucial for success of comprehensive strategies addressing NCDs. To that end, we consider that in terms of policy guidance, WHO over the years has produced a multitude of resources, and these need to be implemented. Hence, we would encourage allocation of resources towards supporting Member States in implementation. The modifiable risk factors that should be addressed as a matter of priority are smoking, alcohol consumption and obesity.
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.	DiCE supports the objectives outlined. We would consider involvement of patients in design and delivery of health systems as a crucial predeterminant. To that end, inclusion of patient reported outcomes should be promoted among all therapeutic areas. Cancer treatment and care should be delivered with clinical, as well as patient defined end points in mind. Cancer treatment and care should meet the needs of patients and their caregivers, involve them in the process and utilise their expertise to identify inefficiencies and possible improvements in the cancer pathway.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Data plays a key role in ultimately improving patient outcomes. Utilizing cutting-edge data collection and analysis methods offers significant potential for improving efficiency throughout care pathways. Therefore, adopting a data-centric approach is crucial for delivering high-quality cancer care. This requires investments in data quality, integration, and utilization at the individual, organizational, and national levels. Making data interoperable and easily transferable across Member States would enhance research and innovation. To that end, WHO should ensure that appropriate and sustainable structures for cooperation in areas of health research are maintained. The European Health Data Space should be considered as a good case example of boosting research capacity of entire continent to tackle societal problems.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Data regarding the prevention and control of noncommunicable diseases (NCDs), including cancer, remains limited and inadequately collected. We advocate for the adoption of standardized evaluation frameworks that are interoperable and employ appropriate metrics and indicators, including efficiency ones. Development of these metrics should include patient reported outcomes, should be created with cancer patients to address their needs and build on their expertise.
★	<i>In addition:</i> 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.	

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

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Anheuser-Busch InBev (AB InBev) is one of the leading beer companies in the world. Mindful of our role as leaders of the category we are at the forefront of promoting responsible drinking to reduce the harmful consumption of alcohol using its core commercial capabilities including its capacity to innovate and use technology.

AB InBev has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs and looks forward to the opportunity to do so again following the 2025 High-Level Meeting.

We believe that beer is an integral part of culture and celebrations around the world. In 2015, we set an objective to support the World Health Organization's (WHO) effort to reduce the harmful use of alcohol.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.

Annex 1 – Partnerships:

Topic # 2. "To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases"

The following examples provide evidence of the positive role that we can play to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan and the targets in the NCD Monitoring Framework.

1. SBI – Government of the City of Sao Paulo

Screenings and Brief Interventions (SBI) are a highly effective tool to assess alcohol use disorder risk and recommend subsequent lifestyle changes. Despite their effectiveness, SBIs are underutilized due to time constraints in interactions with health providers. To address this, AB InBev developed an electronic SBI solution called ModeraSP, that simplifies SBI implementation at scale. The Brazilian public health system and the City of Sao Paulo have incorporated ModeraSP into the health app of the city, used by its residents, benefiting its population of eleven million people.

WHO Consultation

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.	No comment.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Leveraging strategic partnerships to offer equitable access to health services for all populations is critical for controlling NCDs. The contribution of the private sector and industry is mentioned briefly, but partnership with private providers could be considered more strongly, as this facilitates the development and implementation of innovative solutions that benefit both patients and the healthcare system.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	No comment.
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.	Propose the inclusion of explicit language on the value of diagnostics for the prevention and control of NCDs. Include language such as: "Health inequities cannot be addressed without a functioning laboratory network. Early and accurate screening and diagnosis require investment in integrated testing networks incorporating high-volume laboratories, point of care technologies as well as self-care to deliver essential services in an efficient, affordable and accessible manner. Ensure policies guarantee broad access to

		timely diagnosis and screening as a proactive approach to public health that empowers patients to participate in treatment decisions.”
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	No comment
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	This might be implicit, but it would be valuable to clearly specify the need to set clear NCD-specific targets to allow for close monitoring on progress and accountability.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	No comment.

FROM: Diageo
DATE: 24 MAY 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Diageo statement

Diageo is committed to supporting UN goals to tackle the harmful use of alcohol and WHO's Global Alcohol Action Plan 2022-2030 that builds on the NCD Global Monitoring Framework. We also believe in a proportionate and balanced regulatory framework around alcohol that includes voluntary action by industry members. Our *Society 2030: Spirit of Progress* plan delivers on environmental, social, and governance issues within the broader context of the UN Sustainable Development Goals to find whole-of-society solutions and build a sustainable and equitable global future.

As a member of the International Alliance for Responsible Drinking (IARD), we uphold the responsibility standards adopted by its members to guide global marketing efforts. In addition, our own Diageo Marketing Code and Digital Code set minimum standards for responsible marketing that encourages only responsible and moderate drinking by adults who choose to consume alcohol in all markets where we are active. They also represent a cornerstone of our corporate culture and the way we do business.

Diageo has sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and we look forward to the opportunity to do so again following the 2025 High-Level Meeting.

Please see our detailed submission below and we refer you to the submission by IARD for more details.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflects the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Diageo is proud of its efforts to reduce the impact of harmful drinking on NCDs through action that promotes positive and proportionate policies and supports responsible drinking. We engage to reduce excessive drinking, underage access to alcohol, and drink driving, and to foster a culture of moderation among all consumers. These voluntary actions have been undertaken in partnership with government, civil society, and other industry actors in a number of countries globally. We believe that multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol, making a clear distinction with moderate and responsible consumption

		• Raise awareness that for health outcomes, all alcohol beverages are the same, irrespective of the category, and that all can be misused. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts, including non-regulatory measures aimed at improving health. • Acknowledge the broad evidence that demonstrates the relationship between social equity, harmful use of alcohol, and health outcomes • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how Diageo has responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2. Also included are Diageo's global efforts to provide information to consumers about alcohol and its potential for harm, and our efforts to address the issue of unrecorded and illicit alcohol in many markets.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. Within this remit, we recommend that monitoring include particular attention to patterns of drinking, clearly differentiating outcomes for excessive and moderate drinkers. Given the lack of available resources in many countries, we believe that economic operators are well placed to support government efforts to gather current, credible, and robust data. We also recommend emphasis on the importance of unrecorded alcohol in many parts of the world, and its relationship with social determinants and impact on public health and NCDs. We encourage increased focus on gathering data to measure the size of the unrecorded market. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol. It also lays out the contribution of unrecorded alcohol to harm and its relationship with culture, social equity, and regulation.

ANNEX 1

2. "To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases"

Diageo has played a positive role in the markets where we are active to implement the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan, and the targets in the NCD Monitoring Framework. The following examples demonstrate our commitment to reducing harmful drinking and to a whole-of-society approach.

Clean Air Fund

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.	Integrate air pollution as a major global risk factor for NCDs (as per HLM3 outcome document 2018) and develop prevention recommendations and/or 'Best Buys' as mandated by WHA resolution 2019.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	With regard to air pollution as a major risk factor, support member states by developing prevention recommendations and/or 'Best Buys' as mandated by WHA resolution 2019.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Ensure air pollution's major contribution to NCDs is recognised and prioritised at the WHO 2 nd Global Conference on Air Pollution and Health, in March 2025. In particular, produce prevention recommendations and/or best buys and showcase 'what works' policy and investment solutions to reduce air pollution's health burden.
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 case studies of successful measures implemented around the world, demonstrating health, climate and economic benefits – nb. UNDP currently developing several country Investment Cases on air pollution.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Ensure air pollution included in proportion to the global burden of disease: #1 global risk factor for DALYs: Air pollution contributes 8% of DALYs - according to latest 2021 GBD data, please see

		https://www.thelancet.com/action/showPdf?pii=S0140-6736%2824%2900933-4 Ensure views and recommendations of NCD departments and organisations, especially people living with NCDs, are well represented in the 2 nd Global Conference on Air Pollution and Health (March 2025), new WHO Global Plan of Action on Climate and Health and WHO consultations on the forthcoming WHO Air Pollution Roadmap.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Ensure NCD departments are closely involved with development of normative guidance on prevention of air pollution-related NCDs and in future updates of WHO Air Quality Guidelines, noting the major contribution across almost all NCDs.
*	<i>In addition:</i> 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.	Suggest WHO develops a study illustrating that action on air pollution (as well as other major risk factors) is indispensable to countries' progress towards SDG3.4. See in particular World Heart Report 2024: https://world-heart-federation.org/resource/world-heart-report-2024/ and IARC Global Cancer projections to 2050, illustrating growing burden of cancers caused by air pollution: https://gco.iarc.who.int/tomorrow/en

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

Dr Ramla K. M.

**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.	To Address and Reduce 1. Knowledge gap 2. Treatment gap 3. Inclusion gap 4. Research gap
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	In LMICs where the burden of NCDs such as Disabilities in children is substantial .1. The Governments should adopt a Multisectoral approach and address the huge health , social and in children in addition to this the Educational inequalities. 2. LMICs urgently need to tackle the huge , unmet needs for services. 3. There is an urgent need for the shift of attitudes 4' Scale up services with a strong need on Primary care
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	1. Focus on Primary, Secondary and Tertiary Prevention 2. Identifying , eliminating and controlling Environmental Risk factors 3. Understanding and addressing the impact of Climate Change on 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.	1. Addressing barriers, stigmas and discrimination

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	1. Evidence based data that is upto date, accessible, comparable and that which highlights trends and differences 2. Research at Regional, National, and Global levels 3. Advocacy 4. Creating Awareness
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Shed light on the challenges faced by people with NCDs, especially children with Brain and Mental disorders.
*	<i>In addition:</i> 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.	1. Brain health is in peril globally. 2. Mental Health Disorders is a silent pandemic. 3. Women and children with Brain and Mental Disorders face more discrimination and Intersectional inequalities. 4. Shed light on barriers, challenges faced , discrimination, stigmas, taboos, cultural prejudices, violence , neglect and exploitation.1

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

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.	St Patrick's Mental Health Services (SPMHS) endorses and supports this objective, and highlights the interlinked and bidirectional association of noncommunicable diseases with mental health difficulties. The major consequences for morbidity and premature mortality for people simultaneously experiencing NCDs and severe mental health difficulties reinforce the need for greater priority to be accorded this issue at national and international levels. For example – “People with severe mental illness (schizophrenia, bipolar disorder or major depressive disorder) die up to 15 years prematurely due to other chronic conditions such as heart disease”. (United for Global Mental Health, 2024).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Adequate funding and resourcing to accelerate national capacity in the most accessible and effective way for varying country responses for the prevention and control of NCDs and mental health difficulties is essential. Financing for NCDs and mental health should be integrated and complementary where appropriate given their interlinked nature. SPMHS would emphasize that national budget allocation for mental health in

		particular should be appropriately proportionate to overall health budgets given long-standing discrepancies internationally in funding for mental health services. [For example, within Ireland, a high-income country, 10% proportional spend on mental health within overall health expenditure is recommended with our national healthcare policy Sláintecare but annual funding continues to fall below this level at 5-6% - Mental Health Reform, Pre-budget submission, 2024] Given the interlinked nature of NCDs with mental health difficulties, integrating responses to prevention and service delivery would be key for strengthening capacity, efficiency, outcomes and for person-centred and holistic healthcare. (United for Global Mental Health, 2024) The potential benefits and impacts of partnerships across public, private, and independent and voluntary sectors to strengthen national capacity and enable greater access to and effectiveness of healthcare services should be supported and explored. SPMHS support the assertion that non-communicable diseases and mental health are multi-sectoral issues and requires incorporation into comprehensive national strategies involving multiple sectors including health, education, financing, social protection, environmental and others (United for Global Mental Health, 2024).
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	SPMHS would highlight cross-cutting risk factors for mental health and other NCDs, in particular pertaining to social determinants and inequalities experienced from birth as requiring urgent attention to achieve this objective. (Marmot and Bell, 2019; WHO, 2014) Even before birth, in-utero impacts of the exposure of pregnant women to climate harm such as extreme weather events has serious and detrimental impacts on the physical and mental development of children postnatally, in addition to the impacts experienced by the mother (WHO, Protecting maternal, newborn and child health: A call to action 2023). This emphasises the urgency and necessity of climate mitigation in the context of risk factors for non-communicable diseases and mental health. SPMHS would also point to increasing evidence of the range of mental health consequences emerging from

		environmental degradation and global warming across the lifespan. – “climate change also exacerbates many social and environmental risk factors for mental health and psychosocial problems, and can lead to emotional distress, the development of new mental health conditions and a worsening situation for people already living with these conditions.” (WHO Mental Health and Climate Change, Policy Brief, 2022). As regards the crucial need to reduce air pollution as a modifiable risk factor, and to create health-promoting environments the Global Mental Health Action Network notes – “The cost of mental health conditions as a direct result of climate-related hazards, air pollution and inadequate access to green space is projected to reach nearly US\$47 billion per year by 2030.” (Global Mental Health Action Network, Climate Change and Mental Health, 2023). Further, air pollution has increasingly been found to have mental health impacts such as an association with exacerbation of severe mental health difficulties (Newbury et al, 2021). SPMHS would also highlight the significance of gender-based violence as a major risk factor for mental health difficulties for girls and women especially, and which additionally has been found to be worsened by climate change. (Oram et al, 2016 ; IUCN & UN Women 2022)
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.	SPMHS endorses the focus and recommendations on strengthening and orienting upstream investment in preventive and early intervention approaches, as regards mental health. This is particularly significant as regards child and adolescent mental health and SPMHS would support a focus on evidence-based community and school-based early intervention approaches from primary school age. Promoting a human rights-based approach to health, and in particular mental health, may strengthen and orient health systems’ understanding, identification and response to the underlying social determinants of non-communicable diseases and mental health difficulties. For example, enabling greater recognition and responsiveness of the significance of experience of trauma or economic disadvantage to the development of health difficulties.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	In relation to mental health, SPMHS would advocate for the following to promote and support national capacity for high quality research: - Increased collaborations intra-disciplinarily and integration of research on mental health and NCDs with funding encouragement for these two domains to work collaboratively - Funding programmes should promote research to enable the development and evaluation of new and alternative approaches to prevent mental health difficulties or support people with them. The priority of mental health research should firstly be to benefit the individual who is experiencing mental ill health. -Appropriate representation from diverse groups in developing priorities for mental health research and especially people with lived experience, and inclusion of severe mental health difficulties as a research priority. Mental health research should value the contributions of stakeholders, service user and carer groups, to guide and co-design research activities towards meaningful impact. - A more diverse research community should be established to facilitate research across different settings. As interventions may not always transfer across settings, systematic implementation research should be encouraged to enable local adoption. - Research training within mental healthcare training should reflect approaches beyond the positivist paradigm, ensuring a balance with qualitative and theoretical research.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	SPMHS would highlight the significance and benefit of leveraging technology and innovation to support the realization of this objective. For example, utilising electronic health records and their integration across healthcare facilities and systems. Given the acceleration of the climate crisis and the global implications for health impacts, the intersection between climate change impacts, NCDs and mental health across the lifespan, should be prioritised as an area requiring ongoing monitoring and research. (WHO Mental Health and Climate Change, Policy Brief, 2022).
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	SPMHS would highlight the continued significance of comprehensively tackling stigma and discrimination associated with mental health with evidence-based

	and appropriately funded national programmes, with regard to this objective (Thornicroft et al, 2022). SPMHS would further note that the participation of experts by experience is crucial in developing such programmes, and also programmes and services to promote mental health and wellbeing. SPMHS would highlight the significance of early intervention and the need to maximise the mental health and wellbeing of children and young people within the context of this objective, given that 50% of mental health conditions develop before the age of 14 and that suicide is one of the three leading causes of death among adolescents (UNICEF, Adolescent Mental Health Matters 2020). The significance of perinatal and mother and infant physical and mental health protection and promotion needs further attention at national and international level in this regard, and the particular vulnerabilities of pregnant women and children to grave physical and mental health harms as a result of climate change must be given far great attention and responsiveness at an international level if SDG target 3.4 is to be achieved (WHO, Protecting maternal, newborn and child health: A call to action 2023). The necessity of recognising the broader environmental and socioeconomic factors, and grave inequalities at national and international level that can impact and determine mental health and wellbeing must be meaningfully addressed and responded if we are to accelerate progress towards achieving SDG target 3.4.

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

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.	People who are lonely and/or isolated are more likely to die prematurely (50% greater risk) and engage in risky health behaviours such as eating poorly, being sedentary and smoking. They have higher rates of stress, anxiety, depression and cognitive decline. Isolation increases the risk of dementia by 64%. Loneliness and isolation are linked to 32% heightened risk of having a stroke and 29% increased risk of a heart attack. People's active engagement with the arts can have positive effects on their health and well-being. It may enable a <i>decrease in anxiety and depression, as the result of improved physical, intra-personal, cultural, cognitive and social factors</i>. Activities like singing and dancing can positively affect the cognitive functions of people, and have also been used in the management of neurodegenerative diseases with positive results. Both receptive and active forms of cultural participation can be successful in increasing social engagement and reducing isolation. (See CultureForHealth report summary page Page 14: Challenge 5: an ageing population, Page 15: Challenge 6: The association between ill health and patterns of inequality

		Page 17: Difficulties faced by forcibly displaced people in the EU) See also: https://www.artscare.ca/wp-content/uploads/2021/11/Loneliness-Isolation-v6-3.pdf and WHO's 2019 publication : What is the evidence on the role of the arts in improving health and wellbeing ? A scoping review https://bci-hub.org/documents/what-evidence-role-arts-improving-health-and-well-being-scoping-review
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Action needed: Raise world-wide awareness that engaging in cultural activities is a health behaviour. (similar to physical activity and being in nature).
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Design programmes for people at risk of loneliness and social isolation (eg: for elderly at the time of retirement) and for youth to engage in “not online” cultural activities to create healthy habits. Youth mental health could be enhanced by increasing the number of mental health literacy, digital literacy and anti-bullying trainings at schools, where using artistic language like improvisative theatre could bring the message to youth in a much more impactful way. (See CultureForHealth report summary page Page 11: Challenge 2: A growing mental health crisis page12: Challenge 3: The need to support the broader health and well-being of young people)
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.	Engaging eg. cancer patients in cultural activities can prevent the development of secondary, (mostly mental health related illnesses) by reducing their anxiety, stress etc. See the practices developed in “Arts in Medicine” programmes – both in the hospitals and at home.
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.	
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	In the mental health area, cultural activities can be used as 1) prevention 2) early action 3) management of mental health illnesses (eg art therapy) as well as 4) in the recovery phase (supporting the CHIME process). Cultural activities support individual and community well-being.

Individuals showing early signs of mental health issues could be referred to culture-based social prescribing models. On the individual level, cultural interventions can complement traditional psychological support, as cultural activities have shown to help individuals strengthen their sense of self-worth, potentially preventing further deterioration in their condition.

Culture-based social prescribing models are increasingly common in the UK, as well as in Nordic and a few other countries, but a broader awareness would be needed worldwide.

On the societal level, supporting cultural activities in communities can be a key contributor to a holistic mental health strategy, counterbalancing loneliness and isolation and, at the same time, promoting health and well-being for all.

Culture-based social prescribing, however, needs investing in joint training involving the health, social, cultural, and educational sectors on equal level, awareness raising and further research.

The efforts should be based on the combined resources of three different major budgets (health, culture and social care) and be consistent with the timeframe required to achieve the benefits.

[Please see full report and Policy recommendations of the [CultureForHealth Report. Culture's contribution to health and well-being. A report on evidence and policy recommendations for Europe](#)]

Evidence

In 2019, the World Health Organization (WHO) published a report entitled 'What is the evidence on the role of the arts in improving health and well-being? A scoping review in which WHO stated that "the arts provide cost-effective interventions for complex health challenges that may not have current health-care solutions, while alleviating pressures on limited health resources."

In 2022, the CultureForHealth research team updated and widened the scope of the WHO report looking through more than 6.000 scientific studies. It included 310 scientific studies in the compilation of evidence. The areas examined were: the links between 1) culture and health (138 studies), 2) culture and subjective well-being(118), 3) culture and community well-being(131), 4) culture's positive effects during COVID-19(12).

The compilation of the evidence is summarised on page 7 of the [CultureForHealth summary](#) report:

1. Culture and health

1A. Prevention and Promotion

		Healthy living and health-promoting behaviours Health communication Prevention of ill health Maternal mental health and mother-infant bonding Care-giving <u>1B. Management and Treatment</u> Mental health conditions Neurodevelopmental and neurological disorders Noncommunicable diseases Acute conditions 2. Culture and subjective well-being <u>2A. Personal Fulfilment and Engagement</u> Acquiring and developing skills Self-expression Empowerment Increased social engagement, bonding and inclusion Sense of identity and belonging <u>2B. Personal Orientation</u> Resilience Positive behaviours Empathy Confidence and Self-Value <u>2C. Experiences of Emotions</u> Improved mood Positive emotions Emotional regulation Reduced anxiety and depression Reduced stress, improved relaxation and flow Bereavement support <u>2D. Personal Evaluations of Life</u> Improved well-being and quality of life Life satisfaction and motivation Finding of meaning Improved knowledge and reflectivity 3. Culture and community well-being <u>3A. Social Inclusion</u> Social bonding and inclusion Inclusion of disadvantaged groups Increasing social engagement and reducing isolation Reducing stigma Well-being and inclusion of refugees <u>3B. School- and Work-related Well-being</u> School-related well-being Work-related well-being <u>3C. Local development</u> Well-being and quality of life Active citizenship City cultural profile and well-being <u>3D. Built Environment and Well-being</u> Built heritage

		Environmental design in healthcare Public space design What types of artistic intervention can be used? • Music: helps to alleviate stress and anxiety, and promote social engagement and connection • Drama and storytelling: aid social interaction as a means of health promotion • Dance and movement: foster social engagement and physical functioning • Clown interventions: reduce anxiety and stress in hospitalised patients • Reading and writing: enable the finding of meaning and reduction of risk behaviours • Photography and film: reduce stress and short-term anxiety, and combat body shaming • Visual arts: reduce feelings of loneliness and isolation, and generate a positive therapeutic environment • Architecture and design: improve overall well-being and perceptions of healthcare environments • Heritage sites and museum visits: can play an important social role in promoting health, well-being and social inclusion • Multiple art forms: can be provided in the same setting, so that individuals can pick the most suitable and therapeutic form of expression for their needs.

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

**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.	https://www.nutriri.org/poster-navigating-labyrinth-multiple-disadvantage Addressing weight stigma and its intersection with multiple disadvantage requires an holistic approach that reduces individual blame, and focuses on cohesive action. It is crucial to recognise that changes in physical activity, balancing nutrition, alcohol consumption, and smoking cessation can significantly improve public health outcomes, independent of weight change . A study by Matheson 2012 clearly demonstrates that it is behaviours sustained over time that bring health, not weight change itself.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	VCSE Nutriri's founder Helen James is an NHS Health Inequalities Core20PLUS5 Ambassador and lived experience expert by experience.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of	An article about weight stigma and how it affects people, discusses the ways weight stigma can be harmful. The authors argue that weight stigma should be challenged. They propose a framework to help public health professionals develop interventions to reduce weight stigma. Harwood et al. (2022) A public health framework for reducing stigma: the example of weight stigma Journal of Bioethical Inquiry

health-promoting environments.

- 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. VCSE Nutriri proposes establishing **‘Weight Neutral Triage’** to benefit existing services and rebuild trust with the demographic most impacted by its absence. Training for workforce that reduces stigma and shame associated with weight that currently prevent some patients seeking timely care and diagnosis for long term health conditions resulting in poorer outcomes. <https://www.nutriri.org/case-study>
- To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. **Weight Normative to Weight Neutral** - Nutriri’s ongoing workforce and PPEI activities since 2015 (We have received **zero** core funding in this time) has been a comprehensive mix of ethnographic interviewing, test and learn pilots and lived experience reviews of current statutory and commercial ‘slimming’ clubs which has led to the implementation of Nutriri’s **Co-Learning Hub**. It’s a digital space that hosts our non-didactic co-learning spaces; a community and forums for both Workforce training - **Weight Neutral Training**, and Citizen courses and memberships - **Food & Body Ease**.
The concept of ‘weight neutral’ needs to be introduced at triage, with new SNOMED coding to create both equity and informed choice.
- 5 During the pilots for Weight Neutral Training and Food & Body Ease we’ve used Happiness Pulse/ONS4 and SWEWBS - measuring average percentile scores in the domains; General Wellbeing 40% to 70% - ‘BE’ 39% to 75% - ‘DO’ 67% to 91% - ‘CONNECT’ 71% to 87% - A co-pilot with an accessible pilates provider, Mobilates, also measured ‘ACTIVE’ 18% to 85%. We use Dr A Meadows adapted Weight Stigma Resistance Scale as a measure of a learners bias awareness and stigma as a social justice issue.
- [A public health framework for reducing stigma: the example of weight stigma | Journal of Bioethical Inquiry](#) plus the combined Workforce and Citizen voice informs our content; the co-learning ethos encourages each participant to incorporate their own lived experience to contribute to this **quality improvement and large scale change.**
- 6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. A personal lived experience; the many gathered lived experiences of healthcare workforce and citizens; and numerous studies including this one [‘Have Our Attempts to Curb Obesity Done More Harm Than Good?’ - PMC](#) have concluded that *‘Dieting is a common method for weight control and may carry **more risks to health than benefits**. Studies have shown that food restriction is a poor mechanism for weight loss and may instead contribute to weight gain. Dieting may also lead to the development of eating disorders, which can be much more deleterious to health than obesity.’*

Weight stigma in healthcare settings is detrimental to health and must be eradicated

The impact of 'weight talk' in the consultation room and beyond...
Shaw/Meadows 2022 "weight stigma among healthcare providers is **linked to healthcare avoidance** in patients, including under-utilisation of preventive health care and screening; evidence consistently demonstrates that stigma is more likely to lead to increased allostatic load, higher prevalence of chronic diseases, and further weight gain, independent of BMI"

The current support provided by the **NHS weight management services is mostly ineffective**, costly and perpetuates weight stigma. In 12 months (2021/22 OHID 31/5440) the South West local authorities spent £2,243,193 on Tier 2 WMS leading to 206 individuals reporting a 5% weight loss, or **£10'889 per person** reporting 'success'. Having BMI as the main measure of 'success' is a vastly missed opportunity to create longer term engagement and activated patients.

Over 12 months across England c.£785 million was awarded to services to provide some form of 'weight management' across the tiered system - with **Weight Neutral Triage** there is a significant opportunity to improve these services, **rebuild trust and deliver sustainable improved outcomes for people**, with significant potential benefits for their long term health - regardless of their BMI and, most importantly, regardless of an individual's weight change intentions.

Additional: To promote mental health and well-being as a vital component of achieving
★ SDG target 3.4.

In May 2022 Nutriri gave evidence, alongside Dr Meadows Supplementary written evidence submitted by Dr Angela Meadows, University of Essex (IBI0051) for the inquiry 'Body Image and its Impact on Mental and Physical Health' a short video of which WeightNeutralNow - Helen James Nutriri (@nutriri) | TikTok has provided over 350 pieces of lived experience comment on **weight discrimination in healthcare**.

It is vital that we bring true **parity of esteem** to mental and physical health impacts of weight discrimination in healthcare.

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

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

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.

1.1. The UCL WHO Collaborating Centre on Oral Health Inequalities and Public Health are delighted to provide general comments on key priority areas for the forthcoming Fourth High-level meeting of the UN General Assembly on the Prevention and Control of NCDs. As a WHO Collaborating Centre our advocacy, research and teaching activities all focus on reducing (oral) health inequalities through integrated public health policies and community-based interventions. In this response we will focus specifically on highlighting the global public health importance of oral diseases within the context of the wider NCD agenda.

1.2. In 2021 the landmark *Resolution on Oral Health* (WHA 74.5) ¹ was adopted at the World Health Assembly and in the past three years a range of important WHO policy documents have been published to highlight the global public health importance of oral diseases.²⁻⁴ As highlighted in the *WHO Global Oral Health Status Report*, oral diseases (namely dental caries, periodontal disease, tooth loss and oral cancers) are highly prevalent and have a major impact on health, well-being and the economy.² Worldwide oral diseases affect almost 3.5 billion people with three quarters of those affected living in middle-income countries. The estimated number of cases of oral diseases globally is approximately one billion higher than cases of all five main NCDs (cardiovascular disease, diabetes mellitus, chronic respiratory diseases, cancers and mental disorders) combined. In terms of economic costs, it is estimated that total direct expenditure for oral diseases in 2019 was US\$387 billion and indirect productivity losses were around US\$323 billion globally.

1.3. As with other NCDs, oral diseases are socially patterned and very stark socio-economic inequalities exist both within and between countries.² Social gradients (stepwise association between markers of socio-economic position and health outcomes) are found for oral diseases and other NCDs globally. A 'cliff edge' of extreme oral inequalities exists for the most disadvantaged and marginalised groups in society such as street homeless people and those incarcerated in prisons. There is also a significant mismatch between levels of oral health needs and the availability and accessibility of oral health services and personnel (classic inverse care law in operation). In particular, in many parts of the global South, the availability and accessibility of oral health services is very poor, especially in rural poor areas.

1.4. Oral diseases and other NCDs cannot be treated away. Instead there is a pressing need to upscale the implementation of population based preventive and public health policies. Downstream individual prevention may produce some short-term benefits but alone this approach cannot combat oral diseases and other NCDs. In addition, individual clinical and behavioural approaches to prevention may actually increase (oral) health inequalities

(intervention generated inequalities) as the more socially advantaged benefit the most from these interventions.

1.5. We therefore fully support WHO in its strategic efforts to prevent and control NCDs including oral diseases through population level integrated public health strategies and policies. There is an urgent need to prioritise the effective prevention and control of NCDs and support the implementation of action at national levels. We welcome and congratulate WHO for the publication of the *Global Oral Health Strategy*³ and *Global Oral Health Action Plan*⁴ which both provide useful support to Member States in their efforts to prevent and control oral diseases within the overall context of NCDs and through UHC.

1.6. As oral diseases and other NCDs all share common social and commercial determinants, it is essential that an integrated strategic approach is implemented to address these underlying causes of diseases. Action on the broader social and structural determinants of health needs multisectoral collaboration across all relevant stakeholders who are mostly located outside of the health sector. Increasing recognition has also been placed in recent years on addressing the commercial determinants of NCDs. The growth, power and influence of transnational corporations that profit from sales of tobacco, alcohol, and ultra-processed foods and drinks are a significant threat to public health. To effectively combat the social and commercial determinants of NCDs requires bold legislation, regulation and fiscal policies, as well as strengthened health systems.

1.7. To be effective and sustainable, public health policy measures to prevent and control NCDs need to co-designed by local communities, civil society organisations and community groups working in partnership with health professionals and other relevant stakeholders. While major progress has been made in establishing and working with civil society organisations with certain NCDs, such as cardiovascular diseases, diabetes and cancers, there is an urgent need to further develop and expand community and civil society involvement in oral health policy development and implementation.

2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.

2.1. At the national level, to have a sustained impact on the prevention and control of NCDs including oral diseases requires sufficient professional capacity, supported by skilled and experienced leaders and appropriate governance structures. To combat the social and commercial determinants of NCDs also requires multisectoral integrated action and true partnership working. Unfortunately in many parts of the world there is an acute shortage of the needed capacity, resources and leadership, as well as underdeveloped governance structures to effectively combat NCDs. Member States therefore need to urgently invest more resources into addressing the burden of NCDs and establishing the required public health and governance systems. As a result of the epidemiological transition, the NCD burden in many low-income countries is rapidly increasing so strengthening capacity and policy responses in these settings is particularly urgent.

2.2. WHO Regional Offices have an important role to play in supporting Member States through sharing examples of good practice and promoting proven Best Buys to combat NCDs. It is important that recommended Best Buys are applicable and appropriate in different settings and

diverse populations. Imposing solutions from experience gained in the global North may not be effective or culturally appropriate in the global South. Sharing examples of success through South-to-South partnerships may instead have significant value.

2.3. Specifically in relation to oral health capacity, the *WHO Global Oral Health Action Plan* has set a target that by 2030, 80% of countries should have an operational oral health policy, strategy or plan and dedicated staff for oral health in their Ministry of Health.⁴ It is essential that oral health policy makers do not work in isolation but are fully integrated with other NCD colleagues to address shared challenges and develop common policy solutions.

3. To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.

3.1. To combat the burden of NCDs and tackle health inequalities, effective, integrated and coordinated strategic action is needed on the common shared modifiable risk factors and their underlying social and commercial determinants to create sustainable health-promoting environments. In many countries preventive approaches remain focused solely on individual clinical and educational interventions based upon a biomedical model that fails to acknowledge the wider determinants of NCDs and the need to create supportive environments for health, equity and well-being. Public health leadership and advocacy, professional training and health system reform are needed to shift the focus of prevention upstream to create health-promoting environments. Upstream interventions can be implemented at national, regional and local levels providing a wide range and scope of opportunities for public health action. Initiatives such as the WHO Health Promoting School, Healthy Workplace and Health Promoting Hospital all provide examples of integrated action to create health-promoting settings.

3.2. In terms of tackling modifiable risk factors, significant success has been achieved globally in implementing a range of effective tobacco control measures through the *WHO Framework Convention on Tobacco Control*. More coordinated strategic action is however needed in relation to reducing the harms caused by alcohol and ultra processed foods and drinks. An area of specific concern is the urgent need to reduce global free sugars consumption, a significant risk factor for a range of NCDs including overweight/obesity, cardiovascular disease, diabetes and dental caries. To reduce free sugars to below 10% of total energy intake in line with WHO guidelines⁵ requires far tighter legislation, regulation and fiscal policies to control the marketing, promotion and range of other actions the transnational sugar industry uses to maximise their sales and profits. Particularly strict policies are needed to protect new mothers/babies, children and young people from targeted marketing and promotion of sugary foods and drinks.

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.

4.1. Health systems have an important role to play in preventing and controlling NCDs including oral diseases, but currently insufficient attention and investment is being placed on delivering effective, evidence-informed prevention in clinical services. To strengthen and orient health

systems towards integrated prevention and control of NCDs requires system level reform to create an environment where health professionals are incentivised and supported to work more collaboratively and change their routine practice to upscale, in particular, their preventive roles.

4.2. Health systems also have an important role to play in addressing inequalities in NCDs and ensuring fair and equitable access to prevention and control measures. Health equity audits and toolkits can be used to help health professionals improve service accessibility and acceptability for disadvantaged and marginalised populations. To address the broader determinants of health it is important for health systems to work closely with other related sectors and to signpost patients to social care, housing, welfare and other agencies that can provide necessary support and assistance.

4.3. Although there are over four million dentists globally, oral health personnel are poorly distributed with an over-concentration in high-income countries and wealthy urban areas, and a significant undersupply in low-income countries, particularly in poor rural areas. Another major challenge is that a high proportion of dentists work in the private sector often in isolation from the mainstream primary health care teams. The *WHO Global Oral Health Action Plan*⁴ has published a range of ambitious targets to improve access to essential oral health services and better integrate oral health into primary care and UHC.

5. To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.

5.1. High-quality research and development are critically important to further develop the evidence base for the prevention and control of NCDs. Better coordination is needed between Member States, global health research organisations and international philanthropic foundations to support an integrated global NCD research programme as many countries, particularly in the global South, have limited research capacity, funding and investment to support NCD research. Community engagement and involvement should be an important element of all research activities to ensure that the research is grounded in the realities of local populations. The development, testing and sharing of appropriate research resources and methodologies to prevent and control NCDs should be a priority globally. Pluralistic, diverse and inclusive research methods should be used to evaluate different interventions appropriate to the research questions, populations and settings. Particular attention needs to be placed on using appropriate methods to evaluate the impact of upstream legislation, regulation and fiscal policies on the prevention of NCDs and in tackling health inequalities.

5.2. High-quality research is needed to combat the commercial determinants of NCDs. This includes global research to expose and monitor the tactics used by commercial actors to promote their unhealthy products and to influence public health policy within Member States and internationally. Further research is also needed to evaluate the impact of legislation and regulation on limiting the harmful influences of commercial actors. The commercial determinants research agenda is a particular priority in low-income countries where governance structures may not be fully established and commercial actors may yield specific policy influence.

6. To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

6.1. Appropriate and integrated surveillance and monitoring systems are essential to assess trends and monitor determinants of NCDs. Although major progress has been made in establishing NCD surveillance systems, oral disease indicators are not routinely collected within these systems. A core set of oral health indicators therefore need to be developed and integrated into NCD surveillance systems. More information is also required to monitor trends in NCD inequalities including markers of socio-economic position appropriate to the country and population context.

6.2. The monitoring of determinants of NCDs often focuses on specific individual indicators such as tobacco use. Moving forwards a wider range of appropriate indicators of the underlying social and commercial determinants should be included in monitoring systems. This information would inform policy development and encourage action tackling the broader determinants of NCDs rather than focusing only on downstream individual clinical and behavioural risk factors. Expanding and developing surveillance and monitoring systems to include a broader range of health and determinants indicators requires resources and expertise

Additional: To promote mental health and well-being as a vital component of achieving SDG target 3.4.

Mental health is a very important component of NCDs and shares many of the social and structural determinants of other chronic diseases. Indeed, oral health and mental health also share many similar challenges. Both conditions are associated with stigma and social isolation, and stark socio-economic inequalities exist with the most disadvantaged groups in society experiencing the greatest burden of these diseases. Within health systems, oral health and mental health have both also not been seen as priorities and have therefore received more limited funding and investment compared to other more recognised health conditions. Oral health and mental health services are often separated and isolated from mainstream services and staff morale is often very poor. Greater recognition is needed of the public health importance of mental health and for better integration of mental health and other NCD services.

Professor Richard G Watt, Professor Georgios Tsakos and Dr Anja Heilmann
UCL WHO Collaborating Centre for Oral Health Inequalities and Public Health

References

1. WHO (2021): Seventy-Fourth World Health Assembly. Resolution WHA 74.5, agenda item 13.2: Oral health. Geneva: World Health Organization. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R5-en.pdf
2. WHO (2022): Global oral health status report: Towards universal health coverage for oral health by 2030. Geneva: World Health Organization. Available at: <https://www.who.int/team/noncommunicable-diseases/global-status-report-on-oral-health-2022>
3. WHO (2022): Draft Global Strategy On Oral Health. Geneva: World Health Organization. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf
4. WHO (2023): Draft Global Oral Health Action Plan (2023–2030). Geneva: World Health Organization. Available at: [https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-\(2023-2030\)](https://www.who.int/publications/m/item/draft-global-oral-health-action-plan-(2023-2030))
5. WHO (2015): Guideline: Sugars intake for adults and children. Geneva: World Health Organization. Available at: <https://www.who.int/publications/i/item/9789241549028>

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 on reducing air pollution and promoting 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.	Advocacy towards the impact of NCDs (in morbidity, mortality, and economic costs), including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to update strategic guidance to include NCDs, so that countries have clear guidance for delivering a comprehensive approach to the prevention of NCDs, including steatotic liver disease and specifically MASH.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through the creation of health-promoting environments.	Strong focus on political economy analysis and understanding of policy-making processes, in order to improve education on healthy food in primary and secondary schools for example.
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.	Accelerate efforts to develop person-centred models of care, to look at complex interactions of multimorbidity needs. At a practical level, this involves screening strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care, metabolic disease management).
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings, person-person-centered care, personalised, or whole-of-society approaches.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	

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

The British Association for the Study of the Liver (BASL)
Secretariat Office c/o Executive Business Support Ltd
City Wharf, Davidson Road, Lichfield, Staffordshire WS14 9DZ
United Kingdom
admin@basl.org.uk

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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social	Accelerate work on the commercial determinants of health, with a strong focus on political economy

	determinants through creation of health-promoting environments.	analysis and understanding of policy-making processes, at the national, regional, and global level.
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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document pockets of good practise.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic, person-centred, personalised, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	

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

**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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH). C Pavlov: We should add here ‘alcohol-related liver injury and associated diseases’.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs. C Pavlov: Please consider adding as previously written (item 1). We need to consider the alcohol consumption as a factor for the prognosis, diagnosis, and treatment of the MASLD.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting	Accelerate work on the commercial determinants of health, with a strong focus on political economy

	environments.	analysis and understanding of policy-making processes, at the national, regional, and global level. C Pavlov: No comment.
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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document pockets of good practise. C Pavlov: in this second sentence, we should add the possible role and interaction of different specialists across medical specialties to achieve the aims. Guidelines should be followed only if validated and contain high-quality evidence.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic, person-centred, personalised, or whole-of-society approaches. C Pavlov: To fill in the gaps of implementation research by performing clinical trials.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions. C Pavlov: Monitoring of the outcomes must be performed by independent, unbiased, and trained for the purposes staff.
*	<i>In addition:</i> 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.	C Pavlov: This is expected to differ from country by country, and would depend on socioeconomic measures being taken; however, the free access to the program involving different patient' groups should be instigated.

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

Swedish Society of Gastroenterology

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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level.
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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work

		should aim to surface and document pockets of good practise.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic, person-centred, personalised, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	

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

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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level.
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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work

		should aim to surface and document pockets of good practise.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic, person-centred, personalised, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	

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

Manuel Romero Gómez
AEEH President

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our *SpiritsNL* is a member of the Dutch association on Responsible Drinking (STIVA) and the International Alliance for Responsible Drinking/Partnership Council of the International Alliance of Responsible Drinking.

SpiritsNL have sought to play a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We recommend that the Director General's (DG) report reflect the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnership have helped harness the power of the private sector in support of achieving important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines. Examples of your partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how you have responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health. See our general remarks in Annex 3.

ANNEX 1

2. "To strengthen national capacity, leadership, governance, multisectoral action and partnership to accelerate country response for the prevent and control of non-communicable diseases"

16 June 2024 DRAFT

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

Web-based consultation: Phase I (May-June 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.	More efforts must be made to provide platforms that allow countries to exchange know-how and the leveraging of technical and <i>political</i> tools and actions on how to prioritize NCDs (including mental health) within national health agendas. Domestic resource mobilization remains key to unlocking the resources required to tackle NCDs but donors and development assistance for health (DAH), innovative financing mechanisms and public/private health insurance schemes can play an important role in influencing countries to prioritize NCD prevention and control by focusing more on NCDs themselves and giving NCDs more prominence and attention. Tackling NCDs effectively requires a much more concerted whole-of-government and intersectoral effort that recognises the impact of social, economic and commercial determinants of health on the growing burden of NCD prevalence. This also involves more proactive and constructive engagement of a much wider range of non-State actors, including the private sector, than is currently the case. Encouraging greater policy coherence across different sectors is also required - e.g. driving greater connectivity between environmental/climate change objectives (e.g., air pollution, food insecurity) and NCD objectives, as well as leveraging existing infectious

		disease infrastructures (HIV/AIDS, TB, malaria) to address highly prevalent NCDs like obesity, CVD, hypertension and diabetes. Notably, people living with NCDs are also often more vulnerable to infectious diseases. Finally, it is essential to consider an interconnected approach to the growing burden of NCDs, including cardiovascular disease, cancer, diabetes, chronic respiratory diseases, conditions of the kidney and liver, and mental ill-health. A non-siloed, cross-sectoral approach can help streamline and address health equity, particularly for NCDs, which are often closely linked to socio-economic status.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Greater collaboration is required across relevant organizations to empower and build capacity for those who are working at country level to create budget lines and secure financing for NCDs, enhancing their ability to work with other sectors and different stakeholders to drive more comprehensive responses to addressing NCDs, and to create more ownership and accountability for other sectors. Priority should be given to understanding the most important local barriers to access (regulatory approvals, funding/reimbursement, formulaic listings, procurement, training & education, task-shifting, distribution etc.) and then developing locally-relevant pathways for patients to gain access to screening, diagnostics, quality medicines, products and healthcare. Entities such as the Global Coordination Mechanism for NCDs are well-placed to provide a platform for driving greater empowerment of NCD advocates within government but require more practical and locally-relevant approaches to knowledge exchange and technical assistance. Understanding local social determinants of health also provides more meaningful insights that are “closer to the ground”. Furthermore, priority should be given to ensure funding for implementation of NCD initiatives to ensure adequate primary and secondary prevention, including supporting people in managing interlinkages between the risk factors of NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	According to a WHO Discussion paper from 2021 on the development of an implementation roadmap for the GAP, there has been no significant change in the trends for the NCD risk factors across WHO regions, except for tobacco use. This would appear to suggest that there is still significant under-investment in the prevention agenda across all countries, and that governments can do more to tackle modifiable risk

	factors that are commonly shared across the major NCDs. Promoting healthy diets, physical activity, reduced alcohol use and tobacco use cessation are relatively straightforward and cost-effective measures to reduce premature death and disability from NCDs, and result in very large cost savings to the overall economy, not to mention at the household level. Primary and secondary prevention strategies are critical to protect populations against contracting NCDs, but also for mitigating and reducing the burden of various NCDs and to reduce the risk of developing co-morbidities alongside existing chronic illnesses.
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. Strong primary health care systems can deliver up to 90% of essential health interventions, the large majority of which are critical to addressing NCD prevention and control. As the burden of NCDs, multimorbidity and life expectancy increase, there is an urgent need to rethink the design of health systems and healthcare delivery towards integrated care pathways that are localised, community-based and person-centred and that are able to effectively manage multiple conditions which are often interconnected. This would also enable earlier treatment intensification to prevent costly complications and slow disease progression. To this end, national chronic disease strategies should include ringfenced funding for integrated care; implement robust data collection and monitoring to drive improvements; introduce systematic follow-up post hospital admissions or acute care and update national and local guidelines regularly to ensure people living with chronic diseases access innovative and timely care. Furthermore, it is critical to improve health system readiness and resilience as a cornerstone to achieve UHC, particularly at a primary health care (PHC) level, consisting of life course approaches to primary and secondary prevention (including vaccination), health promotion, screening and health checks, detection, diagnosis, treatment, surveillance, and follow-up. Wherever feasible, existing infectious disease infrastructures should be leveraged to address NCDs. Finally, strengthening forecasting, procurement and supply chain systems must remain a priority, for example in relation to continuity of stock levels of NCD drugs and commodities. Many countries have

		first-line options in their national Essential Medicines Lists, but decentralised access remains a problem.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Research and innovation (defined broadly to include innovative healthcare products, services and delivery mechanisms) is essential to change the trajectory of NCD prevention and control, although it must be acknowledged that innovations often need to be adapted in a context-specific manner and take into consideration the difference in resource settings between HICs and LMICs. Research and development must be made accessible and cost-effective, and tailored to be effectively implemented in different settings. Governments should identify priority areas for R&D investment, depending on priority unmet medical needs, to ensure the right incentives and processes are in place to attract targeted R&D investment. Prioritising robust analysis and government or global measures to evaluate the effectiveness of NCD policies is crucial, including value for money and population health. High-level research from low- and middle-income Countries (LMICs) is currently almost non-existent, due to the lack of data. International dataset generally uses modelling and has largely been shown to portray under-estimated numbers of incidence and prevalence levels. For example, without national data on Type 1 diabetes, attracting health care professionals to the profession of paediatric endocrinology is additionally difficult, while nationally-driven research remains limited.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Data relating to prevention and control of NCDs, as well as prevalence, continues to be scarce and grossly under-collected. Strengthening the monitoring of the trends and determinants of NCDs globally, nationally and regionally would provide a much clearer picture on the drivers and better inform decision-making at the highest political levels, allowing for more focused action to be taken where applicable. Better data and monitoring can also guide timely intervention and primary and secondary prevention strategies tailored to local needs and geographies. There is huge potential for AI to monitor and address NCDs. Government guidelines for the use of AI in chronic disease care is needed to measure and manage and address workforce challenges in future. This should include interoperability standards across government systems to ensure seamless integration of data, digital health solutions and AI tools,

		facilitating data exchange and care. Training and education are needed for HCPs on the safe and effective use of data to monitor progress.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	The prevalence of mental health conditions is rising to alarming levels globally, with nearly 1 billion people living with such conditions, and whilst there have been global commitments to address this challenge, people living with serious mental health conditions are often overlooked. Therefore, a comprehensive approach needs to be taken to mental health: from health promotion through prevention, treatment, long-term care of, and recovery from, serious mental health disorders and other mental health conditions. Other pressures such as increasing urbanization, social media use, the link with growing obesity rates and so on is likely to exacerbate this global health issue and will impact on the extent to which mental ill health is experienced as a comorbidity of other conditions. For example, there is currently an increasing focus on the need to address mental health issues among children living with the chronic disease of Type 1 diabetes, due to high levels of suicide and social issues being registered amongst them. Greater clarity needs to be provided on how mental health is being addressed within the broader NCD agenda and the value of its inclusion into other strategies (as opposed to being addressed in a “standalone manner”), as there are frequent perceptions that the topic is not sufficiently integrated. In addition, a separate indicator should be considered for mental health and neurological conditions, alongside the WHO’s list of “Best Buys”.

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

FROM: ACIBEV – Associação de Vinhos e Espirituosas de Portugal
DATE: 17 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to respond to your Phase 1 consultation process. Our submission focuses on those NCD-GAP objectives most relevant to our members, who are the Portuguese wine companies in the industry and trade of all wine categories: still wines, sparkling wines, liqueur wines, aromatized wines and other vine products.

ACIBEV - Portuguese Wine and Spirits Association is a non-profit business association established in January 1975, which represents a significant part of the sector's turnover - production, distribution and trade of wines and spirits as well as vinegar and distillation of wine products.

Our Associates have an annual turnover of more than eight hundred million euros, 60% of which are generated through export. Among our Associates are the majority of national export companies, leading companies in the various demarcated regions and companies that create brands that add value to Portuguese wines.

At ACIBEV, we are committed to supporting the UN goals to tackle the harmful use of alcohol, by playing a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, while following an approach that embeds responsibility and moderation.

ACIBEV looks forward to the opportunity to continue supporting this collective effort for the benefit of the society and wishes to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We propose that the Director-General's report acknowledges the positive contributions of the wine sector since the 2018 High-Level Meeting on NCDs. Collaborative efforts through the Wine in Moderation movement and cross-sector partnerships have effectively harnessed the potential of the private sector to support key NCD objectives. This model of partnership, which promotes responsible consumption, can be replicated to drive progress toward achieving the critical NCD targets by 2030. ACIBEV embraces and supports any actions aimed at tackling heavy drinking. Specific segments of the population who should never drink include pregnant women, underage individuals, and those in situations where alcohol is unsafe. However, research has shown that regular, moderate drinking—distinct from any form of heavy drinking — can be viable when integrated into a balanced lifestyle. For healthy adults, this means moderate wine consumption with meals, accompanied by water, within the context of a Mediterranean diet and a healthy lifestyle. However, this does not apply universally. Further exploration of this area, along with responsible consumption initiatives, could contribute to a comprehensive approach to NCD prevention.

		By working together, the wine sector and public health stakeholders can play a constructive role in promoting healthy lifestyles and achieving the NCD targets.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments .	We believe that a solution to mitigate the risk of NCDs should focus on combating alcohol abuse. Science suggests that moderate wine consumption can be part of a healthy lifestyle, but it is not a universal solution, as some individuals should always abstain (e.g., pregnant women, underage individuals, and those in risky situations). This correlation, when depicted in a diagram, forms the shape of a "J" and is thus called the "J-curve": while moderate consumption appears beneficial, exceeding recommended guidelines reverses the benefits. The J-curve's upward trend indicates increasing risk with higher intake. Based on the wine sector's efforts in promoting responsible and moderate wine consumption, we recommend that the Director-General's report to: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol. • Takes into account the science behind moderate wine consumption within a healthy lifestyle. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts. • Consider the latest Communication (May 2024) of the European Commission "The European Health Union: acting together for people's health", which seeks to lessen the impact of major NCDs by tackling various health determinants, emphasizing the reduction of lifestyle-related risk factors such as harmful alcohol consumption. • Include the positive contributions made by the wine sector to reduce the harmful use of alcohol, by sharing science-driven findings to underline moderate consumption.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We propose leveraging the NCD Monitoring Framework for tracking trends and determinants of alcohol consumption and its impact on health. This framework, aligned with the focus on harmful use, emphasizes monitoring three key metrics: total alcohol consumption, heavy episodic drinking, and alcohol-related health burdens. Additionally, we recommend strengthening data collection on unrecorded and illicit alcohol, considering its significant public health implications.

FROM:
Bundesverband Wein und Spirituosen International
e.V., Germany
DATE: 14. June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to contribute to your PHASE 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to stakeholders in wine production and trade.

On behalf of the members of the Bundesverband Wein und Spirituosen International e.V. (BWSI), which represents the main import volume of wines and spirits in Germany, we are all committed to upholding the responsibility standards and supporting the UN goals to tackle the harmful use of alcohol.

All our members have sought to play a constructive role implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, and look forward to the opportunity to do so again following the 2025-High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	It is requested that the Director's report reflects the constructive engagement of the private sector since the last High-Level Meeting on NCDs in 2018. Sector-wide initiatives and partnerships have been instrumental in advancing critical NCD targets and promoting similar efforts that contribute to the realization of the primary NCD targets by 2030. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We recommend that the DG's report: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol • Raise awareness that for health outcomes, all alcohol beverages are the same and all can be misused • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts • Acknowledge the broad evidence that demonstrates the relationship between social equity, harmful use of alcohol, and health outcomes • Include the contributions made by the private sector to reduce the harmful use of alcohol. Examples of how the industry responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We recommend that the DG's report use the NCD Monitoring Framework agreed by Member States for monitoring trends and determinants and evaluating progress. This framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend a stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health.

**FROM: CEEV - Comité Européen des
Entreprises Vins**
DATE: 17 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to respond to your Phase 1 consultation process. Our submission focuses on those NCD-GAP objectives most relevant to our members, who are the European wine companies in the industry and trade of all wine categories: still wines, sparkling wines, liqueur wines, aromatised wines and other vine products.

The companies represented by CEEV, mainly SMEs, produce and market the vast majority of quality European wines, both with and without a geographical indication, and account for over 90% of European wine exports. With almost €18 billion exports in 2023, the European wine sector is the first EU agri-food exporter.

With its 3.3 million hectares of vineyard and 3 million direct jobs, the EU wine sector plays a major part in ensuring the socioeconomic balance of wine-growing regions.

At CEEV, we are committed to supporting the UN goals to tackle the harmful use of alcohol, by playing a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, while following an approach that embeds responsibility and moderation.

CEEV looks forward to the opportunity to continue supporting this collective effort for the benefit of the society and wishes to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We propose that the Director-General's report acknowledges the positive contributions of the wine sector since the 2018 High-Level Meeting on NCDs. Collaborative efforts through the Wine in Moderation movement and cross-sector partnerships have effectively harnessed the potential of the private sector to support key NCD objectives. This model of partnership, which promotes responsible consumption, can be replicated to drive progress toward achieving the critical NCD targets by 2030. CEEV embraces and supports any actions aimed at tackling heavy drinking. Specific segments of the population who should never drink include pregnant women, underage individuals, and those in situations where alcohol is unsafe. However, research has shown that regular, moderate drinking—distinct from any form of heavy drinking—can be viable when integrated into a balanced lifestyle. For healthy adults, this means moderate wine consumption with meals, accompanied by water, within the context of a Mediterranean diet and a healthy lifestyle. However, this does not apply universally. Further exploration of this area, along with responsible consumption initiatives, could contribute to a comprehensive approach to NCD prevention.

		By working together, the wine sector and public health stakeholders can play a constructive role in promoting healthy lifestyles and achieving the NCD targets.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments .	We believe that a solution to mitigate the risk of NCDs should focus on combating alcohol abuse. Science suggests that moderate wine consumption can be part of a healthy lifestyle, but it is not a universal solution, as some individuals should always abstain (e.g., pregnant women, underage individuals, and those in risky situations). This correlation, when depicted in a diagram, forms the shape of a "J" and is thus called the "J-curve": while moderate consumption appears beneficial, exceeding recommended guidelines reverses the benefits. The J-curve's upward trend indicates increasing risk with higher intake. Based on the wine sector's efforts in promoting responsible and moderate wine consumption, we recommend that the Director-General's report to: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol. • Takes into account the science behind moderate wine consumption within a healthy lifestyle. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts. • Consider the latest Communication (May 2024) of the European Commission "The European Health Union: acting together for people's health", which seeks to lessen the impact of major NCDs by tackling various health determinants, emphasizing the reduction of lifestyle-related risk factors such as harmful alcohol consumption. • Include the positive contributions made by the wine sector to reduce the harmful use of alcohol, by sharing science-driven findings to underline moderate consumption.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We propose leveraging the NCD Monitoring Framework for tracking trends and determinants of alcohol consumption and its impact on health. This framework, aligned with the focus on harmful use, emphasizes monitoring three key metrics: total alcohol consumption, heavy episodic drinking, and alcohol-related health burdens. Additionally, we recommend strengthening data collection on unrecorded and illicit alcohol, considering its significant public health implications.

FROM: FEDERVINI – Italian Federation of Industrial Producers, Exporters and Importers of Wines, Spirits, Syrups, Vinegar

DATE: 15 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL’S REPORT

Thank you for the opportunity to respond to your Phase 1 consultation process. Our submission focuses on those NCD-GAP objectives most relevant to our members, who are the Italian wine, aromatised wine products and spirits companies in the industry and trade of all the following categories: still wines, sparkling wines, liqueur wines, aromatised wines, liqueurs and spirits.

The companies associated to FEDERVINI, mainly SMEs, represent leading sectors of Made in Italy. Together they comprise more than 2,300 businesses of an industrial nature (for wine, if we also consider agricultural transformation, we reach 38,000), €21.5 billion of turnover, €10 billion in exports and more than 81,000 people employed. On the side of exports, the two sectors (wine&spirits) are strategically relevant not only in terms of their share of food&beverage sales across borders (19%) but especially due to their strong contribution to the agrifood trade balance: a net aggregate trade balance of €8.4 billion, the highest contribution among Italian F&B products. These figures show the key role played by these sectors in ensuring the socioeconomic balance of regions of production.

At FEDERVINI, as well as the sector we represent, we are committed to supporting the UN goals to tackle the harmful use of alcohol, by playing a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, while following an approach that embeds responsibility and moderation, fully in line with the Mediterranean model of consumption.

FEDERVINI looks forward to the opportunity to continue supporting this collective effort for the benefit of the society and wishes to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We suggest that the Director-General's report acknowledges the positive contributions of the wine and spirits sector since the 2018 High-Level Meeting on NCDs. We are responding from the perspective of the Italian market. The Italian wine and spirits industry is an example of best practice in marketing self-regulation, as called for in the proposed measures for economic operators in the WHO Global Alcohol Action Plan 2022-2030. The wine and spirits industry in Italy has a longstanding and serious commitment to ensuring that its products are marketed and sold responsibly, and this is backed up by credible actions. Since 2011 FEDERVINI adopted an ethical chart on responsible commercial communication of alcoholic beverages based on the

self-regulatory code of Istituto dell'autodisciplina pubblicitaria (IAP), whose mission is to make sure commercial communications are honest, true and correct.

In 2023 FEDERVINI revised the chart to be able to tackle the new digital media such as social networks and drafted the guidelines on commercial communication of alcoholic beverages. Commercial and promotional communication of alcoholic beverages includes advertising and any other form of communication aimed at making known, promoting or encouraging the knowledge, sale and consumption of alcoholic beverages whatever the methods used.

By way of example, advertising through classical mass media, such as press, radio, cinema and any other media, promotions, direct marketing, online and offline communications. Correct and responsible marketing and promotional communication of alcoholic beverages is a prerequisite for responsible consumer choice. These guidelines were created with the aim of regulating commercial communications in light of the growing role of digital media. All recommendations apply to all communication, promotion, marketing and sales activities on digital channels (e.g. websites, social media, sales sites and podcasts). It is very important the prevention of access to minors through the implementation of 'age gate' systems to restrict the sale of alcoholic beverages to those over the age of 18 as well as the use of disclaimers to address promotional content to adult audiences only.

These efforts are complemented by funding broader education programmes and local initiatives to combat harms such as underage drinking, anti-social behaviour and drink driving.

In 2020 FEDERVINI joined forces with FIPE (the Italian association of hotels, restaurants, cafés) developing a service guide for conscious consumption of alcoholic beverages. In a nutshell, the partnership led to the publication of a guide for adult professional in the Ho.Re.Ca. sectors in order to promote an overall education on responsible serving and consumption. FEDERVINI and FIPE released also three short educational videos aimed at educating bartenders.

In 2022 FEDERVINI launched the first edition of “No Binge Communicating Responsible Consumption” an initiative with the active involvement of master’s degree in Organization and Marketing for Business Communication at the University. This project aimed at raising the public's awareness on a consumption based on moderation through a contest among students that have been engaged in creating a communication campaign. Among the main objectives, spreading the message of responsible drinking among young adults, raising awareness on harmful behaviours and

	turning students into real Ambassadors of the responsible consumption message among their peers are worth considering. In September 2023 the winning project of the first edition was presented to Roma Capitale (the municipality of Rome), which endorsed the project by contributing to the concrete development of the initiative, collaborating in the dissemination and promotion of the information campaign which was broadcasted on the institutional channels of Roma Capitale. In 2023 the second edition engaged a broader number of universities belonging to different Italian regions. To date, “No Binge Communicating Responsible Consumption” reached out more than 500 students located in Rome, Naples and Verona, with ambitions to scale up its beneficial impact on even more students. FEDERVINI, as a member of <i>Comité Vins</i>, is a national coordinator of Wine in Moderation movement. Therefore, we highlight that several members of FEDERVINI are engaged, since a long time, in different areas of intervention such as “Drink or drive”, “Underage”, “Abuse”, covered with projects carried out throughout the whole country with significant investments that lead to a relevant social impact. These models of partnership, which promotes responsible consumption, can be replicated to drive progress toward achieving the critical NCD targets by 2030. Moreover, this shows that the industry remains a serious and constructive partner in supporting UN goals to tackle the harmful use of alcohol.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. We believe that a solution to mitigate the risk of NCDs should focus on combating alcohol abuse, a goal that should be pursued through a “whole-of-society” approach, enshrined in the 2018 UN High Level Meeting on NCDs and reflected in the Global Alcohol Action Plan as mandated by Member States. WHO available data for the European Region show that heavy-episodic drinking decreased by 16% between 2010 and 2016 (as opposed to a 10% reduction in alcohol consumption between 2010 and 2019, demonstrating that consumers are embracing responsible patterns of consumption as a result of the education activities). Science suggests that moderate consumption can be part of a balanced lifestyle for those who choose to drink. The majority of studies published in the literature observe a curvilinear conformation association (the well-known ‘J-curve’) between alcohol consumption and all-cause mortality. This conformation suggests that moderate drinkers have a lower risk of all-cause mortality than both abstainers and heavy drinkers.

		Based on the wine and spirits sector’s efforts in promoting responsible and moderate consumption, we suggest the Director-General’s report to: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol. • Takes into account the scientific evidence behind moderate consumption within a balanced lifestyle. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts. • Consider the report on non-communicable diseases (NCDs) adopted by the European Parliament on the 13th of December 2023. • Consider the latest Communication (May 2024) of the European Commission “The European Health Union: acting together for people's health”, which seeks to lessen the impact of major NCDs by tackling various health determinants, emphasizing the reduction of lifestyle-related risk factors such as harmful alcohol consumption. • Include the positive contributions made by the sector to reduce the harmful use of alcohol, by sharing science-driven findings to underline moderate consumption.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We propose leveraging the NCD Monitoring Framework for tracking trends and determinants of alcohol consumption and its impact on health. This framework, aligned with the focus on harmful use, emphasizes monitoring three key metrics: total alcohol consumption, heavy episodic drinking, and alcohol-related health burdens. Additionally, we recommend strengthening data collection on unrecorded and illicit alcohol, considering its significant public health implications.

FROM: FEV – Federación Española del Vino

DATE: 11 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to respond to your Phase 1 consultation process. Our submission focuses on those NCD-GAP objectives most relevant to our members, who are Spanish wine companies in the industry and trade of all wine categories: still wines, sparkling wines, liqueur wines, aromatized wines and other vine products.

FEV has more than 950 member wineries from all over Spain and is the leading private national organization for wineries. It is primarily composed of SMEs, which produce and market the vast majority of quality Spanish wines, both with and without a geographical indication.

At FEV, we are committed to supporting the UN goals to tackle the harmful use of alcohol, by playing a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, while following an approach that embeds responsibility and moderation.

FEV looks forward to the opportunity to continue supporting this collective effort for the benefit of the society and wishes to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We propose that the Director-General's report acknowledges the positive contributions of the wine sector since the 2018 High-Level Meeting on NCDs. Collaborative efforts through the Wine in Moderation movement and cross-sector partnerships have effectively harnessed the potential of the private sector to support key NCD objectives. This model of partnership, which promotes responsible consumption, can be replicated to drive progress toward achieving the critical NCD targets by 2030. CEEV embraces and supports any actions aimed at tackling heavy drinking. Specific segments of the population who should never drink include pregnant women, underage individuals, and those in situations where alcohol is unsafe. However, research has shown that regular, moderate drinking—distinct from any form of heavy drinking—can be viable when integrated into a balanced lifestyle. For healthy adults, this means moderate wine consumption with meals, accompanied by water, within the context of a Mediterranean diet and a healthy lifestyle. However, this does not apply universally. Further exploration of this area, along with responsible consumption initiatives, could contribute to a comprehensive approach to NCD prevention. By working together, the wine sector and public health stakeholders can play a constructive role in promoting healthy lifestyles and achieving the NCD targets.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through	We believe that a solution to mitigate the risk of NCDs should focus on combating alcohol abuse. Science suggests that moderate wine consumption can be part of a healthy lifestyle, but it is not a universal

	creation of health-promoting environments.	solution, as some individuals should always abstain (e.g., pregnant women, underage individuals, and those in risky situations). This correlation, when depicted in a diagram, forms the shape of a "J" and is thus called the "J-curve": while moderate consumption appears beneficial, exceeding recommended guidelines reverses the benefits. The J-curve's upward trend indicates increasing risk with higher intake. Based on the wine sector's efforts in promoting responsible and moderate wine consumption, we recommend that the Director-General's report to: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol. • Takes into account the science behind moderate wine consumption within a healthy lifestyle. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts. • Consider the latest Communication (May 2024) of the European Commission "The European Health Union: acting together for people's health", which seeks to lessen the impact of major NCDs by tackling various health determinants, emphasizing the reduction of lifestyle-related risk factors such as harmful alcohol consumption. • Include the positive contributions made by the wine sector to reduce the harmful use of alcohol, by sharing science-driven findings to underline moderate consumption.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We propose leveraging the NCD Monitoring Framework for tracking trends and determinants of alcohol consumption and its impact on health. This framework, aligned with the focus on harmful use, emphasizes monitoring three key metrics: total alcohol consumption, heavy episodic drinking, and alcohol-related health burdens. Additionally, we recommend strengthening data collection on unrecorded and illicit alcohol, considering its significant public health implications.

FROM: Unione Italiana Vini

DATE: 17 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Dear Sir or Madam,

thanks you for the opportunity to respond to your Phase 1 consultation process. Our submission focuses on those NCD-GAP objectives most relevant to our members, who are the Italian wine companies in the industry and trade of all wine categories: still wines, sparkling wines, liqueur wines, aromatised wines and other vine products.

Unione Italiana Vini has been the most important representative association of Italian wine companies since 1895. More than 700 companies participate, expression of all the segment of the supply chain, which represent:

+ 50% of the total turnover of the sector;

+ 85% of Italian wine exports;

+ than 150,000 winegrowers

At UIV, we are committed to supporting the UN goals to tackle the harmful use of wine and alcohol, by playing a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, while following an approach that embeds responsibility and moderation.

UIV looks forward to the opportunity to continue supporting this collective effort for the benefit of the society and wishes to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We propose that the Director-General's report acknowledges the positive contributions of the wine sector since the 2018 High-Level Meeting on NCDs. Collaborative efforts through the Wine in Moderation movement and cross-sector partnerships have effectively harnessed the potential of the private sector to support key NCD objectives. This model of partnership, which promotes responsible consumption, can be replicated to drive progress toward achieving the critical NCD targets by 2030. UIV embraces and supports any actions aimed at tackling heavy drinking. Specific segments of the population who should never drink include pregnant women, underage individuals, and those in situations where alcohol is unsafe. However, research has shown that regular, moderate drinking—distinct from any form of heavy drinking—can be viable when integrated into a balanced lifestyle. For healthy adults, this means moderate wine consumption with meals, accompanied by water, within the context of a Mediterranean diet and a healthy lifestyle. However, this does not apply universally. Further exploration of this area, along with responsible consumption initiatives, could contribute to a comprehensive approach to NCD prevention.

		By working together, the wine sector and public health stakeholders can play a constructive role in promoting healthy lifestyles and achieving the NCD targets.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments .	We believe that a solution to mitigate the risk of NCDs should focus on combating alcohol abuse. Science suggests that moderate wine consumption can be part of a healthy lifestyle, but it is not a universal solution, as some individuals should always abstain (e.g., pregnant women, underage individuals, and those in risky situations). This correlation, when depicted in a diagram, forms the shape of a "J" and is thus called the "J-curve": while moderate consumption appears beneficial, exceeding recommended guidelines reverses the benefits. The J-curve's upward trend indicates increasing risk with higher intake. Based on the wine sector's efforts in promoting responsible and moderate wine consumption, we recommend that the Director-General's report to: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol. • Takes into account the science behind moderate wine consumption within a healthy lifestyle. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts. • Consider the latest Communication (May 2024) of the European Commission "The European Health Union: acting together for people's health", which seeks to lessen the impact of major NCDs by tackling various health determinants, emphasizing the reduction of lifestyle-related risk factors such as harmful alcohol consumption. • Include the positive contributions made by the wine sector to reduce the harmful use of alcohol, by sharing science-driven findings to underline moderate consumption.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We propose leveraging the NCD Monitoring Framework for tracking trends and determinants of alcohol consumption and its impact on health. This framework, aligned with the focus on harmful use, emphasizes monitoring three key metrics: total alcohol consumption, heavy episodic drinking, and alcohol-related health burdens. Additionally, we recommend strengthening data collection on unrecorded and illicit alcohol, considering its significant public health implications.

**FROM: Verband Deutscher Sektkellereien
e.V., Germany
DATE: 14. June 2024**

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF UNGA ON THE PREVENTION AND CONTROL OF NCDs, FOCUSING ON THE KEY PRIORITY AREAS IN THE WHO DIRECTOR GENERAL'S REPORT

Thank you for the opportunity to respond to your Phase 1 consultation process. Our submission focuses on those NCD-GAP objectives most relevant to our members.

The companies represented by Verband Deutscher Sektkellereien e.V. (VDS), including numerous SMEs, produce and market the vast majority of German quality sparkling wines, both with and without a geographical indication, and account for over 95 % of Germany's sparkling wine industry.

At VDS, we are committed to supporting the UN goals to tackle the harmful use of alcohol, by playing a constructive role in implementing the call for action in the 2018 UN Political Declaration on the Prevention and Control of NCDs, while following an approach that embeds responsibility and moderation.

VDS and its members look forward to the opportunity to continue supporting this collective effort for the benefit of the society and wishes to do so again following the 2025 High-Level Meeting.

#	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We propose that the Director-General's report acknowledges the positive contributions of the wine sector since the 2018 High-Level Meeting on NCDs. Collaborative efforts through the Wine in Moderation movement and cross-sector partnerships have effectively harnessed the potential of the private sector to support key NCD objectives. This model of partnership, which promotes responsible consumption, can be replicated to drive progress toward achieving the critical NCD targets by 2030. VDS embraces and supports any actions aimed at tackling heavy drinking. Specific segments of the population who should never drink include pregnant women, underage individuals, and those in situations where alcohol is unsafe. However, research has shown that moderate drinking — distinct from any form of heavy drinking — can be viable when integrated into a balanced lifestyle. For healthy adults, this means moderate wine consumption with meals, accompanied by water, within the context of a Mediterranean diet and a healthy lifestyle. However, this does not apply universally. Further exploration of this area, along with responsible consumption initiatives, could contribute to a comprehensive approach to NCD prevention. By working together, the wine sector and public health stakeholders can play a constructive role in promoting healthy lifestyles and achieving the NCD targets. Examples of our partnerships at national level to accelerate country responses are provided in Annex 1.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We believe that a solution to mitigate the risk of NCDs should focus on combating alcohol abuse. Science suggests that moderate wine consumption can be part of a healthy lifestyle, but it is not a universal solution, as some individuals should always abstain (e.g., pregnant women, underage individuals, and those in risky situations). This correlation, when depicted in a diagram, forms the shape of a "J" and is thus called the "J-curve": while moderate consumption appears beneficial, exceeding recommended guidelines reverses the benefits. The J-curve's upward trend indicates increasing risk with higher intake. Based on the wine sector's efforts in promoting responsible and moderate wine consumption, we recommend that the Director-General's report to: • Frame the section on alcohol and health around the agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol. • Takes into account the science behind moderate wine consumption within a healthy lifestyle. • Reflect the range of policy options included in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, the 2018 Political Declaration on NCDs, and the 2022-2030 Global Alcohol Action Plan, as well as national and local contexts. • Consider the latest communication (May 2024) of the European Commission "The European Health Union: acting together for people's health", which seeks to lessen the impact of major NCDs by tackling various health determinants, emphasizing the reduction of lifestyle-related risk factors such as harmful alcohol consumption. • Include the positive contributions made by the wine sector to reduce the harmful use of alcohol, by sharing science-driven findings to underline moderate consumption. Examples of how the industry responded to the challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are in Annex 2.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	We propose leveraging the NCD Monitoring Framework for tracking trends and determinants of alcohol consumption and its impact on health. This framework, aligned with the focus on harmful use, emphasizes monitoring three key metrics: total alcohol consumption, heavy episodic drinking, and alcohol-related health burdens. Additionally, we recommend strengthening data collection on unrecorded and illicit alcohol, considering its significant public health implications. Annex 3 sets out the evidence for why measuring global alcohol per capita alone may not be an effective proxy for measuring harmful use of alcohol.



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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) eg metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD and MASH. This is critical given the bi-directional relationship between NCDs. The following two articles reference research and action priorities to help provide further guidance as it relates

		especially to steatotic liver disease and specifically MASLD and MASH. 1. A global research priority agenda to advance public health responses to fatty liver disease: https://www.journal-of-hepatology.eu/article/S0168-8278(23)00323-9/fulltext 2. A global action agenda for turning the tide on fatty liver disease: https://journals.lww.com/hep/fulltext/2024/02000/a_global_action_agenda_for_turning_the_tide_on.21.aspx
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level. To put a special focus on disparities/inequities
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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document good practice. The following article reference comprehensive models of care for MASLD to help provide further guidance: 1. Defining comprehensive models of care for MASLD: https://www.nature.com/articles/s41575-021-00477-7
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, personalised, or whole-of-society approaches. The following three articles reference research and action priorities, as well as models of care, to help provide further guidance as it relates especially to steatotic liver disease and specifically MASLD and MASH. 1. A global research priority agenda to advance public health responses to fatty liver disease: https://www.journal-of-hepatology.eu/article/S0168-8278(23)00323-9/fulltext

		2. A global action agenda for turning the tide on fatty liver disease: https://journals.lww.com/hep/fulltext/2024/02000/a_global_action_agenda_for_turning_the_tide_on.21.aspx 3. Defining comprehensive models of care for MASLD: https://www.nature.com/articles/s41575-021-00477-7
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	To recognise that mental health is closely related to liver disease including through stigma and discrimination due to body image and/or an association with alcohol use. The following article references nomenclature change within steatotic liver disease, and specifically MASLD and MASH. It highlights the importance for such a change, including discrimination and stigma found in previously used terms to describe the spectrum of liver diseases. 1. A multisociety Delphi consensus statement on new fatty liver disease nomenclature: https://journals.lww.com/hep/fulltext/2023/12000/a_multisociety_delphi_consensus_statement_on_new.28.aspx

For the Hellenic Foundation
of Gastroenterology and Nutrition

Athens, June 17th 2024



George Papatheodoridis
President of the Governing Board

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.	All.Can International fully supports elevating the priority of noncommunicable disease (NCD) prevention and control through international cooperation and advocacy. With 30-50% of cancers preventable and 80% of premature NCD deaths avoidable, urgent action is necessary. Key measures should include increasing public awareness of risk factors and enhancing the exchange of best practices among countries and stakeholders. Furthermore, disseminating successful local and national strategies can facilitate their adoption in other health systems. Civil society organisations and multi-stakeholder initiatives are vital in sharing best practices and should be actively involved in NCD prevention and control efforts. Multi-sectoral collaboration, involving health, education, research, entrepreneurship, environment, and finance sectors, is essential for a comprehensive approach. Encouraging private sector participation and partnerships with academic institutions and NGOs will drive innovation and the adoption of best practices. A strong emphasis on monitoring and accountability will ensure transparent progress tracking and reporting, fostering continuous improvement.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	All.Can International agrees that strengthening national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases is a priority. Urgent and sustained policy leadership and collaborative actions at all levels are critical to align policies, practices, technologies, data systems, organizational frameworks, and incentives for efficient cancer and NCDs care. Based on All.Can’s national-level experience and insights, the following areas require particular attention: 1. Strengthening policy frameworks for NCDs by establishing clear, evidence-based policies and guidelines aligned with international best practices. All.Can International has mapped the cancer policy landscape, through the lens of efficiency, in countries where present through National Initiatives or members, compiling the results into an interactive Cancer Care Efficiency Map. 2. Investing in screening and early detection to improve cancer outcomes and overall disease control through evidence-based and cost-effective screening policies. Our “Building Efficiency in Cancer Care Blueprint” underscores the need for further research on early detection and risk factors to better tailor screening programs. All.Can initiatives include: - Data collection to identify inefficiencies and the impact of late diagnosis (e.g., All.Can in Canada, Colombia, Mexico, Spain). - Awareness campaigns in collaboration with EFPIA EOP in Belgium, Italy, Romania, and Spain, and All.Can Belgium’s #getcheckedearly campaign. - Multi-stakeholder policy dialogues. 3. Ensuring access to multidisciplinary care by providing all patients with prompt, well-coordinated multidisciplinary specialist treatment, supportive care, and palliative care. At the national level, All.Can has developed pilots and policy recommendations for optimised cancer care management, such as the All.Can Australia navigation model. 4. Efficient resource allocation and spending by constantly optimising the allocation and use of available resources for better and more efficient healthcare delivery. Various preventative, diagnostic

		and therapeutic technologies offer the potential to build greater efficiency throughout the care continuum, for example by improving patient outcomes, reducing toxicity, improving adherence and/or saving costs by reducing healthcare utilisation. To harness these for system-wide benefit, we recommend that decision-makers should take the following actions: - Strategically and systematically disinvest resources away from obsolete and inefficient technologies and practices; - Implement regulatory and policy frameworks that incentivise and foster efficient technologies; - Explore outcomes-based reimbursement schemes; - Break down financing silos; - Implement measures to actively support technology adoption and equitable access in practice. For example, depending on the situation, these may include: appropriate care pathways, clinical guidelines, specialist expert centres, data systems, biomarker testing systems, and workforce education and training.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	At All.Can International, we recognise that patient outcomes are not determined by the cancer healthcare system alone. If we aim to reduce modifiable risk factors in NCDs and cancer, addressing the social and environmental determinants that drive the incidence of cancer/NCDs and worsen patient outcomes is crucial. By implementing evidence-based public health policies tailored to the socio-economic context, promoting health education and awareness, integrating health considerations into urban planning, for example, and tackling social determinants of health, progress on significantly reducing NCD risk factors can be achieved.
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.	All.Can International fully acknowledges the importance of strengthening health systems to address the prevention and control of noncommunicable diseases and their underlying social determinants through people-centered primary healthcare and universal health coverage. Our "Building Efficiency in Cancer Care Blueprint" recommends enhancing cancer care efficiency within a holistic paradigm based on two critical values: a people-centred approach and a whole-system perspective. These principles can also be extended

	to the broader noncommunicable diseases management and care. A people-centered approach ensures that cancer care meets the needs of patients and caregivers by prioritising early diagnosis, high-quality treatment, prevention, and screening. This involves active participation from patients and caregivers in identifying inefficiencies and improving their care and the health system overall. A whole-system perspective integrates each patient's care pathway and the entire cancer care system, breaking down organizational barriers to enhance information sharing and resource allocation among healthcare providers, professionals, and patients. This approach allows best practices, innovations, and strategic investments in one area of cancer care to yield long-term efficiency gains across the entire health and social care system. It also promotes collaboration and coordination among healthcare professionals and empowers patients to navigate their care pathways effectively. All.Can National Initiatives in Colombia, Germany, Italy are already addressing social determinants – an emerging area for All.Can – through various projects, as well as disparities due to ethnicity through policy dialogues in Canada. Additionally, our Blueprint highlights the role of efficiency in achieving the United Nations Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all ages. Specifically, greater efficiency is necessary to reach the target to reduce by one third premature mortality from non-communicable diseases.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. At All.Can International we strongly believe that high-quality research and development should always be supported by high-quality data that is interoperable, by exchange of best practices, multidisciplinary synergies between member states and appropriate funding. Over recent decades, significant strides have been made in cancer care, largely propelled by robust data. Timely data access is now pivotal in advancing meaningful research, streamlining care models, and enhancing patient outcomes. Leveraging innovative data collection and analysis techniques holds promise for optimising efficiency across care pathways, so a data-centric approach is imperative for ensuring quality cancer care, necessitating investments in data quality, integration, and utilization across individual, organisational, and national levels.

		In 2021, we released the “Harnessing data for better cancer care” policy report aimed to providing policymakers, care providers, and decision-makers with forward-looking insights into optimising data utilisation for enhancing efficiency in cancer care, with potential applicability to noncommunicable diseases management and care.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Data regarding the prevention and control of noncommunicable diseases (NCDs), including cancer, remains limited and inadequately collected. Furthermore, the inclusion of indicators to assess the impact of prevention and control measures is fragmented, posing challenges in the development of evidence-based policy interventions. Over the past years, All.Can International has been committed to addressing this issue by developing and supporting implementation of cancer efficiency metrics to monitor and assess the progress and performance of cancer care systems. On June 17, 2022, All.Can published its Efficiency Metrics study, a policy research initiative that presents a set of internationally applicable measures derived from real-world clinical practice. This report serves as a tool for relevant stakeholders to evaluate efficiency in cancer care and aims to standardise practices globally. Building upon this study, we are collaborating with the University of Amsterdam to create an Implementation Guide (set to be launched in September 2024) that will assist stakeholders in adopting core efficiency metrics within their respective settings. In support of this endeavour, we advocate for the adoption of standardised evaluation frameworks that are interoperable and employ appropriate metrics and indicators, including efficiency ones.
★	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

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.	All.Can International fully supports elevating the priority of noncommunicable disease (NCD) prevention and control through international cooperation and advocacy. With 30-50% of cancers preventable and 80% of premature NCD deaths avoidable, urgent action is necessary. Key measures should include increasing public awareness of risk factors and enhancing the exchange of best practices among countries and stakeholders. Furthermore, disseminating successful local and national strategies can facilitate their adoption in other health systems. Civil society organisations and multi-stakeholder initiatives are vital in sharing best practices and should be actively involved in NCD prevention and control efforts. Multi-sectoral collaboration, involving health, education, research, entrepreneurship, environment, and finance sectors, is essential for a comprehensive approach. Encouraging private sector participation and partnerships with academic institutions and NGOs will drive innovation and the adoption of best practices. A strong emphasis on monitoring and accountability will ensure transparent progress tracking and reporting, fostering continuous improvement.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	All.Can International agrees that strengthening national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases is a priority. Urgent and sustained policy leadership and collaborative actions at all levels are critical to align policies, practices, technologies, data systems, organizational frameworks, and incentives for efficient cancer and NCDs care. Based on All.Can’s national-level experience and insights, the following areas require particular attention: 1. Strengthening policy frameworks for NCDs by establishing clear, evidence-based policies and guidelines aligned with international best practices. All.Can International has mapped the cancer policy landscape, through the lens of efficiency, in countries where present through National Initiatives or members, compiling the results into an interactive Cancer Care Efficiency Map. 2. Investing in screening and early detection to improve cancer outcomes and overall disease control through evidence-based and cost-effective screening policies. Our “Building Efficiency in Cancer Care Blueprint” underscores the need for further research on early detection and risk factors to better tailor screening programs. All.Can initiatives include: - Data collection to identify inefficiencies and the impact of late diagnosis (e.g., All.Can in Canada, Colombia, Mexico, Spain). - Awareness campaigns in collaboration with EFPIA EOP in Belgium, Italy, Romania, and Spain, and All.Can Belgium’s #getcheckedearly campaign. - Multi-stakeholder policy dialogues. 3. Ensuring access to multidisciplinary care by providing all patients with prompt, well-coordinated multidisciplinary specialist treatment, supportive care, and palliative care. At the national level, All.Can has developed pilots and policy recommendations for optimised cancer care management, such as the All.Can Australia navigation model. 4. Efficient resource allocation and spending by constantly optimising the allocation and use of available resources for better and more efficient healthcare delivery. Various preventative, diagnostic

		and therapeutic technologies offer the potential to build greater efficiency throughout the care continuum, for example by improving patient outcomes, reducing toxicity, improving adherence and/or saving costs by reducing healthcare utilisation. To harness these for system-wide benefit, we recommend that decision-makers should take the following actions: - Strategically and systematically disinvest resources away from obsolete and inefficient technologies and practices; - Implement regulatory and policy frameworks that incentivise and foster efficient technologies; - Explore outcomes-based reimbursement schemes; - Break down financing silos; - Implement measures to actively support technology adoption and equitable access in practice. For example, depending on the situation, these may include: appropriate care pathways, clinical guidelines, specialist expert centres, data systems, biomarker testing systems, and workforce education and training.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	At All.Can International, we recognise that patient outcomes are not determined by the cancer healthcare system alone. If we aim to reduce modifiable risk factors in NCDs and cancer, addressing the social and environmental determinants that drive the incidence of cancer/NCDs and worsen patient outcomes is crucial. By implementing evidence-based public health policies tailored to the socio-economic context, promoting health education and awareness, integrating health considerations into urban planning, for example, and tackling social determinants of health, progress on significantly reducing NCD risk factors can be achieved.
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.	All.Can International fully acknowledges the importance of strengthening health systems to address the prevention and control of noncommunicable diseases and their underlying social determinants through people-centered primary healthcare and universal health coverage. Our "Building Efficiency in Cancer Care Blueprint" recommends enhancing cancer care efficiency within a holistic paradigm based on two critical values: a people-centred approach and a whole-system perspective. These principles can also be extended

	to the broader noncommunicable diseases management and care. A people-centered approach ensures that cancer care meets the needs of patients and caregivers by prioritising early diagnosis, high-quality treatment, prevention, and screening. This involves active participation from patients and caregivers in identifying inefficiencies and improving their care and the health system overall. A whole-system perspective integrates each patient's care pathway and the entire cancer care system, breaking down organizational barriers to enhance information sharing and resource allocation among healthcare providers, professionals, and patients. This approach allows best practices, innovations, and strategic investments in one area of cancer care to yield long-term efficiency gains across the entire health and social care system. It also promotes collaboration and coordination among healthcare professionals and empowers patients to navigate their care pathways effectively. All.Can National Initiatives in Colombia, Germany, Italy are already addressing social determinants – an emerging area for All.Can – through various projects, as well as disparities due to ethnicity through policy dialogues in Canada. Additionally, our Blueprint highlights the role of efficiency in achieving the United Nations Sustainable Development Goal 3, which aims to ensure healthy lives and promote well-being for all ages. Specifically, greater efficiency is necessary to reach the target to reduce by one third premature mortality from non-communicable diseases.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. At All.Can International we strongly believe that high-quality research and development should always be supported by high-quality data that is interoperable, by exchange of best practices, multidisciplinary synergies between member states and appropriate funding. Over recent decades, significant strides have been made in cancer care, largely propelled by robust data. Timely data access is now pivotal in advancing meaningful research, streamlining care models, and enhancing patient outcomes. Leveraging innovative data collection and analysis techniques holds promise for optimising efficiency across care pathways, so a data-centric approach is imperative for ensuring quality cancer care, necessitating investments in data quality, integration, and utilization across individual, organisational, and national levels.

		In 2021, we released the “Harnessing data for better cancer care” policy report aimed to providing policymakers, care providers, and decision-makers with forward-looking insights into optimising data utilisation for enhancing efficiency in cancer care, with potential applicability to noncommunicable diseases management and care.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Data regarding the prevention and control of noncommunicable diseases (NCDs), including cancer, remains limited and inadequately collected. Furthermore, the inclusion of indicators to assess the impact of prevention and control measures is fragmented, posing challenges in the development of evidence-based policy interventions. Over the past years, All.Can International has been committed to addressing this issue by developing and supporting implementation of cancer efficiency metrics to monitor and assess the progress and performance of cancer care systems. On June 17, 2022, All.Can published its Efficiency Metrics study, a policy research initiative that presents a set of internationally applicable measures derived from real-world clinical practice. This report serves as a tool for relevant stakeholders to evaluate efficiency in cancer care and aims to standardise practices globally. Building upon this study, we are collaborating with the University of Amsterdam to create an Implementation Guide (set to be launched in September 2024) that will assist stakeholders in adopting core efficiency metrics within their respective settings. In support of this endeavour, we advocate for the adoption of standardised evaluation frameworks that are interoperable and employ appropriate metrics and indicators, including efficiency ones.
★	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

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.

These comments are made by [Global Heart Hub](#) on behalf of the global cardiovascular patient community and reflecting the key priority areas/ calls to action from our 2024 publication – '[Achieving early detection and diagnosis of cardiovascular disease: A manifesto for change](#)'.

This is a global, patient-led [manifesto](#), developed collaboratively by 125 international patient advocates, including 40 cardiovascular patient organisations and multidisciplinary expert opinion leaders. The priority actions outlined in this document are evidence-based and represent the consensus of patient representatives and policy, scientific and clinical experts

Our comments below focus on how the NCD-GAP objectives can facilitate early detection and diagnosis of cardiovascular disease to reduce the burden of illness, improve quality of life for patients and their families, reduce the overall societal cost of chronic disease and substantially enhance population health.

Global Heart Hub is committed to highlighting issues of importance to heart patients and their carers, and advocating for policy actions that help improve the lives of those living with or affected by cardiovascular disease.

#	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.	• We call on policymakers to develop global, regional and national cardiovascular policies and allocate funding to establish accountability for the detection and diagnosis of CVD. (See Manifesto - Action 7, pg 24) - o utilising international multi-stakeholder partnerships, global networks and shared leadership to increase political attention to the early detection and diagnosis of CVD. - o adopting a multi-sectoral approach and encouraging long-term cross-sectoral collaboration supported by annual progress reports and sustained funding.

		- o consulting with patient organisations and healthcare professionals to ensure applicability of policies in real-world settings. - o fostering public-private partnerships to increase access to diagnostic resources, and to address socioeconomic and environmental factors that increase the risk of CVD. - o incorporating accountability measures into policy via quality assurance legislation, registries, national audit reports and annual policy reviews.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	• We call on policymakers to establish targeted early detection programmes for CVD, tailored to local needs and resources, with ongoing evaluation and improvement to optimise uptake. (See Manifesto - Action 2, pg 15) - o We encourage governments to work with patient organisations, medical societies and health authorities to help to ensure these programmes meet local needs and are effectively implemented in community settings - o Capacity could be facilitated via a tiered approach, for example prioritising individuals most at risk (e.g. those with known genetic, metabolic or lifestyle risk factors for CVD). - o We recommend that such initiatives be accompanied by training on programme delivery for healthcare and allied professionals who work in these settings, to enhance the effectiveness of programme implementation - o Clear guidance on who to test, for what, and at which stages of life could help healthcare professionals deliver optimal and efficient CVD detection programmes. - o It is important for recommendations to take into account the capacity of the local health system when determining the regularity of repeat testing. - o It is also important for these testing initiatives to be supported by strategic, sustained government investment to ensure continuity. • We call on policymakers to adapt clinical processes to enhance early detection and diagnosis of CVD. (See Manifesto – Action 3, pg 17) - o in consultation with patient groups, medical societies and industry representatives. - o ensuring clear protocols are in place to prompt healthcare professionals to ‘think cardiovascular’ and cardiac causes are investigated routinely. - o making rapid-access diagnostics available across a variety of settings at the point-of-care. • We call on policymakers to leverage digital technologies to increase access to early detection and diagnosis of CVD. (See Manifesto - Action 4, pg 19) - o engaging in multi-stakeholder partnerships, including patient advocates (particularly in Health Technology Assessments to ensure the practicality of technologies for people living with CVD), professional bodies (to assess and integrate new technologies into care pathways) and public-private partnerships (to improve and increase access).

		o promoting self-assessment of CVD risk among the general population using validated digital technologies such as smart watches and wearable sensor devices.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	• We call on policymakers to support long-term public campaigns on the risk factors and symptoms of CVD, partnering with patient organisations and interested stakeholders, to maximise impact. (See Manifesto - Action 1, pg 13) - The information provided should: - o Be accessible to diverse populations - o Empower people to understand and monitor their own cardiovascular health (for example via at-home blood pressure or EKG monitoring) and encourage them to seek medical advice when needed - o Use powerful messaging, with simple and accessible language, tailored to target populations - o Leverage a variety of platforms, with consistent messaging. - o Provide accurate information about CVD and how to monitor risk, • We call on policymakers to implement targeted early detection programmes for CVD, at different stages of life . (See Manifesto - Action 2, pg 15) - o providing targeted assessment of groups at high risk that takes into account risk factors including those related to genetics, metabolism and lifestyle, alongside both the magnitude and duration of exposure to such risk factors. - o Programmes should recognise the possibilities of heightened risk at various stages in life, from congenital CVD in childhood to elevated risk through pregnancy, menopause or increasing age. - o Digital decision-support systems and care pathway guidelines, would support diagnosis and treatment of CVD and should include investigation of family history, systematic examination of metabolic and lifestyle risk factors and post-diagnosis follow-up. • We call on policymakers to promote equitable access to early detection and diagnosis of CVD. (See Manifesto – Action 8, pg 26) •
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.	• We call on policymakers to optimise workforce training and capacity for early detection and diagnosis of CVD. (See Manifesto – Action 5, pg 20) - o exploring the creation of new roles, such as health data managers and analysts who can manage data from electronic health records and sensors, and flag individuals at high risk of CVD. - o promoting task shifting by expanding the remit of healthcare professionals not traditionally involved in CVD detection, including pharmacists, community health workers, laboratory technicians, opticians and podiatrists.

		- o implementing a multidisciplinary team model where feasible, to acknowledge the complex and multifaceted nature of CVD and leverage the diverse skills of healthcare professionals for integrated care. - o enhance the communication skills of healthcare professionals and promote person-centred interactions with people going through CVD risk assessment or diagnosis, to encourage them to engage in the next stages of care. • We call on policymakers to adapt clinical processes to enhance early detection and diagnosis of CVD . (See Manifesto – Action 3, pg 17) • We call on policymakers to promote equitable access to early detection and diagnosis of CVD. (See Manifesto – Action 8, pg 26) - Addressing gender disparities by: - o implementing training programmes for healthcare professionals to improve their understanding of CVD presentations in women. - o funding more research into women’s cardiovascular health. - o developing and supporting targeted communication campaigns that effectively raise awareness about gender differences in CVD - Addressing inequalities due to ethnic, racial or socioeconomic characteristics by: - o developing dedicated policy designed to address area-specific ethnic disparities in CVD mortality from delayed detection and diagnosis, supported by data collection to ensure full understanding of inequities - o designing risk-assessment programmes tailored to underserved groups - o standardising the reimbursement for CVD investigation to enhance equity in access. - Addressing disparities in low-resource settings by: - o increasing health literacy around symptoms of CVD to encourage people to seek medical advice. - o mapping CVD services to identify gaps in provision - o investing in physical infrastructure to support diagnostic services, particularly in remote areas. - o implementing health financing plans to reduce out-of-pocket expenditure for patients, increasing the accessibility of CVD diagnostics. - o developing and distributing suitable diagnostic equipment and tools for remote or under-served areas - o integrating mobile travelling clinics as a part of CVD detection programmes, to meet the needs of remote and rural populations
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	• We call on policymakers to Increase investment in research to accelerate early detection and diagnosis of CVD. (See Manifesto – Action 6, pg 22) - o bringing together cross-disciplinary and international research consortia to boost progress in early detection and diagnosis, with public-private partnerships supporting the expansion of research capacity.

		- o involving people living with CVD equitably in research and service design to ensure diagnostic pathways are tailored to their needs and preferences - o improving detection and diagnosis of CVD across the lifespan. - o harnessing the potential of validated new technologies and creating supporting policies to encourage better uptake - o developing best-practice standards for key delivery components of CVD innovations in real-world settings.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	• We call on policymakers to adapt clinical processes to enhance early detection and diagnosis of CVD . (See Manifesto – Action 3, pg 17) - o supported by return-on-investment research to assess the cost-effectiveness of changes to healthcare delivery for CVD. • We call on policymakers to develop global, regional and national cardiovascular policies and allocate funding to establish accountability for the detection and diagnosis of CVD. (See Manifesto - Action 7, pg 24) - o including measurable goals for improving prompt access to detection and diagnostic processes in different patient groups and settings. - o using progress measured to inform priority areas for future investment. • We call on policymakers to promote equitable access to early detection and diagnosis of CVD. (See Manifesto – Action 8, pg 26)
*	<i>In addition:</i> 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.	

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

**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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level.
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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document pockets of good practise.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic, person-centred, personalised, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	

Mohammadjavad Sotoudeheian

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.	In the context of steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD), as well as metabolic dysfunction-associated steatohepatitis (MASH), it is crucial to raise the priority accorded to prevention and control. This should include the following key considerations: - Elevated Global Profile: - Strengthened Political Commitment: Member States should elevate NCDs to a higher level of political priority, including dedicated leadership at the highest levels of government. This involves regular high-level meetings, ministerial-level engagement, and integrated NCD strategies within national development plans. - Increased Funding Allocation: Member States must significantly increase investments in NCD prevention and control. This includes dedicated funding for research, public health programs, early detection, and treatment. A greater proportion of development aid should be directed towards NCDs. - Integrated Approach: NCDs should be fully integrated into broader global health agendas, including the Sustainable Development Goals, pandemic preparedness, and universal health coverage. Collaboration across different sectors (e.g., health, education, agriculture, transportation) is crucial for effective action. - Enhanced International Cooperation:

- **Sharing Expertise and Resources:** Promote knowledge exchange and technical assistance among Member States, particularly for low- and middle-income countries. This includes sharing best practices, training healthcare professionals, and facilitating access to affordable technologies.
- **Collaborative Research and Development:** Strengthen international collaborations for research and development of innovative diagnostic tools, treatments, and preventive interventions for NCDs. This includes focusing on neglected NCDs and finding cost-effective solutions.
- **Harmonized Data Collection and Monitoring:** Standardize data collection systems and reporting mechanisms for NCDs across countries. This will facilitate better understanding of disease trends, allow for effective monitoring of progress, and identify areas requiring targeted interventions.

3. Targeted Advocacy and Communication:

- **Public Awareness Campaigns:** Launch public awareness campaigns to educate populations about NCD risk factors, prevention strategies, and available services. Empower individuals to make healthy choices and engage in advocacy for policy changes.
- **Media Engagement:** Utilize diverse media platforms to raise public awareness, promote healthy lifestyles, and highlight the importance of NCD prevention. Partner with journalists, influencers, and media outlets to disseminate evidence-based information.
- **Advocacy for Policy Change:** Engage with policymakers to advocate for policies that promote healthy environments, address social determinants of health, and improve access to essential NCD services. This includes advocating for taxes on unhealthy products, regulating advertising, and promoting physical activity.

Call to Action:

- **Urgent action and dedicated resources are needed from Member States and stakeholders to address the growing burden of NCDs.** This includes establishing strong national NCD policies, investing in effective interventions, and collaborating across sectors.
- **Prioritize research and development of innovative solutions to prevent and control NCDs.** This includes focusing on neglected NCDs, finding cost-effective interventions, and ensuring equitable access to essential services.
- **Strong advocacy is crucial to raise the profile of NCDs, engage the public, and influence policy change.** This includes utilizing all available platforms to educate and mobilize populations, advocating for stronger policies, and holding governments accountable for their commitments.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	1. Strengthened National Capacity: • Dedicated National NCD Strategies: Develop comprehensive national strategies specifically addressing SLD, MASLD, and MASH, including clear goals, targets, and timelines. These strategies should address the entire disease spectrum, from prevention and early detection to management and treatment. • Investing in Healthcare Workforce: Train and equip healthcare professionals in primary and secondary care to diagnose and manage SLD, MASLD, and MASH effectively. This includes training in non-invasive diagnostic techniques, lifestyle modifications, and pharmacological management. • Develop Robust Surveillance Systems: Establish robust surveillance systems to monitor the prevalence, incidence, and trends of SLD, MASLD, and MASH, identify risk factors, and evaluate the impact of interventions. 2. Enhanced Leadership and Governance: • Designated NCD Champions: Designate high-level government officials as champions for NCDs, including SLD, MASLD, and MASH, to ensure sustained political commitment and resources. • Intersectoral Coordination: Establish strong mechanisms for intersectoral collaboration, involving ministries of health, finance, agriculture, education, and transportation. This facilitates integrated policies and actions that address the social, economic, and environmental determinants of these diseases. • Empowerment of Civil Society: Engage civil society organizations, patient advocacy groups, and communities in developing and implementing NCD policies, programs, and interventions. This ensures community ownership and promotes equitable access to services. 3. Accelerated Multisectoral Action: • Promote Healthy Lifestyles: Implement comprehensive public health interventions to promote healthy diets, regular physical activity, and tobacco cessation. Target these interventions to vulnerable populations, including those with risk factors for SLD, MASLD, and MASH.

- Address Environmental Determinants: Address environmental factors contributing to these diseases, including food systems, urban planning, and access to healthy and affordable foods. This includes promoting sustainable agriculture, reducing exposure to air pollution, and creating safe and accessible spaces for physical activity.

- Develop and Implement Screening Programs: Establish effective screening programs for SLD, MASLD, and MASH, particularly for at-risk populations. This includes utilizing non-invasive diagnostic methods to identify early disease stages and enable timely intervention.

4. Strategic Partnerships:

- Strengthen International Collaborations: Foster international partnerships for knowledge sharing, research, and development of innovative solutions for SLD, MASLD, and MASH. This includes collaborating on clinical trials, drug development, and technology transfer.

- Engage with Private Sector: Partner with the private sector to promote healthy products, develop innovative technologies, and support disease prevention and management programs.

- Expand Research and Development: Prioritize research and development of new therapies, diagnostic tools, and preventive interventions specifically tailored for SLD, MASLD, and MASH.

Call to Action:

- Member States must prioritize SLD, MASLD, and MASH as urgent public health challenges. This requires dedicated strategies, strong leadership, and adequate resource allocation.

- Multisectoral action is essential to address the complex determinants of these diseases. This includes collaborating across sectors to create healthy environments, promote healthy lifestyles, and ensure access to essential services.

- Investment in research and development is crucial to find new solutions for prevention, diagnosis, and treatment. This includes focusing on neglected aspects of the disease spectrum and ensuring equitable access to innovative technologies.

- Empowering communities and engaging civil society is critical for effective NCD prevention and control. This includes raising public awareness, promoting healthy behaviors, and advocating for policy changes.

To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. 3	1. Addressing Unhealthy Diets: • Food Systems Transformation: Promote sustainable food systems that prioritize access to affordable, nutritious, and diverse foods. This includes supporting local food production, reducing reliance on processed and ultra-processed foods, and regulating food marketing to children. • Public Health Nutrition Programs: Implement comprehensive nutrition education programs targeting individuals and communities, emphasizing healthy eating patterns, portion control, and limiting added sugars, saturated fats, and trans fats. • Food Labeling and Standards: Enforce clear and standardized food labeling regulations, including front-of-package labeling, to make informed food choices easier. This includes setting limits on unhealthy ingredients and promoting healthy food options. 2. Promoting Physical Activity: • Creating Active Environments: Design urban and rural environments that encourage physical activity by providing safe and accessible spaces for walking, cycling, and recreation. This includes creating bike lanes, pedestrian-friendly sidewalks, and parks. • Integrating Physical Activity into Daily Life: Promote physical activity in schools, workplaces, and healthcare settings. Encourage active commuting, incorporate physical activity into the workday, and promote accessible and affordable options for recreational activities. • Policies Supporting Active Living: Implement policies that discourage sedentary behaviors and promote active transportation, such as subsidies for cycling or public transportation, and discouraging car dependency. 3. Addressing Tobacco Use: • Comprehensive Tobacco Control Measures: Enforce robust tobacco control policies, including smoke-free environments, high tobacco taxes, graphic health warnings on cigarette packs, and bans on advertising and promotion.

- **Promote Cessation Services:** Provide access to effective tobacco cessation services, including counseling, pharmacotherapy, and support groups.
- **Protect Children and Youth:** Implement policies to prevent initiation of smoking among youth, including raising the minimum age for tobacco purchase, banning flavors, and restricting access to tobacco products.

4. Addressing Social Determinants:

- **Reducing Income Inequality:** Implement policies that address income inequality, including progressive taxation, social safety nets, and living wage policies. This creates a more equitable playing field for accessing healthy food, healthcare, and housing.
- **Improving Housing Conditions:** Promote policies that ensure access to safe, affordable, and adequate housing. This addresses the connection between housing quality and health outcomes, including obesity and liver disease.
- **Promoting Education and Employment:** Invest in education and skills development programs to improve employment opportunities and economic security, which are strongly linked to health outcomes.

5. Creating Health-Promoting Environments:

- **Addressing Environmental Pollution:** Reduce exposure to air and water pollution, which contribute to liver disease and other health problems. This includes regulating industrial emissions, promoting sustainable transportation, and protecting water resources.
- **Promoting Food Security:** Ensure access to safe, nutritious, and affordable food for all, particularly vulnerable populations. This includes addressing food deserts, supporting local food systems, and promoting sustainable agriculture.
- **Promoting Health Literacy:** Empower individuals and communities with the knowledge and skills to make informed decisions about their health, including risk factors, prevention strategies, and access to services.

Call to Action:

		• Governments and stakeholders must implement comprehensive policies and programs that address the root causes of SLD, MASLD, and MASH. This includes tackling unhealthy diets, promoting physical activity, and addressing social determinants of health. • Creating health-promoting environments is critical to prevent these diseases. This involves addressing environmental pollution, ensuring food security, and promoting healthy lifestyles. • Investing in public health programs and infrastructure is crucial to support these efforts. This includes strengthening public health surveillance systems, building capacity for disease prevention and management, and promoting health literacy. • Collaboration across sectors is essential for effective action. This includes working with ministries of health, agriculture, education, transportation, and other relevant sectors to create a more supportive environment for health. By taking these bold actions, we can create a future where SLD, MASLD, and MASH are prevented and controlled, leading to improved health and well-being for all.
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.	1. Reorienting Primary Care for NCD Prevention: • Integrating NCD Screening and Management: Integrate screening for risk factors and early detection of SLD, MASLD, and MASH into routine primary care services. This includes incorporating non-invasive diagnostic tools and offering lifestyle interventions, counseling, and referral pathways. • Promoting Healthy Lifestyles: Develop and implement effective programs within primary care settings to promote healthy diets, physical activity, tobacco cessation, and alcohol moderation. These programs should be tailored to individual needs and preferences. • Strengthening Community Engagement: Engage community health workers and community-based organizations in providing education, support, and referral services for SLD, MASLD, and MASH prevention and management. This promotes culturally appropriate and accessible care. 2. Universal Health Coverage (UHC) for Equitable Access: • Expanding Coverage: Ensure access to essential SLD, MASLD, and MASH services, including diagnosis, treatment, and prevention, for all individuals, regardless of their socioeconomic status, location, or health status. • Affordable Medicines and Technologies: Develop and implement policies to ensure affordable access to essential medications, diagnostic tools, and technologies for SLD, MASLD, and MASH management. This includes negotiating lower drug prices, promoting generic alternatives, and investing in locally produced technologies.

	• Strengthening Referral Systems: Establish efficient referral pathways between primary and secondary care settings to ensure timely and appropriate management of SLD, MASLD, and MASH, including access to specialist care and advanced therapies. 3. Addressing Social Determinants within Healthcare Systems: • Integrating Social Care: Develop and implement comprehensive interventions that address the social determinants of SLD, MASLD, and MASH within healthcare systems. This includes addressing poverty, housing insecurity, food insecurity, and lack of access to education and employment. • Promoting Health Equity: Implement policies and programs that address health disparities and ensure equitable access to SLD, MASLD, and MASH services for vulnerable populations, including those with lower socioeconomic status, ethnic minorities, and marginalized communities. • Empowering Patients: Empower patients to actively participate in their healthcare decisions and management plans. This includes providing them with the necessary information, education, and support to make informed choices about their health. 4. Strengthening Health Systems for NCD Management: • Investing in Workforce Development: Train and equip healthcare professionals, including primary care physicians, nurses, and pharmacists, to provide comprehensive care for SLD, MASLD, and MASH. This includes training in non-invasive diagnostics, lifestyle modifications, and pharmacological management. • Improving Data Collection and Monitoring: Establish robust data systems to track the prevalence, incidence, and outcomes of SLD, MASLD, and MASH. This includes collecting data on diagnosis, treatment, and prevention efforts to monitor progress and identify areas for improvement. • Strengthening Quality of Care: Implement quality improvement programs to ensure high-quality and effective care for SLD, MASLD, and MASH, including standardized protocols, evidence-based guidelines, and regular audits. Call to Action: • Member States must commit to strengthening primary healthcare systems and ensuring universal health coverage to address the growing burden of SLD, MASLD, and MASH. This requires investment in workforce training, infrastructure, and essential services.

		•Addressing social determinants within healthcare systems is crucial to achieve health equity. This includes integrating social care, promoting health literacy, and reducing health disparities. •Empowering patients and communities to participate in their healthcare is essential for improving outcomes. This includes providing them with the necessary information, support, and access to services. •Stronger collaboration between governments, healthcare providers, civil society organizations, and the private sector is crucial to achieve these goals. This includes joint planning, resource allocation, and implementation of effective interventions.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	1. Strengthening National Research Capacity: • Investing in Research Infrastructure: Allocate dedicated resources to strengthen national research infrastructure, including laboratories, research centers, and data collection systems, specifically focused on SLD, MASLD, and MASH. • Developing Research Workforce: Invest in training programs for researchers, healthcare professionals, and data analysts specializing in NCDs, particularly focusing on these specific liver diseases. This includes training in epidemiology, clinical trials, biostatistics, and health services research. • Promoting Collaboration and Networking: Facilitate collaborations among researchers within and across countries, including partnerships with international research institutions and organizations. This promotes knowledge exchange and facilitates access to expertise and resources. 2. Prioritizing Research Gaps and Needs: • Understanding Disease Mechanisms: Invest in research to better understand the underlying mechanisms of SLD, MASLD, and MASH, including identifying key biomarkers, genetic risk factors, and environmental influences. • Developing New Diagnostic Tools: Support research and development of non-invasive and cost-effective diagnostic tools for early detection and monitoring of SLD, MASLD, and MASH, particularly for use in primary care settings. • Exploring Novel Therapeutic Approaches: Prioritize research into new and personalized therapies for SLD, MASLD, and MASH, including exploring

lifestyle interventions, pharmacological treatments, and regenerative medicine approaches.

3. Bridging Research to Practice:

- Promoting Implementation Research: Invest in implementation research to evaluate the effectiveness of interventions and strategies for preventing and managing SLD, MASLD, and MASH in real-world settings. This includes studying the adoption, implementation, and sustainability of programs and policies.
- Developing Guidelines and Protocols: Support the development and dissemination of evidence-based guidelines and protocols for the diagnosis, management, and prevention of SLD, MASLD, and MASH, based on the latest research findings.
- Translating Research Findings into Action: Promote the translation of research findings into policy decisions, public health programs, and clinical practices, ensuring that research results are effectively used to improve patient care and health outcomes.

4. Adopting Holistic and Person-Centered Approaches:

- Addressing Multimorbidity: Support research that investigates the co-occurrence of SLD, MASLD, and MASH with other chronic conditions, including diabetes, obesity, and cardiovascular disease. This promotes the development of holistic and integrated approaches to managing these complex health challenges.
- Person-Centered Care: Support research and development of person-centered approaches to care, considering individual patient needs, preferences, and values. This includes tailoring interventions and treatment plans to individual risk factors, health goals, and lifestyle choices.
- Whole-of-Society Approaches: Encourage research that explores the impact of social determinants on SLD, MASLD, and MASH, promoting interventions that address the root causes of these diseases within broader social contexts. This includes investigating the impact of poverty, inequality, and environmental factors.

		Call to Action: • Member States must prioritize investment in research and development for SLD, MASLD, and MASH. This requires dedicated funding, infrastructure, and training programs to build national research capacity. • Research should focus on addressing key knowledge gaps and needs, including developing new diagnostic tools, therapeutic approaches, and preventive interventions. • Implementation research is crucial to ensure that research findings are translated into effective programs and policies in real-world settings. • Adopting holistic and person-centered approaches is essential for managing these complex diseases. This includes addressing multimorbidity, tailoring interventions to individual needs, and considering social determinants of health. • Collaboration between researchers, policymakers, healthcare providers, and communities is critical to accelerate progress in this field.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	1. Robust Surveillance Systems: • Strengthening Data Collection: Establish robust and standardized surveillance systems to collect comprehensive data on the prevalence, incidence, risk factors, and trends of SLD, MASLD, and MASH. This includes collecting data on demographics, lifestyle factors, healthcare utilization, and disease outcomes. • Utilizing Digital Technologies: Integrate digital technologies, such as electronic health records, mobile health applications, and data analytics platforms, into surveillance systems to enhance data collection, analysis, and reporting. • Addressing Data Gaps: Identify and address data gaps related to SLD, MASLD, and MASH, particularly in low- and middle-income countries, by investing in infrastructure, capacity building, and data quality improvement initiatives. 2. Evaluating Program Effectiveness: • Designing Rigorous Evaluations: Develop and implement robust evaluation frameworks to assess the effectiveness of interventions and programs aimed at preventing and managing SLD, MASLD, and MASH. This includes using appropriate research methodologies, such as randomized controlled trials, observational studies, and cost-effectiveness analyses.

- **Monitoring Progress Towards Targets:** Regularly monitor progress towards national and global targets for reducing the burden of SLD, MASLD, and MASH, identifying areas of success and areas requiring further attention.
- **Learning from Experiences:** Disseminate the results of evaluations and research to inform policy decisions, program implementation, and clinical practice, ensuring that lessons learned are shared and applied to improve outcomes.

3. Data-Driven Decision Making:

- **Establishing Feedback Mechanisms:** Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities are readily available and used to inform policy decisions, program planning, and resource allocation in a timely manner.
- **Developing Data Visualization Tools:** Utilize data visualization tools to present complex data in a clear and understandable way for policymakers, healthcare professionals, and the public. This facilitates informed decision-making and promotes public awareness.
- **Engaging Stakeholders in Data Use:** Involve stakeholders, including researchers, policymakers, healthcare providers, and communities, in the interpretation and application of monitoring data, promoting collaborative and transparent decision-making.

4. Addressing Multimorbidity:

- **Developing Metrics for Multimorbidity:** Establish clear metrics and guidelines for measuring the prevalence and impact of multimorbidity among populations with SLD, MASLD, and MASH, in combination with other chronic conditions. This enables a better understanding of the complexities of managing these interconnected diseases.
- **Promoting Integrated Care Models:** Develop and implement integrated care models that address the needs of individuals with multiple chronic conditions, including those with SLD, MASLD, and MASH. This promotes coordinated care, optimizes resource utilization, and improves patient outcomes.
- **Researching Multimorbidity Management:** Prioritize research to understand the specific challenges and opportunities associated with

	managing multimorbidity, particularly for individuals with SLD, MASLD, and MASH, and developing effective interventions and care pathways. Call to Action: • Member States must invest in robust and comprehensive surveillance systems to monitor the burden of SLD, MASLD, and MASH and track progress in their prevention and control. • Rigorous evaluation is essential to determine the effectiveness of interventions and programs and inform future actions. • Establish clear feedback mechanisms to ensure that data collected through monitoring activities are effectively used to inform policy and practice. • Develop metrics and guidelines for measuring multimorbidity to address the complex challenges associated with managing multiple chronic conditions. • Prioritize research to understand and address the specific challenges of multimorbidity, particularly for individuals with SLD, MASLD, and MASH. • Collaboration and coordination between researchers, policymakers, healthcare providers, and communities are essential for effective data-driven decision-making.
• <i>In addition:</i> 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.	

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

**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.	Advocacy towards a broader appreciation of the impact of NCDs, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH), in overall quality of living and, most importantly, in the impact of diseases like cardiovascular disease and cancers that lower life expectancy.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	WHO must work together with medical associations and governments in delivering a worldwide approach to NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs. This should mainly focus on prevention of liver steatosis, by focusing on healthy diet and exercise. Worldwide campaigns by WHO and various governments should be initiated, starting from the schools, since today's obese, non-exercising, kids are tomorrow's MASLD patients
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level.

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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document pockets of good practise.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic, person-centred, personalised, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.
★	<i>In addition:</i> 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.	

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

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

Web-based consultation

A.G. Holleboom MD PhD, endocrinologist, associate professor

Department of Vascular Medicine, Amsterdam UMC The Netherlands

#	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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level.
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing

	through people-centred primary health care and universal health coverage.	screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document pockets of good practise.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic, person-centred, personalised, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	

European Association for the Study of the Liver

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.	Advocacy towards a broader appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including steatotic liver disease (SLD) and metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	For WHO to urgently update strategic and technical guidance to include NCDs beyond the 5x5 framework, so that countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of NCDs, including steatotic liver disease and specifically MASLD. This is critical given the bi-directional relationship between NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level. Implement strict measures to promote a healthy diet and lifestyle in populations at risk. Examples include monetary penalties to unhealthy ultra-processed food production, distribution, and selling. Strategies to reduce red meat consumption. Approaching obesity as a food addiction disease and evaluate the

		need of specialised “detoxifying” facilities offering 3-month dietary and exercise tailored interventions to achieve weight loss and healthy lifestyle education.
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.	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs. At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document pockets of good practise.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses multiple chronic conditions using holistic, person-centred, personalised, or whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions.
*	<i>In addition:</i> 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.	

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

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.	Education and advocacy on the real impact of Cardio-renal-metabolic NCDs, analysing comorbidity, economic cost, and mortality with particular attention to Steatotic Liver Disease (SLD) and metabolic dysfunction-associated steatohepatitis (MASH) in proportion to the prevalence in the global population (est. 1 in 4).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Intentionally including renal and metabolic diseases, particularly Fatty Liver Disease and MASH, in WHO's 5x5 framework will facilitate stronger multisectoral action and broader partnerships to tackle pervasive NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Increase WHO efforts on risk factors related to ultra-processed industrial food. Awareness of the health risks of poor nutrition linked to ultra processed foods is as important as risks linked to tobacco/smoking and excessive alcohol consumption. Advocating for health-promoting environments would have a pivotal impact in reducing metabolic dysfunction and associated liver diseases SLD & MASH.
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.	Fatty Liver Disease awareness can help with understanding the importance of education, early detection, and prevention of chronic liver disease. Several nations impacted Fatty Liver Disease are trending toward a prevalence rate of 1 in 3 people. Fatty Liver Disease, if screened and diagnosed in its early stages, can be prevented before reaching its severe and life-threatening late stage.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote research addressing multiple chronic conditions using holistic, person-centred, personalised approaches at all disease diagnosis and treatment stages.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Foster the use of largely available, non-costly non-invasive techniques for large scale screening and testing. The Egyptian model of eliminating Hep C is a potential best practice that could be applied to help address NCDs globally.
*	<i>In addition:</i> 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.	Mental health issues such as depression, anxiety, and more severe mental illnesses (e.g., hepatic encephalopathy) are consistent with fatty liver disease and its more advanced form, MASH. Addressing fatty liver disease can help address mental health issues arising from stigma, severe disease diagnosis, and the management of co-occurring disorders common to liver disease and metabolic dysfunction.

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

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.	The World Heart Federation believes that enhancing international cooperation and forming strong partnerships are crucial, leveraging frameworks like the WHO Global Action Plan on Physical Activity, Alcohol, and NCDs as well as the SDGs. Our primary ask is to see a robust and inclusive Political Declaration on NCDs with a renewed commitment to action on implementation; and grounded in human rights, equity and commitment to evidence-based actions. These actions will improve health for many millions in all countries, especially in low- and middle-income countries and reduce the enormous health, social, and economic burden of these diseases. Moreover, Member States should integrate CVD priorities with other global health policy priorities (such as climate change and emergency preparedness), initiate and lead concerted efforts towards achieving the goals and targets set in different global initiatives, including the UN SDGs, the WHO 5x5 framework, the WHO Framework Convention on Tobacco Control (FCTC), the UN FCCC COP agenda and the WHO Global Air Quality Guidelines, with the ultimate ambition to progress towards healthy hearts in a healthy planet.

		Last but not least, meaningful engagement of NGOs and civil society members is vital, and inclusion of the communicable disease community is vital to ensure a comprehensive response to CVD.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The World Heart Federation believes that there are six priorities that must be taken into consideration for this objective: 1/ National Cardiovascular Health Plans: National Cardiovascular Health Plans are vital for ensuring that each country has a clear strategic vision, including measurable targets and robust policy actions to promote cardiovascular health for all. The strong association between CVD and other non-communicable diseases, particularly metabolic disorders like diabetes and obesity, needs to be recognized in these plans. Integrated approaches that address these multimorbidities together can enhance health outcomes. 2/ Policy Coherence and Holistic Approach: Countries need to adopt a holistic approach that facilitates multi-stakeholder partnerships extending beyond the health sector to include finance, environment, agriculture, education, urban planning, and development. Integrating cardiovascular health policies across government sectors can aid in resource mobilization for prevention and control efforts. 3/ Interdisciplinary and Intersectoral Collaboration: Efforts must focus on whole-person health by strengthening both interdisciplinary and intersectoral collaboration. Collaboration with other medical disciplines, in both infectious diseases and non-communicable diseases, must be strengthened. 4/ Funding and Public-Private Partnerships: Governments are encouraged to leverage taxes on products that cause harm (e.g. tobacco, alcohol, energy-dense foods and beverages) to secure adequate funding, provide disincentive to consumption (especially by the young) through price increases, and repurpose funds for health and wellbeing. It is crucial to foster multi-stakeholder, cross-sectoral partnerships that recognize the benefits of public-private partnerships while ensuring safeguards for conflicts of interest and industry interference. Partnership with industries that cause harm must be avoided. 5/ Community Participation and Patient Voices: It is essential to ensure the inclusion of people with lived experience, carers, and local communities in health policy.

		Mechanisms for community participation in local solutions and programs must be established. Meaningful representation, engagement, and fair compensation of unrepresented voices in the political declaration and its effective implementation by governments would significantly enhance the effectiveness and inclusivity of policy development, action planning, implementation, and monitoring processes. 6/ Technical Support and Capacity Building: Direct support to member states and regions should be strengthened by providing training, technical support, tailored resources, and advocacy tools. This support will help gain local support, build skills, and enhance capacities to identify and implement best buys and other effective and evidence-based interventions.
	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	The World Heart Federation urges the following actions to reduce modifiable risk factors for non-communicable diseases and address underlying social determinants through the creation of health-promoting environments. A key feature of this is to ensure actions that support more widespread implementation of existing strategies, action plans and treaties, while also meeting newer challenges: 1/ Healthy Eating: Policies that promote healthy eating must be prioritized by reducing the marketing and promotion, availability and affordability of energy-dense, nutrient-poor foods and beverages, addressing the commercial determinants of health and ensuring health food environments. 2/ Physical activity: Comprehensive National Physical Activity Policies, reflecting the Global Action Plan on Physical Activity, supported by funded national action plans. These will support physical activity among all population groups, support cross -sector collaborations, enable active living and active transport, and achieve co-benefits in other important priorities such as mental health, mitigation of air pollution, and climate change. 3/ Tobacco and Alcohol Control: The WHO Framework Convention on Tobacco Control should be fully implemented, including measures to combat newer tobacco and nicotine products like e-cigarettes. The WHO Global Action Plan on Alcohol should be robustly implemented. These measures will mitigate harmful use of these substances and combat commercial determinants of health and influence of the tobacco industry and alcohol industry.

		4/ Environmental Health: Treaties such as the UN FCCC and policies aimed at reducing air pollution and addressing climate change must be supported. This includes implementing ambitious programs to reduce air pollutant emissions across various sectors such as transport, energy, industry, agriculture, and housing, recognizing both outdoor and indoor pollution, as well as their impact on health. Promotion of strategy-synergies with other risk areas such as tobacco control (indoor smoking / passive smoking), and physical activity (active transport, walking and cycling in healthy cities and towns). 5/ Community Engagement: Community engagement and participation in local health solutions and programs must be ensured to make interventions more tailored to need, effective and inclusive. This includes meaningful representation, engagement, and fair compensation of unrepresented voices in policy development, action planning, implementation, and monitoring processes. 6/ Investments in health promotion: Investments in health promotion should be substantially increased to enhance delivery mechanisms and infrastructure to ensure, we tackle the root causes of NCDs and inequity, the upstream determinants, social, environmental, and commercial determinants of NCDs and cardiovascular diseases. This involves regulating the marketing, promotion, availability and accessibility of unhealthy products while promoting healthy options, healthy environments and policies, and recognizing health promotion as an investment with long-term benefits. This priority encompasses the need to equip doctors, cardiologists, and other healthcare professionals, as well as organizations on the ground, with health advocacy skills.
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.	It is crucial to reiterate the central role of Universal Health Coverage in facilitating widespread access to cardiovascular health services for everyone, everywhere. The WHF urges the following actions: 1/ Universal Health Coverage: Robust implementation requires investment in UHC and in systems and services for NCDs. Expanding UHC ensures equitable access to cardiovascular health care and prevention services for all. 2/ Primary Health Care: PHC is the cornerstone of any health system. Governments should double their efforts in providing services from health promotion, prevention, diagnosis, treatment, and care for cardiovascular diseases

		at the PHC level. This will result in lower health care costs for patients and the health system, improved health outcomes, continuity of care, and fewer hospitalizations over the long term. 3/ WHO HEARTS Technical Package: The WHO HEARTS should be fully implemented. This provides a standardized framework for managing CVD, enhancing the capacity of healthcare providers to deliver consistent, high-quality care to patients. 4/ CVD Risk Assessment and Treatment: Universal access to CVD risk assessment in primary care must be ensured. Decisions on preventive interventions and treatment for CVD should be tailored based on an individual's risk level using quantitative risk prediction tools. This risk-based approach is particularly vital in low- and middle-income countries (LMICs) as a cost-effective method to prioritize and initiate interventions for individuals at higher risk. 5/ Access to Medicines and Technologies: Equitable access to medicines, treatments, and technologies must be ensured. While prevention is key to reducing the burden of CVD, comprehensive and effective treatment strategies are crucial for managing the disease in those already affected, ensuring better health outcomes and quality of life. 6/ Resilient Health Promotion System Supports: including reorientation that supports health promotion capacity building, delivery mechanisms and infrastructure/resources.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	The WHF urges the following actions: 1/ Strengthen National Institutions and Implement Evidence-Based Practices: Countries should establish or enhance national institutions dedicated to policy development, research, and program implementation for cardiovascular health. These institutions should be guided by national policies and strategies tailored to local contexts. Collaboration with civil society organizations, particularly those representing individuals affected by NCDs, is essential. Policy development should create a favorable environment for the implementation of evidence-based health promotion, prevention and treatment strategies. Implementation research should identify context-specific best practices and track the effectiveness of policies and programs.

		2/ Ensure Access to Accurate Information, Innovative Approaches and technical support: Access to up-to-date, accurate information must be facilitated to incentivize and support healthcare workers and those in allied fields to provide health promotion, quality care and treatments. Utilizing digital technologies can effectively disseminate and implement knowledge within the healthcare sector. Moreover, innovative approaches, including new technologies, health practices, and service delivery methods, to improve cardiovascular health services must be fostered. Regulatory processes and reimbursement criteria should be adjusted to align with technological advancements and innovation in the healthcare industry. 3/ Empower People with Lived Experience through Digital Health Technologies: It is important to empower patients through integrated digital technologies as well as ensure accessibility and affordability of relevant home and mobile devices and applications, particularly in low-resource settings. Collaborate with providers and manufacturers to standardize the integration of reliable health apps and tools into mainstream technologies. Commit to providing high-speed internet access to support digital health initiatives. 4/ Enhance Telehealth and Remote Services: Geographical barriers to healthcare access should be reduced by utilizing telehealth and remote services. Virtual and augmented reality technologies for teleconsultations with medical specialists and routine care delivery can be leveraged, particularly in remote communities. Lastly, adequate reimbursement schemes for telehealth services and remote consultations should be ensured, supported by ultra-high-speed internet connectivity. 5/ Optimize Health Data Management and Privacy: Issues related to health data management and privacy should be addressed. Integrate health data across settings and standardize requirements for interoperability. Implementation studies to confirm the clinical usefulness of digital health tools should be conducted, as well as clear and transparent regulations to safeguard data privacy, including genetic data, and security should be ensured.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	If there has been a failing since the first UNHLM on NCDs it has been disappointing progress with implementation. Monitoring needs to emphasize measurement and accountability for implementation and delivery of strategies and action plans.

	To effectively monitor trends and determinants of NCDs and evaluate progress in their prevention and control, the following system requirements are crucial: 1/ Political Commitment and Sustainable Financing: In order to monitor progress, sustainable financing strategies are required, such as earmarked funds for proven cardiovascular disease policies and interventions, international funding models and partnerships, levies on harmful products, and integration of philanthropy funds, are vital to boost investment in the CVD response. Strengthened institutions are necessary to lead policy implementation, guided by national policies and strategies tailored to local contexts. Collaboration with civil society organizations, particularly those representing individuals affected by CVD, is essential. 2/ Strengthening the Healthcare Workforce and Primary Care: Strengthening and expanding the health workforce through fair working conditions, adequate remuneration, secure employment, and necessary training and education is essential. Doubling efforts in providing primary healthcare services for CVD, including health promotion, prevention, diagnosis, treatment, and care at the primary care level, will lead to lower healthcare costs and improved health outcomes. 3/ Cross-Sector Collaboration and Co-Benefits: Policy coherence across different sectors, including finance, environment, transport, education, and the private sector, is crucial for an effective CVD response. Multi-stakeholder partnerships, extending beyond the health sector, are necessary. Integrating cardiovascular health policies across government sectors aids in resource mobilization for prevention and control efforts. 4/ Support for Evidence Generation and Evaluation: Prioritizing investment in quality research and robust evaluation is crucial for evidence-based CVD prevention and management. Establishing or enhancing data collection systems that track health outcomes and policy impacts, especially in low- and middle-income countries, is necessary. Setting clear milestones and national targets ensures rigorous monitoring and accountability in CVD prevention and control measures. 5/ Actionable Priorities: Addressing the failure to implement evidence-based prevention and treatments requires developing policies that create a favorable

		environment for implementation. Fostering implementation research to identify context-specific best practices and ensuring the tracking of policy and program implementation effectiveness are crucial steps.
*	<i>In addition:</i> 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.	Mental health is intimately linked to cardiovascular health as poor mental health can induce stress and lead to unhealthy lifestyles (e.g., tobacco, physical inactivity, unhealthy diets, etc.), all of which affect cardiovascular health. Successful strategies must include detection and treatment of hypertension and diabetes, primary prevention of cardiovascular diseases in high-risk individuals and secondary prevention in those with established diseases including <u>access to mental health services</u> without neglecting high quality care, including treatment of acute CVD in primary, secondary and tertiary care. WHF encourages the following actions: 1/ Maximize Synergies with Other Risk Factors: The synergies between mental health and other risk factors should be leveraged. Physical activity plays a significant role in preventing and controlling depression and anxiety. Promoting social support and reducing social isolation are crucial for mental well-being. Healthy street and city design can enhance social support, community cohesion, and livability. Similarly, effective alcohol and tobacco control should address the mental health consequences of addiction. 2/ Adopt Team-Based Care: Implementing team-based care that includes psychologists, counselors, nurses, and other healthcare professionals ensures comprehensive monitoring and management of a person's medical and behavioral health issues. 3/ Integrate Mental Health into Healthcare Provider Training: Incorporating mental health components into the education and training of healthcare providers is encouraged. This will equip them with the necessary skills to address the mental health needs of their patients, fostering a more integrated approach to healthcare.

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