



No. 1206/2024/WHO/EUC-WSSC

Ho Chi Minh City, 12 June 2024

Respectfully to: **World Health Organisation**

Regarding: Wine and Spirits Sector Committee of EuroCham Vietnam contributes comments and recommendations to Web-Based Consultation on the Fourth High-Level Meeting of the United Nations General Assembly (UNGA) on the Prevention and Control of Non-Communicable Diseases (NCDs), focusing on the Key Priority Areas in the WHO Director General’s Report

The European Chamber of Commerce in Vietnam (“**EuroCham Vietnam**”) and its Wine and Spirits Sector Committee would like to express our highest courtesies and regards to the World Health Organisation (“**WHO**”).

Wine and Spirits Sector Committee of EuroCham Vietnam represents the biggest international companies in the wines and spirits sector in Vietnam. Our mission is to advocate for market access, tax policies, marketing, intellectual property, food safety and social policies related to alcohol. Our goals include enhancing understanding of the wine and spirits industry, ensuring fair market access, promoting responsible drinking, sharing best practices in harmful use of alcohol prevention, developing CSR projects, and maintaining compliance with competition laws.

Following WHO’s Web-Based Consultation on the Fourth High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases (“**NCDs**”), focusing on the Key Priority Areas in the WHO Director General’s Report, Wine and Spirits Sector Committee of EuroCham Vietnam would like to share our comments and recommendations, focusing on the NCD-GAP objectives most relevant to our members as economic operators in the production and trade of alcohol, i.e. 2, 3 and 6.

#	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 2018 High-Level Meeting on NCDs. Multisectoral action and partnership have helped develop 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 partnership to accelerate country responses are provided in ANNEX 1.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants	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.



	through creation of health-promoting environments.	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. Elaboration on these recommendations is 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, which focuses on 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 and its prevalence in some parts of Asia. Elaboration on these recommendations is in ANNEX 3.

European Chamber of Commerce in Vietnam and its Wine and Spirits Sector Committee would like to reiterate our sincere appreciation to World Health Organization for the opportunity to present our insights. We stand ready to contribute and offer perspectives from the private sector to advance the prevention and control of NCDs.

Respectfully yours,

**For and on behalf of
European Chamber
of Commerce in Vietnam**

Jean Jacques Bouflet
Vice Chairman in charge of Advocacy

**For and on behalf of
Wine & Spirits Sector Committee**

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

**Web-based consultation:
General comments on key priority areas in the WHO-Director General's report**

May, 23th, 2024

Korea Wines and Spirits Importers Association

Korea Wines and Spirits Importers Association was established in 2002 based on the official approval of the National Tax Service in order to pursue development of the liquor industry. 64 liquor importers engaged in import of a variety of alcoholic beverages including wine, beer, and whiskey are members of this association. We are cooperating with relevant authorities and organizations for the sound development of the liquor industry and establishment of a healthy drinking culture.

Thank you for the opportunity to deliver our opinion about NCD-GAP objectives relevant to the liquor industry. We respectfully ask you to consider the following points :

#	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.	WHO's action plan could exclude the liquor industry participants that are the direct stakeholders, from all conversations. We believe this is a clear ignorance of the liquor industry's own efforts and social contributions, which may lead to frustration of the relevant industry that is voluntarily making efforts to create a healthy drinking culture. Global liquor companies have formed the International Alliance for Responsible Drinking (IARD) by bringing together leading liquor producers in order to implement responsible market practices, including liquor marketing. This association has been working together to reduce the harmful effects of drinking, including reducing underage drinking, strengthening and expanding marketing practices, reducing drunk driving, and supporting retail and trade partners to reduce excessive drinking. In addition, each department of the Korean government is frequently exchanging opinions with related industries in the process of promoting various issues that may affect the industry by forming various committees. The government is making efforts to minimize the negative impact on related industries while properly reflecting the purpose of the policy throughout the whole process from policy making to implementation.

		We recommend that, the Director General's report reflect the recognition about for positive roles of private sector and the need to establish governance so that all stakeholders, whether public or private, can contribute to a responsible and transparent decision making process.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Determining the amount of alcoholic beverages for consumption is closely related to each consumer's voluntary choice. While we understand the WHO's efforts to reduce the harm caused by alcohol by controlling alcohol consumption per se, we would like to draw attention to the fact that this may limit consumer's rights. Furthermore, such policy may appear to ignore or overlook the fact that most consumers are actually drinking responsibly on their own. In addition, it can be seen as a denial of efforts to create a positive drinking culture that is being implemented around the world. It is also necessary to consider the aspect that excessive regulation that limits alcohol consumption itself can have negative effects, such as increasing illegal alcohol transactions. We recommend that, the Director General's report focus on measures to mitigate the 'harmful use of drinking' such as drunk driving as Member States have agreed.

FROM: spiritsBULGARIA

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.

spiritsBULGARIA is an association representing the producers, importers, and traders of spirits in Bulgaria. Founded in July 2005, it operates as a non-profit organization dedicated to promoting and protecting the interests of its members within the industry and accounts for about 85% of the spirits' business in Bulgaria. The association is independent, voluntary, and self-governing,

At spiritsBULGARIA, we are steadfast in our commitment to promoting responsible consumption of alcoholic beverages. We recognize the significant role we play in shaping the social norms around alcohol use and are dedicated to supporting global efforts aimed at reducing the harmful use of alcohol.

Our dedication to responsibility standards is reflected in the following key principles:

Promotion of Responsible Consumption:

We advocate for moderate and responsible consumption of our products, emphasizing that alcohol should be enjoyed as part of a balanced lifestyle. For more information please visit <https://konsumirai-otgovorno.bg/>

Our marketing practices and ethical standards strictly adhere to responsible advertising guidelines, ensuring that our messaging does not target underage individuals or encourage excessive consumption. For more information please visit <https://www.spirits.bg/>

Education and Awareness:

We invest in educational programs and campaigns designed to raise awareness about the risks associated with alcohol misuse, including underage drinking, drunk driving, and alcohol dependency. Some social programs that we have developed throughout the years are PARENTAL MEETINGS IN A BAR targeting parents of children aged 9-11 YO; LET'S SPEAK ABOUT ALCOHOL targeting teachers of students 12-15 YO; THE BILL YOU DO NOT WANT TO PAY, targeting young drivers; HOW AND HOW MUCH?, a students' contest for digital campaign of responsible drinking targeting students 18+.

We partner with institutions such as Ministry of Education, Ministry of Internal Affairs, Bulgarian Red Cross, the Agency for child protection and many others to disseminate factual information about alcohol and its effects.

Supporting the United Nations Goals:

We fully support the United Nations Sustainable Development Goals (SDGs), particularly Goal 3: Good Health and Well-being, which includes a target to strengthen the prevention and treatment of substance abuse, including harmful use of alcohol.

Our initiatives are aligned with the World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol, focusing on reducing alcohol-related harm through multi-stakeholder action.

Responsible Business Practices:

We implement and adhere to strict internal policies to ensure that our operations, from production to sales, uphold the highest standards of safety, quality, and ethical conduct.

We actively engage with our employees, suppliers, and distributors to promote and practice responsible behavior in all aspects of our business.

spiritsBULGARIA 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

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.
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.
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.

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

BRASSEURS DE FRANCE (BDF) SUBMISSION

WHO web-based consultation on General comments on key priority areas in the WHO Director General's report

23 May 2024

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

WEB-BASED CONSULTATION: PHASE I (1 MAY–17 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*.

General comment:

The French Federation of Breweries (Brasseurs de France, BDF) welcomes the opportunity to contribute to the WHO's preparations for the Fourth High-level Meeting on the Prevention and Control of Non-Communicable Diseases (NCDs). Representing over 2500 breweries in France, from international corporations to small businesses, BDF is dedicated to reducing harmful alcohol use and providing information to support responsible consumption choices in full compliance with public recommendations.

#	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.	BDF supports strengthening the prevention and control of non-communicable diseases (NCDs) across all levels of public action (local, national, regional, and global) and stresses the need for enhanced cooperation among these levels. Effective NCD prevention and control require strong stakeholder coherence to align with the United Nations Sustainable Development Goals and the frameworks set by WHO Member States, including the NCD-GAP and the Global Strategy to Reduce the Harmful Use of Alcohol (GAS). BDF recommends that the Director-General's report highlight the need for stakeholder actions to fit within these frameworks and emphasise the role of WHO Regional Offices in ensuring compliance and coherence.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The 2010 Global Strategy to Reduce the Harmful Use of Alcohol (GAS) and the Political Declaration of the 2018 UNGA 3rd High-Level Meeting on Noncommunicable Diseases (HLM on NCD) both acknowledge and promote the role of public/private partnerships and the involvement of the alcoholic beverage sector in preventing non-communicable diseases. Within this framework, the alcoholic beverages sector has undertaken numerous actions in recent years to actively contribute to reducing harmful alcohol use. The French association “Avec Modération!” has led innovative efforts in alcohol risk prevention for 30 years, including initiatives like the designated driver campaign to raise awareness of the risk of alcohol-related road accidents. The association “Prévention et Modération”, created in 2019 by BDF, the Fédération Française des Spiritueux, and the Fédération Française des Vins d’Apéritif, aims to centralise professional initiatives to prevent risky behaviours and promote responsible alcohol consumption. It works closely with the association Vin & Société and focuses on three main areas: 1. Prevention of risky behaviours: • Drinking and driving: Awareness and actions to reduce alcohol-related road accidents. • Pregnancy and alcohol consumption: Campaigns to inform about and prevent risks associated with drinking during pregnancy. • Youth and binge drinking: Educational programs to combat excessive alcohol consumption among

		young people and enforce bans on alcohol sales to minors. 2. Promotion of responsible behaviours: • Advocating moderate consumption: Awareness campaigns promoting responsible alcohol consumption for consumers and distributors. • Education and information: Providing resources to educate the public about alcohol-related risks and best practices. 3. Engagement of professionals: • Encouraging best practices: Supporting companies in adopting and maintaining high standards in alcohol prevention and moderation. BDF suggests that the Director General's report: • Highlights the efforts of organisations and companies in the alcoholic beverage sector to address the requests made by Member States in the context of the Political Declaration of the 3rd High-Level Meeting on NCDs. • Acknowledges the positive impact of organisations and companies in the alcoholic beverage sector in achieving the goals outlined in the NCD-GAP and GAS. • Encourages governments and stakeholders to strengthen the multisectoral approach and expedite the development of partnerships, including with the private sector, to reach the targets of 2030.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	The NCD-GAP 2013-2030 aims to reduce alcohol's harmful use as a risk factor for non-communicable diseases (NCDs), following the Global Strategy adopted by WHO Member States in 2010. This objective has been consistently reaffirmed, including in the 2018 Political Declaration and the Global Action Plan on Alcohol 2022-2030. As recognised in the GAS and NCD-GAP, Member States are encouraged to implement prevention policies tailored to their unique health issues and socio-economic contexts. This approach acknowledges the diversity of national situations and the need to adapt actions to different audiences. Brewers acknowledge the call for increased involvement from the private sector, as outlined in both the 2018 Political Declaration and the 2022 Global Alcohol Action Plan. They

		have actively pursued the key requests of economic operators Furthermore, the rise in non-alcoholic beer consumption in Europe is significant. This also demonstrates that higher beer consumption doesn't necessarily mean more alcohol consumption. Progress is needed to meet international goals by 2023, but the framework established since 2010 has fostered dialogue and targeted actions among stakeholders. BDF recommends the Director General's report: • Confirms the framework's relevance for reducing harmful alcohol use. • Reiterates the need for public policy options tailored to Member States' contexts. • Validates the private sector's role in reducing harmful alcohol use.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	As the NCD-GAP outlines, the Global Monitoring Framework for NCDs includes 25 indicators to track Member States' progress in preventing and controlling NCDs. Regarding alcohol, three specific indicators are defined: total alcohol consumption per capita (aged 15+) within a year, including recorded and unrecorded consumption, adapted to national contexts; age-standardized prevalence of heavy episodic drinking (HED) among adolescents and adults within national contexts; and alcohol-related morbidity and mortality among adolescents and adults within national contexts. Despite these indicators, there's a tendency among public organisations to rely solely on per capita alcohol consumption to monitor alcohol-related issues, which BDF finds insufficient. Unlike HED and alcohol-related morbidity/mortality, per capita consumption doesn't reflect harmful behaviours or their consequences and shouldn't be used as a proxy for harmful alcohol use. BDF recommends the Director General's report: • Emphasize the importance of monitoring harmful alcohol use using all three indicators from the Global Monitoring Framework. • Urge Member States to develop statistical tools and update studies on consumption trends to inform actions against harmful alcohol use based on up-to-date data.

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



Ciudad de México a 13 de junio de 2024

Organización Mundial de la Salud

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).

La Rama 27, fabricantes de bebidas alcohólicas de la Cámara Nacional de la Industria de la Transformación (CANACINTRA) representamos a productores, comercializadores e importadores de bebidas alcohólicas en todo el país. Nuestro gremio, es parte de una agroindustria que encadena desarrollo social y económico regional, no sólo por parte de la producción de bebidas alcohólicas, sino fortaleciendo que fortalece la cultura, la gastronomía y el turismo que es reconocido a nivel mundial.

Para nosotros es de gran interés participar en esta consulta ya que representa la oportunidad de compartir las buenas prácticas y el trabajo de nuestro gremio en la prevención del uso nocivo del alcohol en México.

Objetivo 2		
La Rama 27 fortalece la capacidad, el liderazgo, la gobernanza y la acción multisectorial de las asociaciones para acelerar la respuesta del país en la prevención y control de las enfermedades no transmisibles.		
#	Objetivo del NDC-GAP	Comentarios sobre áreas prioritarias clave
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.	1. La Rama 27 ha implementado una serie de capacitaciones virtuales y gratuitas para el gremio de bebidas alcohólicas, incluyendo unidades de producción de todos los tamaños (familiares, MIPYMES, grandes), así como comercializadores de bebidas alcohólicas en todo el país e importadores, donde se promueven acciones en materia de: para reducir el uso nocivo del alcohol (se busca cero consumo de alcohol en menores de edad, cero consumo de alcohol en mujeres embarazadas, respeto al no bebedor, no mezclar alcohol y volante, así como responsabilidad en adultos que consumen bebidas alcohólicas), servicio responsable (de la mano con otras asociaciones como la Cámara Nacional de la Industria de Restaurantes y Alimentos Condimentados (CANIRAC), implementación adecuada de la información sanitaria en las etiquetas y el cumplimiento fiscal. Con ello, buscamos que se cumpla con las regulaciones que buscan proteger al consumidor; las



		sanitarias, las fiscales, entre otras relacionadas con la calidad de los productos y la contribución de la producción de las bebidas alcohólicas en la cultura y sociedad mexicana, incluyendo la responsabilidad en materia de la prevención de uso nocivo del alcohol. 2. Adicionalmente, hemos habilitado la página web www.rama27.org a fin de poder publicar los videos de capacitaciones en diversos rubros relacionados con la el cumplimiento de las regulaciones de protección al consumidor, a fin de que puedan utilizarse como herramientas públicas para los productores, comercializadores e importadores de bebidas alcohólicas, donde hemos facilitado un medio de comunicación para responder dudas técnicas con apoyo de los expertos agremiados a la Rama. 3. Hemos construido una red viva y que va creciendo para poder compartir mensajes con productores y comercializadores ubicados en todo el país a fin de mantenerles informados sobre disposiciones y normatividad que se requiere cumplimiento en todos los temas regulatorios, incluyendo, los temas sanitarios y la promoción de una cultura de responsabilidad ante el consumo de bebidas con alcohol.

Objetivo 3		
La Rama 27 responde al desafío de reducir a los factores de riesgo modificables para las enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.		
#	Objetivo del NDC-GAP	Comentarios sobre áreas prioritarias clave
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.	4. En todo momento, la Rama 27 promueve entre sus agremiados y con la red de productores de bebidas alcohólicas, a través de las capacitaciones virtuales y gratuitas, el cumplimiento de las Normas 142 y 047, la Ley General de salud y sus reglamentos, a fin de prevenir el uso nocivo del alcohol mediante la información adecuada al consumidor mayor de edad que decide beber productos con alcohol. 5. Participamos, junto con Comisión para la Industria de Vinos y Licores (CIVYL), el Consejo Mexicano Vitivinícola (CMV) y todos los agremiados de la Rama 27 en el impulso del etiquetado electrónico que permita ofrecer mayor información a los consumidores



		mayores de edad para que puedan elegir con responsabilidad qué beber y prevenir el consumo excesivo de bebidas alcohólicas.

Objetivo 6		
La Rama 27 contribuye al monitoreo de las tendencias y determinantes de las enfermedades no transmisibles, así como impacta en la evaluación del progreso de su prevención y control.		
#	Objetivo del NDC-GAP	Comentarios sobre áreas prioritarias clave
6	Monitorear las tendencias y los determinantes de las enfermedades no transmisibles y evaluar el progreso en su prevención y control.	6. Somos observadores permanentes de los resultados de las encuestas sobre ENTs así como aquellas específicas sobre el uso nocivo de alcohol en México (https://ensanut.insp.mx/encuestas/ensanutcontinua2022/doctos/analiticos/11-Consumo.de.alcohol-ENSANUT2022-14817-72323-2-10-20230619.pdf), por lo que sabemos que el principal problema en nuestro país es el consumo explosivo y la necesidad de realizar más estrategias en materia de información para prevenirlo. Es por ello que, en las comunicaciones de la Rama 27 a través de nuestro portal www.rama27.org, somos insistentes en los ejes de prevención del uso nocivo del alcohol como lo son: cero venta de alcohol a menores de edad, cero consumo de alcohol en mujeres embarazadas, no mezclar alcohol y volante, respeto al no bebedor, responsabilidad y moderación en el consumo en mayores de edad que deciden consumir bebidas con alcohol. Esta comunicación es parte de todos los foros realizados para capacitar a los productores, comercializadores e importadores de bebidas alcohólicas. 7. CANACINTRA tiene un convenio de colaboración con la Agencia Nacional de Aduanas de México (ANAM) a fin de observar e informar sobre posible contrabando técnico que podría tener impacto para el fisco. Además de ser promotores de las exportaciones legales. Por lo que somos aliados estratégicos en la legalidad.

FROM: THE SLOVAK BEER AND MALT 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 focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

The Slovak Beer and Malt Association is connecting breweries, maltsters and other institutions that are directly or indirectly involved in the production of beer in the Slovak Republic. Our members cover 96 % of beer production and 98 % of malt production in the Slovak Republic.

The Slovak Beer and Malt Association is dedicated to alcohol regulation policies, fostering an CO2 neutral brewing industry, ensuring sustainable and available local Slovak raw materials for beer production and promoting professional education. On the market level, our brewery members follow the Code of Marketing communication, where they commit to responsible commercial communication, exceeding legal requirements in the responsible consumption, sale, and marketing of beer. For years, we actively engage with public institutions and cooperate on campaigns preventing alcohol consumption among drivers. Additionally, we focus on long-term sustainability projects within the brewing industry and as a founding member of the Deposit Return System in Slovakia, that is considered as one of the most effective in the European Union that allowed us to create 100% the circularity loop of drink packaging to CAN2CAN and PET2PET systems in Slovakia.

The Slovak Beer and Malt 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. We are ready to use the opportunity to share our opinions 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 would like to underline the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018 and we recommend it to be reflected in the Director General's (DG) report. The cooperation and multisectoral action and partnership can be a strong instrument in effort to support implementation of the key relevant NCD targets ahead of the 2030 deadline. As it was in the past, where it helped harness the power of the private sector in support of achieving important NCD objectives. 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: • Agreed multilateral framework on alcohol and health, which focuses on the harmful use of alcohol should be the basic framework for the section on alcohol and health • 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 and rich range of policy options should be reflected to help member states choose the most effective options for their specific needs • 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.	Member States agreed on the NCD Monitoring Framework for monitoring trends and determinants and evaluating progress, therefore we recommend that the DG's report use it. The framework focuses on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. Stronger focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impact on public health is also recommended as social situation and economic decline in some regions have effect on these issues. 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 is a wide range of 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 "Be reasonable" project of the Slovak Beer and Malt Association oriented on "Don't Drink and Drive" activities. The Association in cooperation with the Police of the Slovak Republic and BECEP, a department of the Ministry of Transport of Slovak Republic has been running cooperation since 2013. The 2023 half-year long project focused on the responsible approach of drivers to drinking alcohol. The aim of the project is to raise drivers' awareness of non-alcoholic beer as an alternative in terms of safety and legal compliance and, above all, to motivate drivers to drink beer responsibly. Just in 2023, the campaign reached more than 2 million drivers in Slovakia and helped to decrease

Increasing offer of non-alcoholic or low-alcoholic variants of beer. In the last decade, members of the Slovak Beer and Malt Association increased their production of non-alcoholic variants of beer and radlers to almost one fourth of their production in 2023, the highest share in the EU. Not only industrial, but also craft breweries do offer non-alcoholic alternatives.

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.

Slovak Beer and Malt Association members signed joint Code of Marketing Communication, in which the members commit to follow a set of rules in the field of commercial communication with a goal to promote responsible approach through self-regulation of marketing activities. The areas covered are – responsible consumption of beer, minors, driving motor vehicles, dangerous activities, health aspects, volume of alcohol in beer, performance, dignity and religious beliefs. Members follow strict rules in marketing their products regarding these areas of communication.

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. One of which is:

- 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

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.

The recent data for the Slovak Republic shows that although the total consumption of pure alcohol per capita is stable (2018: 8,5 vs. 2022: 8,5), the volume of spirits consumed has increased in 16 % from 3,7 in 2018 to 4,3 liters in 2022. Contrary to this, the pure alcohol consumed from beer as low alcoholic drink has decreased in 17 % (2018: 2,9 vs 2023: 2,4), also thanks to strong orientation of Slovak beer producers to produce and offer non-alcoholic beers and non-alcoholic radlers. To underline, one of four beers produced in Slovakia is already non-alcoholic.

We as brewers are also committed to promoting moderate consumption and alcohol responsibility not only through programs we run, but also commercially, through further innovations in no- and-low alcoholic offerings.

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

The Alcoholic Beverages Alliance of the Philippines, Inc. (ABAPI) is a non-profit association of leading international alcoholic beverage importers and distributors in the Philippines. Our members include leading international spirits manufacturers such as Diageo, Pernod Ricard, Moët Hennessy, Brown-Forman, Bacardi and Coca-Cola.

ABAPI aims to develop, continually improve, and promote the quality and integrity of alcoholic beverages in the Philippines, as well as to promote responsible attitudes towards alcohol consumption.

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. 2, 3 and 6.

#	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 ABAPI's partnerships in the Philippines 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. • Clearly distinguishing between harmful and responsible drinking without differentiating between beverages on the basis of strength. • 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.

		Elaboration on these recommendations and examples of how ABAPI 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 .
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 and its prevalence in Asia. We also recommend particular attention to patterns of drinking in individual countries, differentiating between excessive and moderate consumption. Additionally, attention to other NCD risk factors is needed in parallel with data on harmful drinking, given the rise in obesity and metabolic risks in Asia. 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"

ABAPI believes that the private sector, including economic operators in alcohol production and trade, can play a constructive role in implementing the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan as well as the targets in the NCD Monitoring Framework, in partnership with government stakeholders and consumers. The following examples from the Philippines demonstrate the value of government, the private stakeholder and consumers working together to address these issues:

Countering drink driving & promoting responsible behaviour

- Given the high toll from drink driving fatalities and injuries in several countries in the region, combating drink driving has been a priority for ABAPI, which it has supported through the ["Power of No" campaign](#). Launched in 2021 and implemented under the leadership of the Automobile Association in the Philippines in collaboration with an international network of partners representing 28 government, NGO, private and community organisations in seven countries across Asia, this social media campaign raises awareness about drink driving and encourages behavioural change, particularly among young adults aged 18- 30, who are disproportionately represented in figures of road traffic crashes involving alcohol. Across three phases of the campaign, we have reached 10.4 million direct beneficiaries in the Philippines and a total of 43 million in all seven marketsⁱⁱ through social media.
- In late 2023, an independent evaluation of the campaign by Social Terrainⁱⁱⁱ, experts in monitoring and evaluation, showed a correlation between the Power of No campaign and increased awareness in the target population about the risks of drinking and driving, as well as improved ability and willingness to engage

when the behaviour of others is risky. Whilst demonstrating the utility of social media campaigns in building knowledge and changing attitudes and behaviour, the report showed that the impact of the Power of No builds on anti-drink driving campaigns and interventions that precede it, underscoring that no single intervention can alone deliver all desired results. It remains our belief that addressing harmful drinking behaviour requires whole-of-society engagement involving government, civil society, communities and the private sector.

ANNEX 2

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

Maintain the focus on the harmful use of alcohol

ABAPI recalls that Member States have agreed and endorsed the current approach to focus on the “harmful use of alcohol” on several occasions, most notably 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. While acknowledging the ongoing discussion on this topic, we remain convinced that the multilateral framework on alcohol and health should remain focused on the harmful use of alcohol, rather than alcohol consumption per se. In our experience, interventions that are aimed specifically at harmful drinking, rather than the whole population, offer an effective, pragmatic, and realistic complement to balanced regulation. These include interventions to identify and address harmful patterns and providing consumers with the information and tools to support responsible decisions around drinking alcohol. It also includes raising awareness that alcohol is alcohol with the potential to be misused and contribute to harm, whether it is in the form of wine, beer, or spirits.

Taking national and local context into consideration and reflecting a range of policy options

- ABAPI notes that the Global Alcohol Action Plan 2022-2030 in Paragraph 27 recognizes the discretion of each Member State to prioritize and implement the high impact strategies, interventions and other policy options recommended by the global strategy based on its needs, status of implementation of measures, national and local contexts, including resources and public health priorities. This guidance remains as relevant as ever and important in developing effective and appropriate interventions that address alcohol harm in culturally relevant and flexible ways.
- The focus of policies should acknowledge that beer, wine, and spirits have the same potential for misuse and harm, regardless of their strength. We support equitable and non-discriminatory policies that support the fact that alcohol is alcohol.
- Policy implementation should also consider the role of social equity in NDCs and avoid measures that are likely to result in unintended consequences like encouraging the consumption of low-cost and potentially hazardous illicit products.

Contributions by the private sector to implementing the 2018 Political Declaration

- Since 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”, ABAPI members have redoubled our efforts in this space, working with other associations to support and uphold regulation, to encourage its implementation where that is lacking or weak, and to develop self-regulatory and co-regulatory schemes, as outlined in GAAP.
- In the absence of national regulation, ABAPI members are promoting truth in advertising through self-regulation of advertising content under the self-regulatory Code of Ethics which is hosted by the Ad Standards Council (ASC).

These self-regulatory measures encompass measures of putting mandatory warning message on TV adverts, including a social responsibility statement and links to social aspects organizations on digital marketing, etc. In terms of advertising content, among other things, these measures prohibit the depiction of drinking alcoholic beverages in advertisements. Additionally, brand names, logos, or trademarks of alcoholic beverages must not appear on children's clothing, toys, games, or other materials primarily intended for use by individuals under the legal purchase age.

- Additionally, to support the responsible sale of alcohol products in the eCommerce space, in May 2023 ABAPI members took the proactive step to jointly launch “The Pledge” -- a commitment to promote responsible selling of alcohol products online with online platforms. This initiative, witnessed by governments such as the Department of Trade and Industry (DTI) and the Intellectual Property Office of the Philippines (IPOPHL), aimed to collaborate in ensuring the safe, legal, and age-appropriate sale of alcohol in the online space. The Pledge underscored our commitment to reinforce existing regulations that prevent underage individuals from accessing alcohol products while supporting legitimate sales in a responsible manner. The Pledge initiative exemplifies such collaboration, demonstrating our willingness to work hand-in-hand with regulatory bodies to promote responsible business practices.
- ABAPI has also invested in online training tools to equip eCommerce retailers and frontline delivery agents with the knowledge of relevant regulations and tools needed to understand how to sell and deliver in a responsible manner and in accordance with the law.
- Through global industry bodies like IARD, ABAPI members have also launched efforts to strengthen industry self-regulation and ensure standards of good practice in other areas critical for reducing harmful drinking. These efforts apply equally to all alcohol beverages, whether wine, beer, or spirits.
 - Large-scale efforts have included the global Producers’ Commitments to reduce harm and strengthen industry self-regulation^{iv}.
 - Industry codes developed through IARD in partnership with major digital platforms govern our online marketing practices across the globe.^v
 - Global initiatives also include building capability and standards for good practice around the service and sale of alcohol,^{vi} including for online sales and delivery.^{vii}

ABAPI remains committed to undertaking concrete steps to prevent the marketing to and access of alcohol, regardless of category and beverage strength, by minors and supports continued dialogue between the WHO Secretariat and economic operators.

ANNEX 3

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

The three indicators for tracking the harmful use of alcohol under the NCD Global Monitoring Framework agreed to by Member States during the May 2013 World Health Assembly 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

While the latter two indicators clearly focus on measuring the harmful use of alcohol, we question the usefulness of the first indicator on its own. Total alcohol per capita consumption 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. As new data released in the Global Burden of Disease Study show, alcohol-attributable deaths and the overall burden have decreased in many countries, often without a corresponding reduction in per capita consumption.

This indicator is particularly problematic in APAC, where unrecorded alcohol makes up a significant proportion of the alcohol market, but there is a dearth of data regarding its relative size and its relationship with harmful drinking. The lack of data makes calculations of the total market challenging, with no information about the extent to which increasing recorded consumption, where this is the case, represents a shift from homemade and illegal beverages or otherwise. As suggested by the [OECD](#), we believe that this issue should be given more focus and made a key priority area in the future monitoring of trends and determinants of noncommunicable diseases. According to the WHO, 31% of alcohol consumption in the Philippines is unrecorded, which comprises of illicit, smuggled, and artisanal illicit alcohol.¹ Illicit alcoholic beverages present health risks to consumers primarily because they are unregulated and not subject to the stringent requirements and quality standards of legally produced beverages. This takes a high toll on health, governments and society. Unrecorded trend data are essential for understanding the dynamics of the market and to explain increases in recorded alcohol consumption in some countries, and to better shape interventions that target the unrecorded alcohol market, which contributes disproportionately to poor health outcomes and harm.

The private sector can play an important role in supporting data collection by governments, particularly in those markets where resources are scarce. There is a gap of current and reliable data on consumption, patterns, and outcomes, making the tracking of progress towards the GAAP goals difficult.

ⁱ Website: <https://abapi.ph/>

ⁱⁱ Thailand, Laos, Cambodia, Malaysia, Vietnam, the Philippines, and Indonesia

ⁱⁱⁱ <https://apiswa.org/wp-content/uploads/2024/02/Evaluation-of-The-PoN.pdf>

^{iv} IARD. Beer, Wine, and Spirits Producers' Commitments. <https://www.iard.org/actions/producers-commitments>

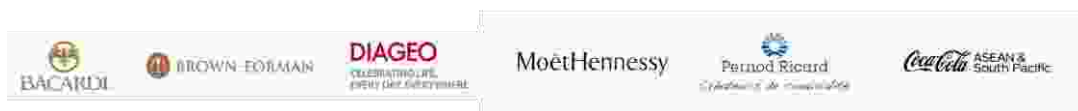
^v IARD. 2014. Digital Guiding Principles. https://iard.org/getmedia/be6b02fb-f592-49dd-b676-45cf6b0648b2/Digital-Guiding-Principles_DGP_2023_18Dec-2.pdf; IARD. Influencer Guiding Principles (IGPs). https://iard.org/getmedia/fa30bdb7-0567-4da8-87b1-50abc47fc1ac/14092021-Influencer-Guiding-Principles-FINAL_1.pdf

^{vi} IARD. Responsible Retailing and Service of Beverage Alcohol. <https://iard.org/actions/Supporting-responsible-sale-and-service>

^{vii} IARD. Global Standards for Online Alcohol sale and Delivery. https://iard.org/getmedia/d713c648-a0d7-4ef4-b2be-8d94e47dec5b/11092022_Global-standards-for-online-alcohol-sales-and-delivery.pdf

ABAPI is a non-profit association of alcoholic beverages manufacturers, importers and distributors in the Philippine that aim to promote responsible drinking attitudes towards alcohol consumption. ABAPI is comprised of the following companies: Diageo, Pernod-Ricard, Moët Hennessy, Brown-Forman, Bacardi, and Coca-Cola.

ABAPI Corporate Members





FFS SUBMISSION

WHO web-based consultation on General comments on key priority areas in the WHO Director General's report

13 June 2024

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

WEB-BASED CONSULTATION: PHASE I (UP TO 17 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*.

General comment:

The French Federation of Spirits (FFS) values the opportunity to contribute to the WHO Preparatory process for the Fourth High-level Meeting of the UN General Assembly on the prevention and control of Non-Communicable Diseases (NCDs) and to participate in this web-based consultation focusing on the key priority areas outlined in the WHO Director General's report.

As the association representing over 250 spirit companies in France, ranging from international corporations to small businesses, FFS's comments are focused on the objectives of the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2023 (NCD-GAP) that are relevant to our sector.

The French Federation of Spirits reaffirms its strong commitment to reducing the harmful use of alcohol and to providing both citizens and consumers with the information necessary to make informed and responsible consumption choices, including the choice to abstain from alcohol, in full compliance with the regulations set by their respective public authorities.

#	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.	FFS recommends that the Director-General's report emphasize the necessity for stakeholders to align their actions with the frameworks established by Member States . See FFS comments below
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	FFS recommend that the Director-General's report: - Frame the alcohol and health section within the agreed multilateral framework, which focuses on the harmful use of alcohol. - Acknowledges the positive contributions of organizations and companies in the alcoholic beverage sector to achieving the goals set by the NCD-GAP and GAS, - Urges governments and stakeholders to enhance the multisectoral approach and accelerate the development of partnerships, including private sector, to meet the 2030 targets. See FFS comments below
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	FFS recommends that the Director General's report: - Confirms the relevance of the international community's framework for reducing the harmful use of alcohol as a risk factor for non-communicable diseases. - Reiterates the necessity of providing Member States with a range of public policy options to achieve this goal, allowing them to implement actions best suited to their unique environments and contexts. - Affirms the legitimacy of the private sector's role in reducing the harmful use of alcohol, to consolidate and accelerate the deployment of public/private actions and partnerships established in recent years. - Encourages Member States to define the concept of 'social/economic determinants of health' in a manner compatible with the agreed whole-of-society approach, based on existing mechanisms for identifying and managing conflicts of interest already in place in Member States. See FFS comments below
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	FFS recommends that the Director General's report: - Emphasizes the critical need to monitor the evolution of harmful alcohol use through all three indicators defined by the Global Monitoring Framework. - Encourages Member States to develop robust statistical tools and to regularly update studies on consumption trends and behaviours, ensuring that actions taken to address harmful alcohol use are based on the most current data available. See FFS comments below

FROM: Carlton & United Breweries, a proud part of Asahi Beverages

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 focuses on those NCD-GAP objectives most relevant to economic operators in alcohol production and trade.

Our company is a member of the International Alliance for Responsible Drinking. Together IARD's members represent nearly half of global beverage alcohol production. As a proud part of Asahi Beverages, Carlton & United Breweries (CUB) takes our commitment to uphold IARD's responsibility standards seriously.

CUB – through our parent company, Asahi Group Holdings - 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.

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:

As a business, we are committed to the responsible consumption of alcohol, including working to reduce harmful drinking practices in Australia. We are heartened by the fact that Australians have overwhelmingly heeded the moderation message, with alcohol consumption having reduced by more than 25% since the 1970s. We are proud of the fact that beer has led the way in providing drinkers with more options to moderate their drinking, with more than 30% of our beers sold in Australia now zero, low- and mid-strength beer.

Perhaps the most pleasing of the consumption data is that the average age of first consumption of alcohol has increased from 14.7 (in 2001) to 16.2 (in 2019), and 66% of 14-17 year-olds abstain from alcohol entirely.

We continue to expand our leading zero alcohol portfolio of beers, which now includes Great Northern Zero, Carlton Zero, Asahi Super Dry 0.0% and Peroni Nastro Azzurro 0.0% as well as our 4Pines Ultra Low 0.5%.

CUB is also the largest financial contributor of DrinkWise, which has successfully worked with the Australian Government to help bring about a healthier and safer drinking culture in Australia.

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.

As manufacturers and marketers, we ensure our products and portfolio are reflective of social expectations when it comes to alcohol beverages, and that we're marketing them in line with regulatory requirements and community values. We comply with relevant regulations, industry standards like IARD and the internal policies of Asahi Group Companies in our product development, advertising, and sales activities.

All our alcohol products feature the URL of the DrinkWise (AU) name and website, which provides information on responsible drinking. They also feature the 18+ Logo, Please Drink Responsibly Logo and Pregnancy Warning Label.

Responsible Service of Alcohol laws exist in every Australian state and territory and in NZ. On-premise customers are required as a condition of their liquor licences to serve alcohol responsibly. Staff are also required by the Government to receive a training certificate in the Responsible Service of Alcohol.

DrinkWise, which provides national responsible drinking advice and education campaigns, works with the Australian Hotels Association (AHA) and Retail Drinks Australia (RDA), including providing responsible drinking material in venues. The Retail Drinks Australia Code of Conduct for online sales, which Asahi Beverages helped develop, sets out rules for the responsible delivery of alcohol. The AHA (pubs, clubs and hotels) run responsible drinking programs and are members of the DrinkWise Board – CUB are financial members of both the AHA and RDA.

CUB is a signatory to the Alcohol Beverages Advertising Code (ABAC), which is a quasi-regulatory Code Scheme between the alcohol industry with representation from the Australian Government. The ABAC Code guides how we eliminate the marketing and advertising of alcoholic products to minors. In accordance with this commitment our marketing is consistent with the Australian Guidelines to Reduce Health Risks from Drinking Alcohol. We are also signatories to Australian Association of National Advertisers Code.

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.

Pleasingly, the proportion of Australians aged 14+ drinking daily continues to decline from 6% in 2016 to 5.2% in 2022-2023. Additionally, risk drinking has declined in Australians aged 14 and over from 33.2% in 2016 to 30.7% in 2022-2023.

As noted above, Australians have overwhelmingly heeded the moderation message, with alcohol consumption having reduced by more than 25% since the 1970s. In addition to the encouraging data already referred to, the average age of first consumption of alcohol has increased from 14.7 (in 2001) to 16.2 (in 2019), and 66% of 14-17 year-olds abstain from alcohol entirely.

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.

**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. To establish steatotic liver disease (SLD) registry platforms in different regions across economic income level and races aiming to characterize the epidemiological features and health burden of metabolic liver disease. 2. Advocacy towards collaborative works between registry platforms of different regions aiming to share the database for precision prevention purpose.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	1. Urgent needs for construction or updating the practice guidance for care providers and public. 2. List the unmet needs and the postulated paths towards tackling the hurdles in a state level. 3. Advocacy towards a state-level policies and procedures for the public in terms of prevention and management. 4. Advocacy for collaboration works between academic societies of different fields based on a multidisciplinary direction.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	1. Advocacy towards a state-level policies and procedures for the public in terms of risk stratification, risk reduction, and sustainable goals. 2. To encourage the establishment of non-profit patient groups and to facilitate the collaboration between patient groups and academic societies in the path for a health-promoting environment. 3. To construct a health-promoting environment for potential disparities/inequities in under-resourced areas.

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. To develop the individualized person-centred care models according to care levels, disease features, and geographic discrepancies. 2. To establish a patient-centred educational platform for primary care providers and patients.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	1. To establish a research-oriented platform aiming to analyse the current scientific evidence for the unmet needs of SLD. 2. To recruit sufficient and eligible staff for SLD research and translational application. 3. To facilitate more academic meetings in terms of knowledge sharing-and-learning and patient care guidance establishment.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	1. To establish the dedicated interactive feedback tools for timely data collection and analysis. 2. To construct a periodic report aiming to provide the current status and the future works in terms of disease course, disease outcome, and potential preventive measurements. 3. To estimate the disease burden which could be decreased or prevented as well as the technical measurements.
*	<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. To ameliorate or decrease discrimination and stigma towards SLD and the related disorders. 2. To monitor the potential links between SLD, alcohol excess, and infectious diseases.

Professors Ming-Lung Yu and Jee-Fu Huang, on behalf of Hepatitis Research Center, Kaohsiung Medical University; and Center of Excellence for Metabolic Associated Fatty Liver Disease, National Sun Yat-sen University, Kaohsiung, Taiwan.

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 reportC

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*.

#c NCD-GAP objective c		Comments on key priority areasc
1c	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. y	To elevate the significance of NCD prevention and control in LMICs such as the Philippines, NCD education must be incorporated into the nation’s education curricula through collaboration with entities such as the United Nations Development Programme (UNDP) and the World Bank. Comprehensive educational programs should be designed to create awareness of NCD risk factors, the means with which to prevent such diseases, and optimal lifestyle choices among students and communities nationwide.
		It is also valuable to disseminate these messages through local and international media. For instance, the Tanzania Media Fund used similar strategies to successfully affect public health behavior, such as regularly broadcasting health messages on radio and television, as well as social media, and enlisting community leaders such as pastors and local celebrities to help ensure culturally appropriate delivery and broad reach. These communications are especially important for cardiovascular diseases such as hypertension, which continue to be a strong predictor of poor health outcomes such as heart attack, stroke, and chronic kidney disease.

		Through regional forums and workshops involving ASEAN-affiliated organizations, neighboring states can establish transnational cooperation and promote best practices to address NCD prevention. These actions could advance the integration of NCD goals into the sustainable development agenda in each country and sustain interest in mitigating these diseases at the international level.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Building national capacity and leadership requires the establishment of robust governance frameworks and multisectoral partnerships. National NCD task forces should be established so that, under local government leadership, representatives from health, education, finance, and transport ministries, as well as non-state actors, can work together to formulate appropriate responses or create multisectoral NCD action plans. These plans will support the implementation of multisectoral NCD policies and programs. Providing continuous professional development for all healthcare workers is key, and partnerships with academic institutions and bodies such as the Global Health Workforce Alliance can assist with the development of training programs on NCDs, ensuring that health workers are well-versed in the most recent scientific knowledge and skills required for the prevention and management of these diseases, including the use of digital health tools and telemedicine. These educational interventions are particularly valuable for nonprofits like ABC's for Global Health in the Philippines, which relies on trained staff in Mobile Health Clinics (MHCs) to deliver care to rural and underserved areas. With more training in these regions, more MHCs can be staffed and these communities can grow closer to the point of self-sufficiency with regards to primary care and routine screening for cardiovascular diseases like hypertension. Involvement of the private sector through public-private partnerships can further provide resources and expertise. Partnerships with pharmaceutical companies, for example, can facilitate the availability of essential medicines for NCD management, while partnerships with technology firms can help develop health information systems that increase data collection and monitoring capacity.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social	Modifiable risk factors in LMICs can be controlled by engineering environments conducive to healthy living. For example, establishing school-based health programs encouraging physical activity and

	determinants through creation of health-promoting environments. y	healthy eating is a promising intervention given adequate teaching and dissemination. These can be done in partnership with departments of education in each of these LMICs. Urban planning strategies geared towards encouraging physical activity can also prove valuable in terms of preventative environmental interventions for NCDs. Working with municipalities to develop parks, bicycle lanes, and other community infrastructure that supports activity can promote healthy lifestyles. Limiting the marketing of unhealthy foods and beverages, particularly to children, can also reduce exposure to NCD risk factors. For instance, in January 2018 the Philippines implemented a sugar tax on sweetened beverages to reduce obesity rates under the Tax Reform for Acceleration and Inclusion (TRAIN) law. Other LMICs can use this example as a blueprint to implement their own taxes on unhealthy foods and drinks to help reduce population-wide NCD risks. Notably, though, these initiatives work best when they are community-based. Trained health workers can be actively engaged in giving community-based health education, or even initiating health-promoting activities in the community. Indeed, MHCs bring healthcare closer to those communities that are far removed from medical facilities, ensuring access to not just the necessary care, but also the education to bring about necessary lifestyle interventions for NCD prevention.
4c	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. y	The viable approach to transitioning health systems to care for NCDs is to anchor efforts in primary health care (PHC) to better integrate care for NCDs. For example, community health worker programs like BRAC in Bangladesh can be adapted to provide NCD prevention and management. These programs train community-based health workers to provide essential health services at the community level. Universal Health Coverage (UHC) could be useful for making NCD care affordable and accessible to all. National health insurance schemes such as The Philippine Health Insurance Corporation (PhilHealth), a government insurance program, could be replicated and scaled to cover essential NCD services in other LMICs. By reducing or even eliminating out-of-pocket expenses for users, governments in low- and middle-income countries (LMICs) may find this investment cost-effective.

		This approach can increase healthcare utilization, improve population health, and reduce unnecessary healthcare expenses, such as those associated with managing non-communicable diseases (NCDs). Care coordination and continuity are also impeded by inadequate information systems in many LMICs, but the integration of electronic health records can help overcome this. However, training healthcare workers in NCD management is also crucial. Collaboration with academic institutions to develop training programs that have a multidisciplinary approach (including nurses, nutritionists, physiotherapists, social workers) with an emphasis on holistic care for people with NCDs will help address and contribute to better care for those with NCDs.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Stronger investments into research and development (R&D) for NCDs in LMICs requires national R&D centers and international collaboration supported by the necessary level of funding from national and international public and private sources such as Bloomberg Philanthropies or the Bill and Melinda Gates Foundation. Moreover, a people-centered approach to health data and the development of AI-driven health data analysis platforms can provide critical insights into population health. Collaborating with foreign investment sources such as the World Bank alongside health technology companies, LMICs can develop universal platforms that can capture qualitative, quantitative, and demographic aspects of people's health to track NCD trends, risk factors, and outcomes. Community-based participatory research approaches should be in place: pragmatic and shared approaches could help make research more relevant to local needs. For example, involving community members in the research process could help researchers understand the context, socioeconomic, and environmental determinants that drive poor health, and thereby make the study findings more useful in context. For instance, the Rakai Health Sciences Program founded in 1987 in Uganda has done extensive community-based HIV/AIDS research, which could provide a model for increasing NCD research as well. These can be supported by partnerships with overseas universities such as the Stanford Center for Innovation in Global Health alongside international institutions like the World Health

		Organization (WHO) or the Bill and Melinda Gates Foundation.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	In order to track trends and determinants of NCDs, monitoring needs to be more robust using advanced data collection and surveillance systems. We need to create national registries of incidence, prevalence, and outcomes related to NCDs. In collaboration with local health departments and international organizations, LMICs can thus set up and maintain these registries. Moreover, LMICs can harness mobile technology to develop mobile health solutions that collect health data from the hardest-to-reach and excluded areas, then feed them into machine learning systems to identify nuanced patterns of NCDs and their determinants. These data can help identify communities most in need, increasing the efficacy of MHCs such as those from ABC's in Global Health in the Philippines. Communities also have a valuable role here. Training community health workers to collect and report NCD-related data to centralized health organizations in the government can support broader surveillance efforts and inform national policy interventions. This can ensure program implementation can shape data infrastructure to be representative. For instance, the widely represented community-based surveillance network deployed to track Ebola cases in Sierra Leone is a strong blueprint for other LMICs to emulate moving forward.
★	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Promoting mental health and well-being is integral to achieving SDG target 3.4, which aims to reduce common mental health disorders and neuropsychiatric disorders by a third. One of the major avenues to achieve this is by scaling up the integration of mental health services into primary care settings. Community mental health programs, such as Health24 Uganda, which advocates for physical activity and primary healthcare utilization, can be emulated in other LMICs to better promote services for NCD prevention, control, and management. Improved population health could greatly improve mental health and well-being in these areas. Digital health solutions can also greatly enhance access to mental health care. Mobile apps, in the form of telepsychiatry, can provide remote care and support. Partnering with technology

	companies such as AI mental health therapy app Sonia can help deploy these solutions in low-resourced communities worldwide. However, promoting the social determinants of mental health also necessitates multisectoral partnerships. Examples include the Philippines' Pantawid Pamilyang Pilipino Program (4P's), which has improved health and nutrition, and provided conditional cash grants (mainly for schooling) to over 4.4 million resource-constrained households nationwide since 2008. The program has demonstrated improved health and functioning among those with mental health conditions by addressing social determinants of mental health. Similar responses in other LMICs, using the 4P's as a blueprint, can greatly improve mental health outcomes and support progress towards 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 reportC

Directions

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#c	NCD-GAP objective c	Comments on key priority areas
1c	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. y	The Access to Medicine Foundation invites pharmaceutical companies, generic and biosimilar manufacturers to take on more access-centred activities tackling NCDs. Pharmaceutical companies can pursue their personalised opportunities in the company report card in the reports, such as the Access to Medicine Index, Generics and Biosimilar Manufacturers report, and Diabetes Report: The Diabetes Care 2024 Amsterdam Session highlighted several cooperation and advocacy opportunities for companies, which include: - Continuing to prioritise and expand their access initiatives focused on NCDs, including diabetes, in LMICs. They can also ensure that they design sustainable programmes tailored to local needs and available resources in collaboration with government and other stakeholders. - Continuing to submit NCD products for WHO prequalification and collaborative procedures, as well as filing for registration

Commented [EC1]: Companies can continue to prioritise and expand their access initiatives focused on NCDs, including diabetes, in LMICs. They can also ensure that they design sustainable programmes tailored to local needs and available resources in collaboration with government and other stakeholders [inspired from [Diabetes Care 2024 Amsterdam Session](#)].

Companies can continue to submit NCD products for WHO prequalification and collaborative procedures, as well as filing for registration with Stringent Regulatory Authorities, where applicable. [inspired from [Diabetes Care 2024 Amsterdam Session](#)].

Companies, and all other partners, can ensure they meaningfully involve lived experience experts in all activities and decisions across NCD care continuums, including in the design of access programmes [inspired from [Diabetes Care 2024 Amsterdam Session](#)].

Commented [AD2RI]: This is so helpful, thanks!!

		with Stringent Regulatory Authorities, where applicable. Ensuring they meaningfully involve lived experience experts in all activities and decisions across NCD care continuums, including in the design of access programmes
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases,	The Access to Medicine Foundation encourages companies to: - Ensure they continue participating in groups such as the NCD Coalition for Access to NCD Medicines and Products and ATOM. - take part in more public-private partnership on NCDs, specifically in the field of oncology with partners such as ATOM. - Increase their capacity building initiatives on manufacturing, HSS, R&D, and supply. The latest Amsterdam Session meeting report from the Access to Medicine Foundation suggest to pharmaceutical companies to: - design sustainable access programmes, tailoring initiatives to local needs and contexts and available resources in collaboration with governments and other stakeholders - collaborate closely with national governments and other implementation partners to ensure affordable access and patient choice, including for novel products and administration methods. Companies can simultaneously, invest in the development of adapted and novel products to cater to the needs of people in LMICs and plan ahead to ensure that products reach patients in these countries. - pursue partnerships with national governments and other organisations operating in countries to coordinate efforts and increase impact. Finally, the Access to Medicine Foundation's report on Diabetes recommends pharmaceutical companies to participate in pooled procurement mechanisms to support the supply of NCD products in regions where access is limited.

Commented [EC3]: Companies can ensure they continue participating in groups such as the NCD Coalition for Access to NCD Medicines and Products (<https://coalition4ncds.org/who-we-are/our-members/>) and ATOM.

Companies can design sustainable access programmes, tailoring initiatives to local needs and contexts and available resources in collaboration with governments and other stakeholders [from the [latest Amsterdam Session meeting report](#)]

This one could potentially go in #5 (not really about strengthening local R&D capacity though) > Companies can collaborate closely with national governments and other implementation partners to ensure affordable access and patient choice, including for novel products and administration methods. Companies can simultaneously, invest in the development of adapted and novel products to cater to the needs of people in LMICs and plan ahead to ensure that products reach patients in these countries [from the [latest Amsterdam Session meeting report](#) and 2022 Diabetes Report]

Companies can pursue partnerships with national governments and other organisations operating in countries to coordinate efforts and increase impact [from the [latest Amsterdam Session meeting report](#)]

From Diabetes 2022 report:
Companies can participate in pooled procurement mechanisms to support the supply of NCD products in regions where access is limited.

Commented [AD4R3]: Thanks so much!

3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	<u>Access plans and access strategies:</u> Pharmaceutical companies should strengthen the access plans and access strategies of all their products to make them more accessible and affordable faster in LMICs. The 2022 Index demonstrated that the industry has less-robust plans for NCDs compared to communicable diseases, and many companies' plans are limited in scope and scale. These plans should include lower-income countries, which are chronically left out. In fact, the 2022 Index highlighted that only 5.5% of R&D project plans targeting an NCD include a low-income country. Moreover, for example, the Access to Medicine Foundation's October 2022 report on access to insulin in LMICs found that no insulin products in scope of that analysis have been filed in 24 countries – the majority of which are low-income countries. <u>R&D and adaptive R&D for the most vulnerable populations:</u> Pharmaceutical companies should address the needs of the most vulnerable populations, by for instance, engaging in the development of paediatric formulations and of products specifically impacting women and girls. This includes more R&D and adaptive R&D. R&D projects should address other areas than only oncology. The 2022 Index showed that companies continue to focus on developing products targeting NCDs, with almost half of all R&D projects analysed by the Index target a type of cancer. Pharmaceutical companies should simplify, speed up and incentivise the paediatric R&D product process, including adaptive R&D efforts to encourage uptake of medicines (e.g. better administration methods for infants and bitter blockers to help children consume medicines). They should build on the advances in HIV/AIDS and malaria by taking the fight beyond infectious diseases to meet local needs in other diseases children face such as diabetes and cancer.
4c	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. y	<u>Capacity building:</u> Companies can, where ethical and appropriate, engage in capacity building for education and training to support better product use, strengthen local systems and enable the reduction of risk factors for NCDs. <u>Utilising Best Practices from peers:</u> The private sector can look at previous best practices on NCDs highlighted in the different publications of the Access to Medicine Foundation. Best practices are practices that can be accepted as being the most

Commented [EC5]: To me this is more about prevention than treatment. Could include the same text as the text I suggested in #4 below with a slight tweak in bold:

Companies can, where ethical and appropriate, engage in capacity building for education and training to support better product use, strengthen local systems and **enable the reduction of risk factors for NCDs** [from the [latest Amsterdam Session meeting report](#)]

Commented [EC6]: Companies can, where ethical and appropriate, engage in capacity building for education and training to support better product use and strengthen local systems [from the [latest Amsterdam Session meeting report](#)]

		effective way of achieving a desired end, relative to what the industry is currently doing in that area and what stakeholder expectations are. It can also be described as a benchmark. Best practices are not new practices – they have already been conceived of, applied and proven to meet at least some of the following criteria: sustainability; replicability; alignment with external standards/stakeholder expectations; and proven effectiveness. NCD-related Best Practices from the 2022 Access to Medicine Index: • Roche Best Practice: on cervical cancer • Novo Nordisk and Roche Best Practice: on diabetes • AstraZeneca, Novartis, Roche, Takeda Best Practice: inclusive business models for NCDs • Novartis Best Practice: non-exclusive voluntary licensing agreement for a cancer medicine with ATOM
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases, y	Local manufacturing: Companies can invest in local manufacturing, including engaging in technology transfers, to ensure sustainable supply of NCD products. Companies can also increase the number of initiatives which comply with the Good Practices Standards points: • Has good governance structures in place (including for mitigating or preventing conflicts of interest) • Goals align with or support the partnered institutional goals • Guided by clear, measurable goals or objectives • Includes regular monitoring, evaluation of outcomes • Publicly shares outcomes, including approaches, progress and learnings • Has long term aims or achieves integration within the health system The Good Practice Standards framework is available on p44 of the 2024 Access to Medicine Index Methodology
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control, y	Stakeholders should analyse and address the differences within the different LMICs categories, especially access to NCDs in lower-income countries. Following the recommendations from the Good Practice Standards, pharmaceutical companies can systematically measure and publicly report on their access programme outcomes, including long-term measures and patient complications to facilitate

Commented [EC7]: Companies can invest in local manufacturing, including engaging in technology transfers, to ensure sustainable supply of NCD products.

Could list Novo Nordisk + ASPEN partnership in South Africa; or Eli Lilly and EVA Pharma in Egypt for insulin, but these are fairly new initiatives (not in 2022 diabetes report) - too soon to add as a best practice probably.

Commented [AD8R7]: I prefer to only add initiative that are proven to already have some positive outcomes to prevent provoking a new partnership that might have gone terrible wrong in 6 months (like the covid vaccines fiasco in South Africa)

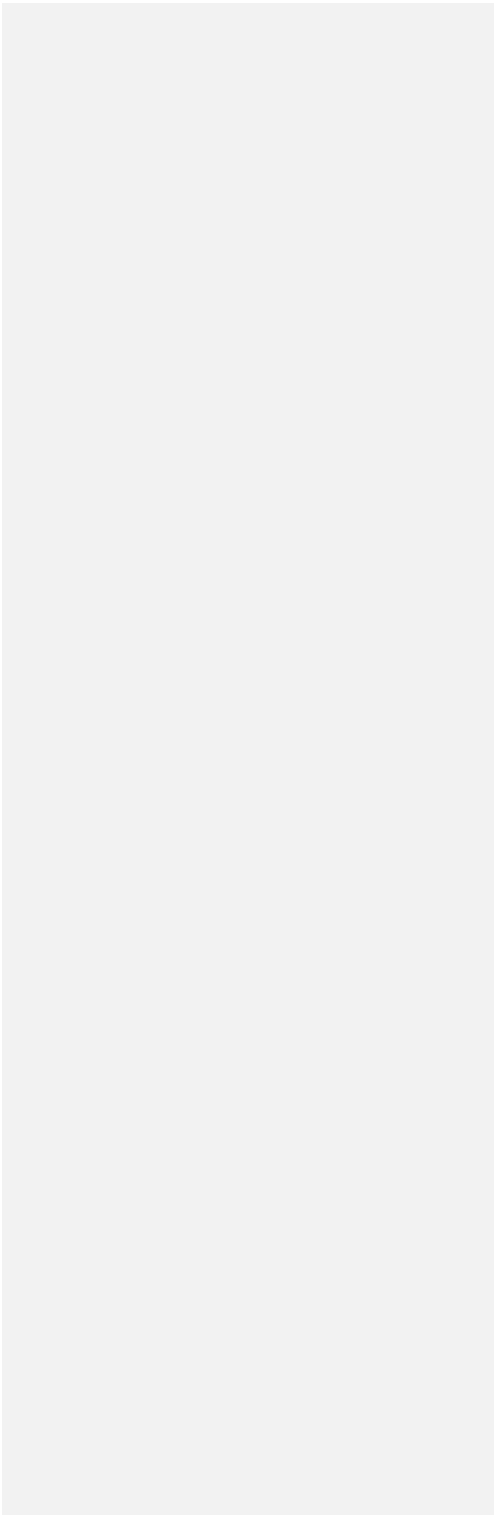
Commented [EC9]: Companies can systematically measure and publicly report on their access programme outcomes, including long-term measures and patient complications to facilitate tracking and monitoring of progress in prevention and control of NCDs. *[inspired from Diabetes Care 2024 Amsterdam Session report]*

Commented [EC10]: From diabetes report - might be too specific for this doc:

Companies can support global efforts to develop digital tools to increase product traceability and forecast-ing of NCD product demand.

		tracking and monitoring of progress in prevention and control of NCDs. Companies can support global efforts to develop digital tools to increase product traceability and forecast-ing of NCD product demand.
*	Additional: To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

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Africa Diabetes Alliance

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

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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*.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	1. What is the data available on initiatives and actions taken by member states to address prevention and control of NCDs. Data on best-buys and policies in-country is available for many European countries but not enough is available for LMICs. We can advocate and hold governments accountable if they publish this information regularly. 2. Often, priority is indicated by investment. Is there any data available on the domestic investments injected by countries into NCDs multi-sectoral action plans to address prevention and control of NCDs? Is this information publicly available? 3. How can the involvement and engagement of people with lived experience and civil society organizations be prioritized at country level to ensure development of effective, impactful and sustainable NCDs programs, policies and organizations?
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	1. Strengthening national multisectoral capacity, leadership, governance, action, and partnerships requires that all actors and all contributions are valued equally and therefore monitored, integrated, and built upon simultaneously.y

		At national level, there should be a single body at presidential or vice-presidential level that captures, coordinates, and monitors all other initiatives to ensure that there is no duplication of efforts and that all the necessary data and reporting has a central repository.y
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	- Prevention is our greatest opportunity to reduce incidence of NCDs especially in poorer countries. All sectors that have a contribution to prevention and health promotion should be identified and their initiatives captured and supported concurrently. - Since health promotion can be carried out across the life cycle, there should be policies that reflect health promotion initiatives across the lifecycle, taking into account the responsible sectors, ministries and leadership in order to ensure integration and the best use of resources and investments. - Identifying youths and children as a part of these health promoting initiatives allows opportunities to invest in future leaders for purposes of sustainability.
4c	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. y	- Health systems should embrace a value-based healthcare approach that prioritizes integration, digitization, person-centredness, cost-effectiveness and improved health outcomes across the lifecycle. This leads to better outcomes, reduced costs and overall sustainability of programs. - Health systems should integrate social and economic determinants of health within the design, delivery and monitoring & evaluation of health programs.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Universities, ministries, bureaus, and authorities should be involved in collating data across all sectors that is vital for understanding shortcomings, setting targets and providing a pathway on how to improve the different sectors and metrics to achieve NCDs targets.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	A central data repository at country and regional levels would help with collating all relevant data across countries and sectors to monitor trends and determinants.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Mental health and wellbeing should be integrated in policies and programs for healthcare design, delivery, M&E across all levels of the health system.

FROM: Australian Grape and Wine Incorporated

DATE: 17 June 2024

SUBJECT: WEB-BASED CONSULTATION ON THE FOURTH HIGH-LEVEL MEETING OF THE UNITED NATIONS GENERAL ASSEMBLY 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.

Australian Grape & Wine is Australia's national association of winegrape and wine producers. Our activities focus upon the objective of providing leadership, strategy, advocacy and support that serves Australian wine businesses now and into the future. We represent the interests of the more than 2,500 winemakers and 6,000 winegrape growers working in Australia. Our role is to help forge a political, social and regulatory environment - in Australia and overseas - that enables profitable and sustainable Australian wine and winegrape growing businesses. These businesses make a significant contribution to underpinning regional economies by driving growth in jobs, regional exports and food and wine tourism. We represent small, medium and large winemakers and winegrape growers from across the country. Policy decisions by the Australian Grape & Wine Board require 80% support, ensuring no single category can dominate the decision-making process and guaranteeing policy is only determined if it provides significant industry benefit. In practice, most decisions are determined by consensus. Australian Grape & Wine is recognised as a representative organisation for winegrape and wine producers under the Wine Australia Act 2013 and is incorporated under the SA Associations Incorporation Act 1985. We work in partnership with the Australian Government to develop and implement policy that is in the best interests of winegrape growers and winemakers across Australia.

Australian Grape & Wine is a member of the of the Partnership Council of the International Alliance of Responsible Drinking (IARD). Together IARD's members represent nearly half of global beverage alcohol production. We are committed to supporting IARDs work to continue to strengthen global standards and initiatives targeting responsible alcoholic beverage consumption. We believe wine should be enjoyed in moderation and that wine companies must encourage and promote responsible consumption.

In addition to our work with IARD, Australian Grape & Wine also engages and leads a number of national activities that have supported the industries priority of ensuring responsible consumption of Australian wine. As such the Australian wine industry also:

- Helps fund the operations of [DrinkWise Australia](#), which runs national information and education campaigns designed to change Australia's drinking culture.
- Helps fund and manage the Alcohol Beverage Advertising Code ([ABAC](#)) which, with Government support, provides advertising guidelines and a pre-vetting service to industry and adjudicates on public complaints about alcohol advertising
- Runs the [National Wine Foundation](#), which funds projects that address social problems which can lead to alcohol abuse.
- Are members of [Alcohol Beverages Australia](#) who also initiate a broad range of activities to promote responsible consumption.

#	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.	Australian Grape & Wine recommends that the Director General's (DG) report acknowledges the constructive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnerships have effectively leveraged private sector contributions towards achieving important NCD objectives. Encouraging continued collaboration will be crucial for advancing the implementation of key relevant NCD targets ahead of the 2030 deadlines. Australian Grape & Wine, along with our broader sector, has invested in and lead a number of national initiatives that strengthen national leadership and capacity to accelerate the NCD GAP objective. Some examples include: 1. Industry premiumisation strategy: The Australian wine sector has actively invested and prioritised national strategies for premiumisation of the wine sector, both domestically and in export markets. This shift towards value over volume has been a long-standing priority for the sector, which we have been advancing for some time. 2. Prioritisation of No-Low products: Innovative products, particularly no and low alcohol wines that promote moderation and responsible alcohol consumption, have become a priority of the sectors diversification agenda. In recent years, the sector has invested substantially in technology and product development to advance these objectives. The category is experiencing global growth and represents a significant opportunity. Both of these broad industry strategic priorities support the acceleration of achieving nation average per capita consumption targets. Additionally, through the National Wine Foundation, the Australian wine sector has funded a series of projects over multiple years aimed at addressing social problems that contribute to alcohol abuse. These initiatives specifically target at-risk and vulnerable communities, supporting national efforts to meet targets related to reducing heavy episodic drinking.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Australian Grape & Wine recommend that the DG's report: • Structure the section on alcohol and health within the agreed multilateral framework on alcohol and health, emphasizing 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, tailored to national and local contexts • Acknowledge the contributions of the private sector to reduce the harmful use of alcohol. As noted above, the Australian wine sector makes a significant contribution to advancing this objective through a number of initiatives. Acknowledging and encouraging the constructive actions of the private sector will further incentivise positive contributions. Both independently and as members of the IARD Partnership Council, Australian Grape & Wine has supported numerous examples of public sector contributions, including: Marketing and advertising: IARD Members promote standards for online advertising and influencer promotions, and partner with leading platforms to develop robust safeguards. In Australia, ABAC provides national advertising guidelines, offers a pre-vetting service to industry, and adjudicates public complaints concerning alcohol advertising. Retailers and hospitality: IARD has developed responsibility standards in partnership with physical retailers and hospitality venues to implement responsible sale and service, including training and empowering staff to sell, serve and deliver responsibly. In 2023, IARD launched the Global Standards Coalition with 85 major retailers and hospitality firms. In Australia, Australian Grape & Wine partners with Drinkwise on a number of initiatives and campaigns focused on responsible consumption. A recent collaboration involved the national rollout and adoption of responsible consumption Cellar Door Resources. Australian Grape & Wine partnered with DrinkWise to create resources designed to increase consumer understanding of the number of pours (tastings) equivalent to a standard drink. The resources provide a practical solution for consumers to moderate their drinking during their winery visits and have been distributed to over 1,700 cellar doors across Australia. DrinkWinse Campaigns and Resources: Beyond the initiative noted above, DrinkWinse have worked with Australian Grape & Wine, other industries and the private sector, to implement a number of responsible consumption campaigns and resources since 2005. DrinkWise aims to promote a generational change in alcohol consumption habits and to delay the age at which young Australians are introduced to alcohol. They pursue these goals through various channels, including:

		• Initiatives and virtual campaigns – Cellar Door Resources including scratch cards and posters. • Labelling – standard drinks and pregnancy warning initiatives. • Media – Many national social media and traditional media campaigns including those targeting youth drinking and responsible consumption in relation to sport. • Tools and other resources – including standard drinks calculators and factsheets. These initiatives demonstrate that the private sector is effectively employing multiple mechanisms to support the NCD GAP objectives. It is crucial for the private sector to remain a key stakeholder in advancing this work.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Australian Grape & Wine recommends that the DG's report adopts the NCD Monitoring Framework agreed upon by Member States for monitoring trends, determinants and evaluating progress. This framework centres on three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality. We also recommend increased emphasis on gathering data on unrecorded alcohol, particularly illicit alcohol, due to its significant impact on public health. Monitoring trends and accurately recording data is vital to understanding issues and addressing them effectively. Establishing a robust framework for monitoring and evaluation is essential to ensure alignment between data and real-world impacts, and to develop effective policies. We note that global consumption of recorded alcohol is declining. However, data on the prevalence of unrecorded alcohol, particularly illicit alcohol, at global, regional, and national level, remains outdated, incomplete and likely underestimates its health, economic, and societal impacts.

Australian Grape & Wine and our sector has sought to play a constructive role in implementing action to address issues of alcohol related harm including 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. We thank you for the opportunity to contribute and would welcome further engagement on the elements of this submission.

Damien Griffante

Director, Strategy and International Affairs

Website: agw.org.au



AIRABAC

ASOCIACIÓN DE IMPORTADORES
Y REPRESENTANTES
DE ALIMENTOS Y BEBIDAS, A.C.

ASOCIACIÓN DE IMPORTADORES Y DISTRIBUIDORES DE ALIMENTOS Y BEBIDAS (AIRABAC).

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)

Estimados miembros.

Me dirijo a ustedes en representación de la **Asociación de Importadores y Representantes de Alimentos y Bebidas (AIRABAC)**, con el propósito de participar en la consulta en línea relativa a la Cuarta Reunión de Alto Nivel sobre la Prevención y Control de las Enfermedades No Transmisibles (ENTs). Nos gustaría compartir nuestras experiencias y estrategias implementadas para combatir el consumo nocivo de alcohol y contribuir a la prevención de las ENT.

La Asociación de Importadores y Representantes de Alimentos y Bebidas (AIRABAC), en consonancia con las recomendaciones de la Comisión Independiente de Alto Nivel de la Organización Mundial de la Salud sobre Enfermedades No Transmisibles (ENT), apoya diversos programas y actividades para combatir las ENT, centrándose en el consumo nocivo y excesivo de alcohol.

Como Asociación, uno de nuestros objetivos primordiales es participar en la elaboración y aplicación de políticas públicas que realmente ayudan a inhibir el uso nocivo del alcohol.

Desde 1959, AIRABAC agrupa a los principales importadores, comercializadores y productores de bebidas alcohólicas. Nuestro propósito es influir en la sociedad mexicana para fomentar la responsabilidad frente al consumo de las bebidas que producimos, importamos y comercializamos en el territorio nacional. Para ello, hemos implementado los siguientes programas y acciones:

#	Objetivo del NCD-GAP	Comentarios sobre áreas prioritarias clave
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.	Desde AIRABAC, participamos activamente en la elaboración de políticas públicas y apoyamos su implementación dentro de la cadena de valor de la industria, con el fin de fomentar la conciencia sobre el uso moderado de las bebidas alcohólicas. Nuestra contribución se lleva a cabo a través de varias acciones clave: Colaboración con el Gobierno y ONGs: Trabajamos estrechamente con el gobierno, organizaciones no gubernamentales y otras partes interesadas para desarrollar y aplicar políticas públicas efectivas que eviten el consumo nocivo de alcohol. Esto incluye la participación en comités y grupos de trabajo dedicados a la salud pública y la prevención de las enfermedades no transmisibles. Promoción de Políticas de Venta Responsable: Establecemos y promovemos políticas de venta responsable entre nuestros asociados, asegurándonos de que se cumplan las regulaciones sobre la venta de alcohol a menores y otros grupos vulnerables. Esto incluye la capacitación continua del personal y la implementación de procedimientos de verificación de edad. Promoción de Hábitos Saludables: Promovemos activamente una cultura de responsabilidad frente al consumo de bebidas alcohólicas entre los consumidores y respeto a la abstinencia. Esto incluye campañas de concientización sobre los riesgos del consumo de alcohol a temprana edad y la importancia de esperar hasta la mayoría de edad para consumir bebidas alcohólicas.

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.	AIRABAC se compromete a ser un agente de cambio positivo en la sociedad mexicana, promoviendo la responsabilidad y contribuyendo a la reducción del consumo nocivo y de las enfermedades no transmisibles. A través de nuestros programas y actividades, buscamos crear un entorno más saludable y consciente, donde el consumo de bebidas alcohólicas en adultos que así lo deciden, que sea de una forma moderada y segura. En AIRABAC, hemos implementado varias medidas para restringir el marketing de alcohol dirigido a menores de edad, asegurando que nuestras prácticas promuevan hábitos de salud adecuados. Estas incluyen: • Código de Ética Estricto: Todos nuestros asociados deben cumplir con un código de ética riguroso que prohíbe cualquier tipo de publicidad dirigida a menores. • Política de Cero Tolerancia: Se implementa una política de cero tolerancia en la venta de bebidas alcohólicas a menores de edad. Cualquier infracción resulta en sanciones severas, incluyendo la posible terminación del empleo para los infractores. • Campañas de Marketing Responsables: Nos aseguramos de que nuestras campañas de marketing sean responsables y apropiadas, evitando cualquier contenido que pueda ser atractivo para los menores. • Capacitación del Personal: Capacitamos al personal de mostrador de manera continua y rigurosa para asegurarnos de que comprendan y apliquen estrictamente las políticas de venta de bebidas alcohólicas. La formación incluye métodos de verificación de la edad y la identificación de documentación válida. • Verificación de Edad Obligatoria: Implementamos procedimientos obligatorios de verificación de edad en todos los puntos de venta. Esto incluye el uso de sistemas electrónicos para escanear identificaciones y asegurar que los clientes tengan la edad legal para comprar alcohol. • Cartelería y Señalización: Colocamos carteles visibles en todos los puntos de venta para recordar a los clientes y al personal sobre la prohibición de venta de alcohol a menores de edad. Estos carteles también sirven como recordatorio de la necesidad de verificar la edad. • Auditorías y Controles Regulares: Realizamos auditorías y controles regulares en los puntos de venta para asegurarnos de que se cumplan nuestras políticas. Estos controles ayudan a identificar y corregir cualquier incumplimiento de manera oportuna. • Denuncias y Retroalimentación: Establecemos un sistema de denuncias y retroalimentación para que el personal y los clientes puedan reportar cualquier intento o incidente de venta de alcohol a menores de edad de manera anónima y segura.

		Además, impulsamos y apoyamos: Programas de Prevención en Comunidades: Impulsamos y colaboramos con programas de prevención en comunidades vulnerables y de alto riesgo, proporcionando recursos y apoyo para reducir el consumo excesivo de alcohol. Estos programas incluyen asesoramiento, intervenciones educativas y acceso a servicios de salud. Apoyo a Programas de Prevención: Impulsamos y apoyamos programas y proyectos de prevención del consumo nocivo de alcohol en escuelas. Colaboramos con organizaciones gubernamentales y no gubernamentales para desarrollar e implementar iniciativas educativas, y actividades de intervención temprana dirigidas a grupos de riesgo, con el objetivo de reducir el consumo excesivo de alcohol y sus consecuencias negativas para la salud y la sociedad
6	Monitorear las tendencias y los determinantes de las enfermedades no transmisibles y evaluar el progreso en su prevención y control.	En AIRABAC nos aseguramos de que nuestras futuras acciones estén informadas por datos precisos y actualizados, permitiéndonos abordar de manera efectiva los desafíos relacionados con promover prácticas responsables para prevenir el uso nocivo del alcohol . En AIRABAC, hemos implementado diversos sistemas de monitoreo para evaluar la efectividad de nuestros programas de prevención. Estos sistemas nos permiten realizar un seguimiento continuo y ajustar nuestras estrategias según sea necesario. Algunos de los sistemas de monitoreo clave que utilizamos incluyen: • Auditorías Periódicas: Realizamos auditorías periódicas en los puntos de venta de nuestros asociados para asegurarnos de que se cumplan las políticas de venta responsables y las regulaciones sobre la venta de alcohol a menores. • Evaluaciones de Cumplimiento: Implementamos evaluaciones regulares del cumplimiento de nuestras políticas y procedimientos en todos los niveles de la organización. • Encuestas y Retroalimentación: Utilizamos encuestas y mecanismos de retroalimentación tanto internos como externos para recopilar opiniones sobre la efectividad de nuestros programas.

- **Colaboración con Autoridades:** Trabajamos en estrecha colaboración con autoridades locales y organismos reguladores para asegurarnos de que nuestras prácticas estén alineadas con las leyes y regulaciones vigentes.
- **Programas de Observación Encubierta:** Implementamos programas de observación encubierta para evaluar el comportamiento del personal en los puntos de venta.
- **Informes de Incidentes:** Mantenemos un sistema de informes de incidentes que permite a los empleados y clientes reportar cualquier violación de nuestras políticas de manera anónima.
- **Monitoreo y Evaluación:** Utilizamos sistemas de monitoreo y evaluación para medir la efectividad de nuestras iniciativas y ajustar nuestras estrategias en función de los resultados obtenidos. Esto nos permite asegurarnos de que nuestros esfuerzos están teniendo un impacto positivo y significativo en la sociedad.

En **AIRABAC**, utilizamos varios indicadores clave de desempeño (KPI) para medir el impacto de nuestras iniciativas de prevención del consumo de alcohol. Estos indicadores nos permiten evaluar la efectividad de nuestras acciones y hacer ajustes necesarios para mejorar nuestros programas para prevenir el uso nocivo del alcohol.

Algunos de los principales KPI que utilizamos incluyen:

1. **Cero venta de alcohol a menores:** Monitoreamos continuamente que no exista venta de bebidas alcohólicas a menores a través de auditorías y acciones periódicas en puntos de venta.
2. **Tasa de cumplimiento del Código de Ética:** Evaluamos constante el cumplimiento de nuestros asociados en el respeto irrestricto a nuestro Código de Ética.
3. **Participación en programas de capacitación:** Después de cada programa de capacitación, medimos su eficacia y desempeño a fin de buscar efficientar estos al máximo.
4. **Impacto de las campañas de sensibilización:** Evaluamos todas nuestras campañas de sensibilización, buscando cada día hacerlas más eficientes y efectivas.
5. **Colaboración con instituciones educativas:** Después de cada colaboración, encuestamos al público a fin de poder medir la eficacia de nuestro mensaje en cada una de ellas.
6. **Indicadores de salud pública:** Monitoreamos los indicadores, a fin de poder detectar áreas de oportunidad y trabajar en el combate al uso nocivo del alcohol.
7. **Satisfacción y comentarios de asociados:** Mensualmente recabamos de nuestros asociados sus comentarios a fin de lograr ser más eficientes en el alcance de nuestros mensajes en contra del uso nocivo del alcohol.

Es por todo ello que consideramos sumamente importante seguir colaborando con las autoridades y los organismos no gubernamentales, tanto nacionales como internacionales, en el apoyo a la responsabilidad frente al consumo y la cero tolerancia a las conductas nocivas en el consumo de bebidas alcohólicas.

Es imprescindible seguir siendo escuchados y poder participar en todos los foros posibles, siempre buscando cuidar al consumidor, proporcionándole mejores elementos para decidir sobre la responsabilidad frente el consumo de bebidasalcohólicas.

Nuestra visión es clara: promover una cultura de responsabilidad frente de alcohol que contribuya a la salud y bienestar de la sociedad. En AIRABAC, estamos comprometidos con:

1. **Colaboración Continua:** Trabajar de la mano con autoridades, ONGs y otras partes interesadas para desarrollar y aplicar políticas efectivas que aborden el consumo nocivo de alcohol.
2. **Promoción de la Educación:** Continuar fortaleciendo y difundiendo programas educativos que otorguen herramientas que protejan a los consumidores de los riesgos del consumo excesivo de alcohol y vean las ventajas de la responsabilidad frente al consumo.
3. **Apoyo a la Investigación:** Apoyar investigaciones que aporten datos y evidencias sobre el consumo de alcohol y sus efectos, para que las políticas y programas que implementamos estén basados en información sólida y actualizada.
4. **Implementación de Políticas de Responsabilidad Social:** Seguir promoviendo políticas de responsabilidad social corporativa entre nuestros asociados, asegurando que todas nuestras prácticas comerciales sean éticas y responsables.
5. **Mejora Continua:** Adaptar y mejorar continuamente nuestras estrategias y programas basados en los datos recopilados y las evaluaciones realizadas, garantizando que nuestras acciones sean efectivas y relevantes.
6. **Comunicación Transparente:** Mantener una comunicación abierta y transparente con todas las partes interesadas, asegurando que nuestras acciones y políticas sean comprendidas y apoyadas por la comunidad.

En AIRABAC, creemos que la colaboración y la participación en la comunidad son esenciales para lograr un cambio positivo y duradero. Continuaremos trabajando incansablemente para promover la responsabilidad frente al consumo dealcohol y contribuir al bienestar de la sociedad mexicana

Agradecemos la oportunidad de participar en esta consulta en línea y quedamos a su disposición para cualquier información adicional o para participar activamente en la próxima reunión de alto nivel.

Atentamente

José Heracio De Lucas González
Director

Asociación de Importadores y Representantes de Alimentos y Bebidas (AIRABAC).

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)^c

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.

COMMENTS FROM NON-STATE ACTOR: American Association of Kidney Patients (AAKP) – the largest kidney patient (and patient-led) organization in the USA representing the 37 million Americans impacted by Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD), kidney failure and kidney transplant recipients.

# ^c NCD-GAP objective ^c	Comments on key priority areas ^c
1c 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. ^y	AAKP agrees with this priority – but given the global burdens related to the growing epidemic of kidney diseases as an NCD – we believe kidney disease must specifically be named. Further – by naming it as a priority, we believe it will jumpstart even more cooperation from nations across Africa, South America and Asia that do not have the existing high-cost electric, water, and waste processing infrastructure to build sufficient domestic capacities to provide life-saving kidney dialysis care. Many of these nations also lack healthcare systems or professional medical expert human resource capacities to provide kidney care.
2c To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	AAKP agrees with emphasizing greater collaborations that voluntarily promote health solutions in the communities closest to the people most impacted by NCDs. We believe it is more patient-cantered, accountable, efficient, and decentralized to build local capacities than to burden people and taxpayers with large government-centric solutions that replicate existing infrastructure and are incapable of creatively solving the needs of people impacted at the grassroots level. National leaders need to be taught

		how to think at multi-level – as opposed to centralized and statist approaches.y
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	AAKP believes that Government Determinants of Health (GDoH) provide an equal if not greater threat to lives, livelihoods and economies given the fact that government decisions regarding payment for life-saving basic standards of care, life-saving dialysis care and the regulatory approval of new life-saving kidney care innovations often too parsimonious, too highly regulated and rarely informed by the insights and voices of kidney patients and others burdened by NCDs. We support allowing local non-government institutions to grow their capacities freely and in a non-centralized manner to promote public health.y
4c	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. y	AAKP believes that addressing Government Determinants of Health (GDoH) is just as critical as social determinants regarding prevention and control of NCDs. This is in light of the fact that government can often make decisions that deny patient care choice of and access to primary care and innovations. AAKP opposes universal health coverage as defined by WHO since it can cause a loss of patient care choice and liberty because it elevates states and governments as the arbiters and most forceful player in determinants of coverage for new medical innovations. Also – governments that provide universal coverage typically utilize some form of discriminatory and subjective Quality Adjusted-Life Year (QALY) measures, which are used to unethically deny care to people who are burdened with multiple diseases and/or physical or intellectual disabilities. The U.S. House of Representatives banned QALY measures in 2024 – and they were banned as a tool for denying care treatment access when the Affordable Health Act (ACA, AKA - “Obama Care”) was adopted by the U.S. Congress in 2009.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	AAKP believes that national capacities for high quality research should be expanded through a blend of government, non-profit and for-profit private sector pharmaceutical and medical manufacturers. Further, we believe that patient-insight data, real world evidence and patient live-experience data – collected through voluntary and not coercive informed consent - should be a key element of what is labelled as “high quality research.” Private sector companies that contribute to research do so based on a unique understanding of the translational science, economic risk, and free market dynamics necessary to produce a wide range of new

		innovations – including those that address rare NCDs. Further, we believe every nation has a duty to conduct ethical research based on evidence – and be held accountable for their institutions of higher learning that engage in intellectual property (IP) theft – or the promotion of for junk science or science that is developed using live subjects against their will. AAKP believes this harmful activity, if allowed to continue in the kidney health space and other NCD spaces, through state-controlled and/or state-sanctioned academic research and medical institutions (for example efforts to expand organ transplantation through questionable data, disreputable and illegitimate scientific publications and the unethical and illegal use of organs from political prisoners) risks destabilizing legitimate medical research worldwide.y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	AAKP believes this should be done at the national, state and local level through the elected and appointed leaders who are held accountable to the people they serve – including those living with NCDs.y
*	<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.	AAKP agrees with this as a co-priority. In the case of kidney disease and kidney failure – depression is typically associated with both conditions and not diagnosed nor treated. Substantial international, peer-reviewed, and legitimate medical publications support this reality.

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. Advocating for increased funding, policy commitments, and collaborative initiatives aimed at improving diabetes prevention, treatment, and support systems are the current needs. 2. Through awareness and cooperation, Pakistan can foster a unified approach to tackle diabetes load, and informed decisions for a sustainable healthcare system.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	1. Improve training protocols for healthcare professionals and launch public awareness campaigns at national level. 2. Strengthening governance through robust policies, fostering multisectoral collaborations, ensuring access to affordable insulin and diabetes supplies, and investing in research and data collection. 3. Focused stakeholder engagements mainly communities in planning and implementing interventions that support sustainable diabetes management and prevention efforts.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	1. Launching awareness campaigns at mass levels, enhancing public health literacy to promote healthy lifestyles, ensuring access to nutritious food, encouraging physical activity. 2. Policies to phase out unhealthy dietary items from markets. 3. Ensure equitable access to healthcare services and diabetes management tools.

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. Integrating culturally tailored diabetes education into primary health services as per variable demographics across the country, that would provide continuous management and support for patients as well as ensure early diagnosis. 2. Eliminate financial barriers, making essential drugs like insulin accessible and affordable.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	1. Priorities should include investing in local research to understand the epidemiology, genetic factors, and optimal management strategies for diabetes within the Pakistani context. 2. Establishing robust research institutions and fostering collaborations with international bodies can enhance knowledge exchange and innovation. 3. Funding should be directed towards clinical trials, and population-based studies.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	1. Establishing a centralized public diabetes registry presenting disaggregated data on type 1 and type 2 diabetes through a regularly updated open access dashboard. 2. Purpose oriented units to conduct regular surveys providing data on prevalence, risk factors, and outcomes to tracking disease patterns, identifying high-risk populations, and evaluating the impact of public health interventions.
*	<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.	Establishing peer support networks, safe spaces for individuals to connect, share lived experiences, and support each other will significantly improve emotional well-being.

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

Prof Anuradha Dassanayake

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) which is predicted to be one of the main causes for death in the future.
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 which has not received the same attention as the other NCDs. 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. A significant NCD burden including MASLD & MASH occur in developing countries especially South Asia. In addition, these countries appear more vulnerable to these diseases. Furthermore, they governments are unable to initiate action without significant help from the WHO. 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. These are more important in countries with poor health care systems which cannot initiate thee without significant help from world authorities. 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. Some countries have high NCD burdens due to genetic susceptibility and socioeconomic factors. We have to 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. *	Firstly obesity which leads to fatty liver disease and other NCDs could be due to complex psychosomatic illnesses Secondly, 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

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**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*.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	y
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	y y y
4c	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. y	
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	y
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	In my view, Mental Health and Well-being can best be Strengthened and Promoted through Objectives 1 to 6 above. Hence, I am proposing that the WHA 2025

		considers creating, for example, ‘The SDG 3.4 & 5’ Forums at the Global, National and even sub-national levels. These stakeholder engagement forums can, in my view, help to drive the all-level efforts towards meeting these twin twin-targets in an integrated, sustainable and meaningful manner.

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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)^c

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.

# ^c	NCD-GAP objective ^c	Comments on key priority areas ^c
1 ^c	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. ^y	More than 74 percent of Hispanic Population does not have access to healthcare in the United States Therefore we need to re-shape and reconstruct how a specific population need more education to prevent, heart disease, stroke, cancer, diabetes, and chronic lung disease. This population is lack of resources to prevent and to reduce those risks.
2 ^c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	^y
3 ^c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	^y ^y ^y
4 ^c	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. ^y	

5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	y
*	<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.	

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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)
General Comments on key priority areas in the WHO-Director General’s Report

Organization: Beer Canada

Type of organization: Other – Private sector trade association

Beer Canada is a national organization representing its members and the beer category. Our membership includes 32 small, medium and large-sized breweries, which, when combined, account for 90% of all beer produced in Canada. We are committed to encouraging responsible consumption and reducing harmful alcohol use, and over the past four decades have initiated public and targeted programs and partnerships, engaging with governments, leading experts, and NGOs to promote moderate alcohol consumption.

Beer Canada welcomes the opportunity to participate in this web-based consultation on key priority areas to inform recommendations to be considered in the WHO Director General’s Report to the World Health Assembly 2025.

Directions

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 whole of society approach is vital to prioritizing the prevention and control of NCDs, and the means to strengthening international cooperation and advocacy. Beer Canada and its members strongly support a whole of society approach as the most effective means to leverage available resources and capabilities necessary to achieve WHO’s goal of reducing harmful alcohol use. A whole-of society approach is a key pillar of global alcohol policy as set out in the WHO’s 2010 Global strategy to reduce the harmful use of alcohol (Global Alcohol Strategy) and Global Alcohol Action Plan 2022-2030 (GAAP). The Global Alcohol Strategy recognizes economic operators as “essential for success”,¹ while the GAAP calls on economic operators to focus on measures that can contribute to reducing harmful alcohol use including wherever possible the substitution of “higher-alcohol products with no-alcohol and lower-alcohol products in their overall product portfolios, with the goal of decreasing the overall levels of

¹ WHO Global strategy to reduce the harmful use of alcohol (2010), para. 14, page 10

		alcohol consumption in populations and consumer groups...”.² In addition, the 2018 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases reaffirms a whole of society approach calling for engagement with the private sector with other stakeholders “...for its meaningful and effective contribution to the implementation of national responses to non-communicable diseases...”.³ The private sector has played a significant and active role in efforts to reduce the harmful use of alcohol, including in response to the 2018 Political Declaration on NCDs, and must continue to be included as part of the solution in addressing harmful alcohol use and NCDs going forward.
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 essential for leveraging all resources, tackling the harmful use of alcohol and accelerating progress. Beer Canada and its members have a long history of working with federal and provincial governments, NGOs, and experts in Canada to reduce the harmful use of alcohol and alcohol-related harm. This includes collaboration with Health Canada to place a limit on the alcohol content of an emerging product category, which may have appealed to younger adults, referred to as single serve “flavoured purified alcohol”. We also are committed to reducing global underage drinking and accelerating work in the digital space to restrict access to underage persons, also encompassing the area of ecommerce and preventing the online sale and delivery of alcohol to minors. In addition, brewers in Canada and abroad also have worked to develop, produce, and market new lower- and non-alcoholic products that have since been proven to contribute

² Global Alcohol Action Plan 2022-2030. Action Area 3: Proposed measures for economic operators in alcohol production and trade, page 22

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), para 43, page 6

		to preventing and reducing harmful alcohol use and alcohol-related harm. ^{4,5,6}
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 align with efforts to encourage moderate consumption as part of a well-balanced lifestyle. A facilitating tax environment can help encourage investment for low- and no-alcohol products, improve product selection, and encourage product development and production.⁷ The introduction of lower and no-alcohol products has been shown to reduce the volume of alcohol purchased,⁸ and is an area where brewers and public health might, according to researchers, align.⁹ In 2021, Canada’s House of Commons Standing Committee on Finance reaffirmed a recommendation that the federal government: <i>“Encourage Canadians to lead healthy lifestyles by reducing the excise duty rates applicable to beer products at or below 3.5% abv and exempting non-alcoholic beer products from excise duties in order to stimulate growth and investment in this underdeveloped space of Canada’s beer market.”¹⁰</i> In 2022, as a result of industry efforts and the support of the Finance Committee through its recommendations, the government removed the excise on no-alcohol beer, which has helped to contribute to significant growth in the sales of these products in Canada. The magnitude and scope of illicit alcohol is vast across many countries, and efforts must be made to address this problem. Concerns about illicit alcohol cannot be ignored. WHO estimates that unrecorded alcohol accounts for 25% of

⁴ Kueng, Lorenz, and Evgeny Yakovlev (2021). The long-run effects of a public policy on alcohol tastes and mortality. *American Economic Journal: Economic Policy*, 13(1): 294-328

⁵ Griffith, Rachel, Martin O’Connell, and Kate Smith (2019). Tax design in the alcohol market. *Journal of Public Economics*, 172: 20-35.

⁶ Nemtsov, Alexander, Maria Neufeld, and Jürgen Rehm (2019). Are trends in alcohol consumption and cause-specific mortality in Russia between 1990 and 2017 the result of alcohol policy measures?" *Journal of Studies on Alcohol and Drugs* 80(5): 489-498

⁷ Anderson, Peter et. al. (2020). Evaluation of alcohol industry action to reduce the harmful use of alcohol: Case study from Great Britain. *Alcohol and Alcoholism*, 55(4): 424-432

⁸ Anderson, Peter, et al. (2020). Impact of low and no alcohol beers on purchases of alcohol: Interrupted time series analysis of British household shopping data, 2015–2018. *BMJ Open*, 10(10): e036371

⁹ Rehm, Jürgen, et al. (2016). Evidence of reducing ethanol content in beverages to reduce harmful use of alcohol. *The Lancet Gastroenterology & Hepatology*, 1(1): 78-83.

¹⁰ House of Commons Standing Committee on Finance (2021). Investing in Tomorrow: Canadian Priorities for Economic Growth and Recovery, February 2021, Appendix F: Recommendation 66, page 336

		global alcohol consumption and exceeds 50% of consumption in more than 20 member states.¹¹ Illicit alcohol trade represents a significant fiscal loss for governments, depriving them of essential revenue needed for public investments, particularly impacting developing countries heavily reliant on these funds for providing crucial services, including financing health costs. Overall, illicit alcohol poses a significant threat to national revenue streams and the health of societies and requires more focus and better data.
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, Brief Intervention and Referral (SBIR) offers an effective and cost-effective tool for reducing harmful alcohol use and is crucial to holistic strategies in this respect The Canadian beer industry was an early advocate for and funding contributor to the development of an Alcohol Risk Assessment and Intervention Program (ARAI) initiated more than three decades ago. A later successor program, Screening, Brief Intervention and Referral (SBIR) for family doctors, launched with the help of alcohol beverage industry funding support, fulfilled a key recommendation of the 2007 National Alcohol Strategy (Reducing Alcohol-Related Harm in Canada, Toward a Culture of Moderation). SBIR has been shown to be effective^{12,13,14} and cost-effective^{15,16} as well crucial to holistic strategies to reduce the harmful use of alcohol, and has much potential for adoption across countries. There also is a significant opportunity to improve, integrate and grow this impactful tool, particularly in primary healthcare and emergency care settings.
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

¹¹ World Health Organization (2018). Global status report on alcohol and health, September 27, 2018

¹² Hargraves, Daniel et. al. (2017). Implementing SBIRT (Screening, Brief Intervention and Referral to Treatment) in primary care: lessons learned from a multi-practice evaluation portfolio. Public Health Review, 38:31 doi: 10.1186/s40985-017-0077-0

¹³ Mah, Sharon et. al. (2024) Facilitators and barriers for implementing screening brief intervention and referral for health promotion in a rural hospital in Alberta: using consolidated framework for implementation research. BMC Health Serv Res, 24:228

¹⁴ Soo, C. and Duk, H. (2020). Effects of screening and brief intervention on alcohol consumption in an emergency department. Clin Exp Emerg Med., 7(4):310-318

¹⁵ National Institute on Alcohol Abuse and Alcoholism. [The Healthcare Professional's Core Resource on Alcohol. Screen and Assess: Use quick, effective methods](#)

¹⁶ Gentilello, L. et. al. (2005) Alcohol interventions for trauma patients treated in emergency departments and hospitals. Ann Surg, 241(4):541-550

		alcohol products, including the role of an enabling policy environment based on differentiated policies according to the beverage type and strength of alcoholic beverages. ¹⁷
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	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. With developments in the growth of low- and no-alcohol beers market and evidence of their potential to reduce alcohol-related harm, a re-evaluation and adjustment of NCD Monitoring Framework to reflect this changing environment should be a priority.
	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).¹⁸ We would urge the commission to prioritize and conduct studies on the importance of social connections as an important part of wellbeing. .

¹⁷ Global Alcohol Action Plan 2022-2030 action 5; pg. 28. (2022)

¹⁸ [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)

General comments from Belgian Brewers

With a history that dates back to the medieval guilds, Belgian Brewers is one of the oldest professional associations in the world. It brings together almost all the country's breweries. Its corporate purpose is to inform, support and advise breweries established in Belgium on issues relating to the Belgian beer sector. Since making and appreciating beer is part of the living heritage of a range of communities throughout Belgium, the Belgian beer culture has been inscribed in 2016 on Unesco's Representative List of the Intangible Cultural Heritage of Humanity.

Policymakers should recognise in alcohol and other policies the intrinsic nature of beer as a lower alcohol, fermented beverage that can incite consumers towards moderating their consumption, as a time-tested, evidence-based way to align business with public health objectives. They should pursue a more progressive excise tax framework that is fair to beer versus stronger alcohol categories and, while respecting national subsidiarity, recognises the merits of nudging consumers towards lower alcohol beverages, the jobs created by beer in the hospitality and agriculture sectors, and the value generated by brewing.

Policymakers should therefore also incentivise innovation and consumption of low alcohol products, including lower and no alcohol alternatives, by supporting policies that encourage investment and promote their production and marketing.

#	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.	Belgian Brewers supports the priority to reduce the harmful use of alcohol and is integrating this into its strategy, recognising the opportunity to align business with public health objectives. A multistakeholder, cooperative approach that recognises every stakeholder has a critical role to play will be essential to prevent and control NCDs. In Belgium the sector adapted recently the educational message to be mentioned in advertising alcoholic beverages. From July 1, 2024 this must be 'Alcohol abuse harms health'. The Global Alcohol Action Plan (GAAP) identifies a key role for economic operators and brewers have taken multiple actions to implement WHO recommendations. The 2010 Global Alcohol Strategy also establishes a whole-of-society approach that recognises 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 3rd high-level meeting of the UN General Assembly on the prevention and control of NCDs, reaffirmed this approach.
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 GAAP, are essential for tackling the harmful use of alcohol. Policymakers should recognise in alcohol and other policies the intrinsic nature of beer as a lower-alcohol, fermented beverage that can incite consumers towards moderating their consumption, since national policies that nudge consumers

		towards lower alcohol beverages, such as beer, are a time-tested, evidence-based way to improve public health outcomes.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Environments that promote lower alcohol beverages as an alternative to high strength beverages are aligned with efforts to encourage moderate consumption as part of a well-balanced lifestyle. Brewers recognise 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. The growth in non-alcoholic beer has clearly aligned with reductions in Europe both in drink drive fatalities and in the numbers of heavy episodic drinking occasions, demonstrating that increased beer consumption need not equate either to increased alcohol consumption or to increased alcohol related harms. For years, Belgian brewers have advocated moderate and responsible consumption of their products. Excessive and irresponsible consumption goes against what Belgian beer stands for: quality, passion and craftsmanship. Belgian brewers themselves take various actions in the fight against abuse. For example, they impose rules on themselves in the Covenant on Advertising and Marketing of Alcoholic Beverages and come under the control of the Jury on Ethical Practices in Advertising. They also continue to innovate to offer a wide range of alcohol-free and low-alcohol beers. In Belgium, beer consumption has been structurally declining for 20 years but the segment of non-alcoholic and low-alcohol beers increased by 12% in 2023. Belgian brewers are co-founders of several awareness campaigns, including the BOB campaign (don't drink and drive campaign, since 1995). A concept that has been adopted in 17 European member states.
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 are crucial to ensure targeted intervention to reduce the harmful use of alcohol and personalised support to individuals, taking into account their background and their specific needs.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Brewers support the GAAP's (2022) call for alcohol policy research, including on the impact of differentiated policies according to the alcohol content of alcoholic beverages, since these are common practise in Europe, whether it be policies on marketing, availability or taxation. The intrinsic nature of beer as a lower alcohol, fermented beverage, differs from other, strong alcohol categories. Further research is needed to assess the impact of substituting higher alcohol products with NA and LA products. This should then also include recognising and evaluating policies that already vary f.i. in Belgium according to the beverage type and the strength of the beverage.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	With the development in the growth of low- and no-alcohol beers (+ 12 % in Belgium in 2023), the NCD Monitoring Framework should also track the impact of substitution strategies from one category to another across all three

		targets: total alcohol consumption per capita; heavy episodic drinking; and alcohol-related morbidity and mortality.
*	<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.	Belgian Brewers welcomes the formation of the Commission on Social Connection (2024-2026). We would urge the Commission to prioritise and conduct studies on the importance of social connections as an important part of wellbeing.

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*.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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.	Prevention and control is key. Especially on nutrition and exercise. Also to get Drs to think of checking eg for Diabetes Type 1 in adults, as too often they just think of patients being overweight and DT2. I almost dropped dead in Switzerland undiagnosed by 5 male doctors, who all thought I was just depressed because I didn’t have children or wasn’t married, even though I kept saying that I was normally very upbeat and fit and on WHO’s emergencies team! But once diagnosed, what I really appreciated about the CH system, was that they really spent time on nutrition, with follow up classes once you have some experience, and common sense advice, with a lot of emphasis on rethinking how you eat and exercise to be healthier, to aim to keep the insulin usage lower. This approach has made me so much healthier and fitter than I have been in years, and contrasts very strongly with the more anglophone – arguably more woke approach in the US and UK, where no one is allowed to comment on weight or to suggest you put on or lose weight and where, particularly in the US, with the strong lobby of pharmaceuticals, where “the right to eat” and then to shoot up after cokes or McDonalds or whatever other toxic rubbish people

		feel like eating or have access to in poorer neighbourhoods, is seen as the priority. I think it would be helpful for WHO, a bit like there is an essential medicines list, to almost have some sort of an essentials natural foods lists, that should be accessible even in the poorest areas. Having lived in NYC, I saw first-hand what appalling food is available in poorer areas, with prime property taken up by big fast food chains or supermarkets selling terrible quality complex foods. The UK is not far behind! The terrible food quality, with too much processed food, is terrible for the health of people as could also be seen from the high mortality levels in the US and UK etc. Not to mention a lack of exercise. Compare the US to poorer areas of Africa, where they still mostly eat unprocessed pure foods. They are ways healthier than most people in Europe! I also saw when I was working in WHO, the absolute lobbying power of the sugar industry, the tobacco industry and the pharmaceutical industry. Sure we need medications, but prevention must be up there on a par to keep people healthy, for good nutrition, diet and exercise. Thank you!
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Same as above, a core standard of education around nutrition / food / nutrition and NCDs is key. Everyone focuses on the drugs as that is where the money is, but the aim should be to use less medicines and to be healthier!
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	100% essential – see comments above! There is far too much emphasis on the big money making access to medicines – and I helped launch that campaign in MSF 20 years ago, so appreciate that eg in the US, access to insulin is a bit deal / poverty linked as in many countries. But across the board on NCDs, it is essential to better understand nutrition, core essential foods (almost like an essential medicines list) but non-processed foods + exercise. Just as WHO also helped to educate people to stop smoking. Now we need the same for food – for good natural, unprocessed foods.
4c	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants	Yes, see comments above – prevention is absolutely essential and often gets forgotten because of the very well run Access to Medicines campaigns, which also

	through people-centred primary health care and universal health coverage.	interest the multi-million pharmaceutical companies. But ultimately we need people to live healthier, with good natural food and less medicines!
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Yes - please also look into prevention with diet and exercise. Also on treatment, to also take into consideration the practical Swiss approach of eating healthier and doing more exercise to use less insulin. Vs the US "right to eat" and shoot up whatever you need approach. So sure eat the burger and drink the sugary coke. You have the right to shoot up after! Totally nuts!
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Yes please and do include prevention with healthier eating and exercise.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	As with any disease / public health area. But priority should be diet and exercise as that also has a direct affect on mood swings and depression.

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

City: São Paulo – Brazil

DATA: June 14, 2024.

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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 preventing harmful alcohol consumption from a public health perspective.

#c	Objetivo do PAG-DCNT	Comentários sobre as áreas de prioridade-chave
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Studies show that screening for harmful alcohol consumption in health services is low in many countries, including Brazil. In light of this and the prevalence of harmful consumption patterns, the management of the city of São Paulo proposes the adoption of the World Health Organization's SAFER Initiative at the local level in Brazil. This initiative includes Screening and Brief Intervention (SBI) and referral to treatment as one of the five high-impact strategies to mitigate alcohol-related harms, which have been proven effective even when conducted remotely. The governance structure of the São Paulo city government facilitated the development of a multisectoral partnership to implement the Screening and Brief Intervention protocol in the city's public health system (SUS). This effort was made possible through collaboration between the government, the university, and the private sector. Multisectoral action and partnerships are essential to bringing resources and innovation to achieve important NCD (Non-Communicable Diseases) objectives. Examples of our national-level partnership to accelerate the country's responses are listed in Annex 1.
3c	To reduce modifiable risk factors for non-communicable diseases and the underlying social determinants through the creation of health-promoting environments.y	Alcohol use is a significant modifiable risk factor for health problems and premature death worldwide. Numerous studies highlight the effectiveness of Screening and Brief Intervention (SBI) programs in primary health care to reduce excessive alcohol consumption. However, most services focus on rehabilitation and do not prioritize preventive measures. The main challenge is implementing these programs due to the prioritization of resources for care purposes, which restricts the

		state's capacity to implement broader health promotion and prevention measures. We recommend that the Director-General's report: • Continue to focus on harmful alcohol consumption. • Consider contributions from successful public-private partnerships for reducing harmful alcohol consumption. • Reflect the variety 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. Examples of how we have responded to the challenge of the 2018 Political Declaration on NCDs to reduce modifiable risk factors for non-communicable diseases and the underlying social determinants through the creation of health-promoting environments are included in Annex 2.
4	To strengthen and guide health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centered primary care and universal health coverage.	Primary Health Care professionals, especially those from Brazil's Family Health Strategy, have close contact with the population. In this way, a digital tool can enhance the promotion and prevention work already carried out by these professionals, further providing the possibility to stimulate self-care and empower citizens. The "Modera SP" Program incorporates technology to expand the reach of screening and brief intervention programs, a technology that is associated with the training of professionals in the Public Health Network and the expansion of care for health problems related to excessive alcohol consumption. Developed by specialists in primary care and mental health, the content is addressed to São Paulo residents over 18 years old, except for pregnant women, through the official mobile app of the Municipal Health Department (e-saúde sp). Therefore, we suggest that the Director-General's report promote NCD prevention strategies using user-friendly digital platforms. This approach can enhance the effectiveness of prevention campaigns and empower individuals to take control of their health. Additionally, integrating technology into disease prevention efforts fosters collaboration among government agencies, healthcare providers, and private entities, resulting in more comprehensive and innovative approaches to disease control.

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".

Description of the Program:

- Developed through an innovative public-private partnership, "Modera SP" provides a digital health promotion tool aimed at alcohol consumption screening and brief intervention through health counseling and access to treatment for people at risk of dependency. The program is structured around two main axes: the development of a mobile application to provide guidance and promote behavior change in the population, and training on "Prevention of Alcohol Abuse in Primary Care." Screening and Brief Intervention are among the five high-impact strategies to reduce alcohol-related harm worldwide, according to the World Health Organization (WHO).

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 Submission from Brewers Association of Australia

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.

Summary: The Brewers Association of Australia is the peak body representing Australia's leading beer makers and, more broadly, beer drinkers across Australia. It is a leading voice for sensible, responsible and workable policy solutions for our sector and the community. Our membership comprises the nation's premier beer producers: Asahi Beverages (owner of Carlton and United Breweries), Lion and Coopers. Together the iconic brands and premium beers made by these companies account for more than 79 per cent of all beer sales in Australia. Our members are committed to upholding responsibility standards and supporting the UN goals to tackle the harmful use of alcohol.

#	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 Brewers Association of Australia and its members supports efforts by the WHO to effectively implement the Global Strategy to Reduce the Harmful Use of Alcohol. We continue to support the Global Strategy and note that it has been effective in delivering strong progress in achieving the targets for reducing harmful alcohol consumption set out in the Global Monitoring Framework for non-communicable diseases (NCDs) endorsed after the Strategy. In Australia we have seen the development and implementation of the National Alcohol Strategy 2019 - 2028 and this reflects an approach to alcohol and health based on targeting harmful consumption, setting out a range of options for dealing with specific incidences of harm and working with the alcohol industry on coregulation and joint efforts to promote responsible consumption. The results of this are clear with both harmful consumption and general consumption reducing significantly in Australia over recent decades and, for beer particularly, consumers shifting to lower strength beer products.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We would like to suggest that the Director General's (DG) report should reflect the following key lessons from Australia: • The Australian National Alcohol Strategy released in 2019 set a target of a 10% reduction in harmful alcohol consumption by 2028. Despite harm continuing in certain cohorts, Australia has had significant, long-term success in addressing harmful consumption of alcohol. The percentage of people drinking at risky levels over a sustained 12-month period fell from 20.8per cent to 16.8 per cent between 2007 and 2019. • Australia has some highly successful examples of government and industry working together collaboratively on alcohol related harm. These include the Federal Government's involvement in the quasi-regulatory system of alcohol marketing regulation (ABAC). Drinkwise Australia has received funding from Brewers Association of Australia, the alcohol industry and Federal Government to deliver responsible drinking messages. • Differential tax rates in Australia have incentivised the rapid development and consumption of lower abv products. In the beer category for example, the lower tax rate for mid (3.5%ABV) and low strength beer (<3%) has contributed to a significant increase in the consumer adoption of these products over more than 30 years, but particularly in the past decade.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Australia also has some highly successful examples of government and industry working together collaboratively to deliver responsible drinking messages and ensure the industry is acting responsibly. Australia has the quasi-regulatory system of alcohol marketing regulation in ABAC with the Federal Government represented on the Management Committee and a Professor of Public Health, nominated by government is part of all adjudication panel hearings. ABAC has been in place for decades, enables faster compliance and code updates (as marketing evolves) and is considered global best practice in coregulatory frameworks.

		Drinkwise Australia is an independent, not-for-profit organization established by the alcohol industry, with Australian Government support, in 2005 to promote a generational change in the way Australians consume alcohol. In addition to industry funding it has also previously received funding for the Federal Government for its campaigns and the research that underpins them.
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. 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. Recent research commissioned by the Brewers Association in Australia and conducted by Professor Kym Anderson of the School of Economics and Public Policy, University of Adelaide found that over 30 per cent of beer sales in Australia are now mid, low or zero strength, up from 23 per cent in the 1990s. The study found that drinkers in Australia reduced their consumption of pure alcohol through beer by around 3 million litres over the past decade by shifting to mid-, low- and zero-strength beers.

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

Brown-Forman is a leading global beverage alcohol producer. In March 2024, the company was recognised for the third successive year by Ethisphere, a global leader in defining and advancing the standards of ethical business practices, as one of the World's Most Ethical Companies.

Our 2030 Alcohol Responsibility strategy aligns with and supports UN SDG 3.5, as it relates to the prevention of the harmful use of alcohol. The strategy centers on the following priorities: to prevent drunk driving; to prevent underage access and consumption; to empower bystander intervention; and to promote responsible drinking and decisions.

We are a member of the International Alliance for Responsible Drinking ("IARD") and are committed to upholding and promoting IARD's comprehensive responsibility standards, including throughout our supply chain and by embedding them in our commercial partnerships. We are also a member of the World Federation of Advertisers' Responsible Marketing Pact.

Brown-Forman has sought to play a constructive role, by our own initiatives and with our partners, 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 continue our efforts 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 activities and 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 our reasoning 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”

The private sector has acted 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, including via partnerships at the national level.

Industry initiatives and partnerships evidence the concrete progress that can be achieved by the whole-of-society approach that these multilateral frameworks endorse. The below examples are a representative, but not exhaustive, sample of programs in which Brown-Forman participates:

Asia Pacific

Anti-drink driving. As a founding member of the Asia Pacific International Spirits & Wines Alliance (APISWA), Brown-Forman has co-funded and supported the “*Power of No*” anti-drink driving campaign, implemented under the leadership of the Automobile Association of Vietnam in collaboration with civil society partners in seven countries across South East Asia, each with a high toll from drunk driving fatalities and injuries. To date, this campaign has reached 43 million recipients through Facebook. A recent review of the campaign has found a correlation between the campaign and increased awareness in the target population about the risks of drinking and driving, as well as improved ability and willingness to engage when the behaviour of others is risky.

United States

Preventing Overconsumption & Promoting Consumer Safety in Hospitality. In 2024, Brown-Forman launched a bystander intervention program, in partnership with non-profit organizations “Safe Bars” and “The SAFE Bar Network”. This initiative funded the creation of updated and industry-specific training materials and training sessions for hospitality professionals. In prior years, Brown-Forman funded bystander intervention training programs in the US, Australia and Türkiye, helping hospitality venues prevent overconsumption, promote responsible service and address harmful behaviours. Further markets will be provided with training in 2024 and beyond.

No & Lo Promotion in Hospitality – Government Agency partnership. For more than eight years, “*Live Free and Host Responsibly*”, the award-winning public/private collaboration between the New Hampshire Liquor Commission and Brown-Forman, has been recognized throughout the industry for its innovative approach to promoting responsible sale, service and consumption of alcohol. In 2024, NHLC joined Brown-Forman and nearly 70 New Hampshire restaurants to feature no-alcohol cocktails on menus.

Anti-drink driving and Preventing Underage Drinking. Brown-Forman is a founding member and funder of the Foundation for Advancing Alcohol Responsibility (Responsibility.org). Through this organisation, the US spirits sector undertakes action to eliminate drunk driving and underage drinking and promotes responsible decision-making regarding beverage alcohol. Responsibility.org will be making its own submission to this consultation, detailing its many initiatives, which we endorse.

Europe

UK – Promotion of WHO AUDIT tool. Brown-Forman is a funder of the independent charity, *Drinkaware*, which among its many activities targeted at educating consumers about alcohol, provides its online *Drinking Check* self-assessment tool, based on the WHO AUDIT tool, to help UK consumers identify if their drinking is putting their health at risk.

UK - Product Labels. In line with voluntary Portman Group labelling guidance, Brown-Forman includes the following on its primary packaging: the UK Unit alcohol content, per container and per serve; a pictogram warning against drinking during pregnancy; signposting to [Drinkaware.co.uk](https://www.drinkaware.co.uk); and the UK Chief Medical Officers’ Low Risk Drinking Guidelines.

France – Anti-drink driving. Brown-Forman co-funds and supports the industry Social Aspects Organisation “Prévention et Modération”, which partners with the road safety organisation, “Prévention routière”, on awareness-raising programmes aimed at reducing alcohol-related road accidents.

France – Drinking in Pregnancy and Action against FASD. Again via “Prévention et Modération”, we support the NGO, “SAF France”, which specialises in research, diagnosis, treatment and prevention of the FAS and FASD. SAF’s education activities include “*Safthon*” a tour of France’s regions to educate the general public, teenagers (school tours), pregnant women and medical and social professionals, on the risks of drinking during pregnancy, as well as “*Yellow tables operation*”, a partnership with UMIH, the Horeca association: table-yellow posters campaign highlighting zero alcohol during pregnancy, and a 2023 “*Zero alcohol during pregnancy*” billboard campaign undertaken in the Parisian metro network.

EU-wide Product Labels. In alignment with the Memorandum of Understanding entered into by SpiritsEurope in June 2019, Brown-Forman EU labels, where practically possible, display energy/calorie information, per serve and per 100ml, to enable consumers to make informed consumption choices.

Central & South America

Chile – Underage Drinking, Anti-drink driving & Drinking in Pregnancy. Via our membership and funding of Asociación Pro Consumo Responsable de Bebidas Espirituosas (APROCOR), Brown-Forman supports raising the awareness to Chilean consumers about the negative effects of excessive alcohol consumption and educating the community on the responsible consumption of this product through the programs: “*Menores Ni Una Gota*” (Minors not a drop), “*Conductores Ni Una Gota*” (Drivers not a drop) and “*Embarazadas Ni Una Gota*” (Pregnant women not a drop). The campaign “*Derribando Mitos*” was also successfully launched in Chile.

Mexico – Anti-drink driving. Via our membership of CIVYL (Wine and Alcoholic Beverage Industry Commission), we support the collaboration with Uber: “*Si Toma No Maneje*” (If you drink you don’t drive).

Brazil – Preventing Consumption by Consumer Education. Via our membership and funding of Associação Brasileira de Bebidas (ABRABE), Brown-Forman has since 2011 supports the promotion to Brazilian consumers of the social responsibility program “*Sem Excesso*”. Through its membership and funding of ABBD, BF helped develop the program “*Doses Certas*” which advocates for moderation in alcohol consumption.

Colômbia - Preventing Consumption by Consumer Education. Through our membership and funding of Asociación Pro Consumo Responsable de Bebidas Espirituosas (APROCOR), Brown-Forman supports the development of initiatives for promoting responsible alcohol consumption and informing consumers, including the most recent campaign “*Derribando Mitos*” which focuses on debunking myths around alcohol.

Uruguay – Preventing Consumption by Consumer Education. Via our membership and funding of Alianza de Bebidas Espirituosas de Latino America y Caribe (ABELAC) the campaign “*Alcohol is Alcohol*” to raise awareness about how to responsibly consume alcohol using the standard drink concept.

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.

Brown-Forman has undertaken or funded many activities in support of this goal. The below examples are a representative, but not exhaustive, sample:

Global

Product labels. Brown-Forman has committed to display age-restriction (i.e., 18+, 21+ or other applicable Legal Purchase Age) warnings across our product portfolio by the end of 2024. The significant majority of our labels will also display further pictograms or text-based messages warning against drinking during pregnancy and driving while intoxicated, in addition to legally mandated messages.

Digital marketing. In 2023, Brown-Forman achieved 100% 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. Our company’s digital marketing policies also require that all Brown-Forman content (posts, brand pages and advertising) on social media platforms is made subject to the available age-gating and safeguarding mechanisms, to avoid alcohol marketing reaching minors. For example, all content on Meta platforms (Facebook and Instagram) is required to be age-gated.

United States

Preventing Sales to Minors at Retail. We worked with our partner, Republic National Distributing Company, to reinforce the application of the Legal Purchase Age via the Responsibility.org “We Don’t Serve Teens” program, providing retail signage and displays across 15 States.

Asia Pacific

Australia - Online Sales and Delivery. As a corporate partner of Retail Drinks Australia, Brown-Forman has supported implementation of the Online Alcohol Sales and Delivery Code of Conduct in Australia. Introduced in 2019, the

voluntary industry Code implements a number of key policy measures enhancing responsibility in the online alcohol sale and delivery space, including a ban on same-day, unattended alcohol deliveries, age verification procedures, self-exclusion, exclusion of a family member and a requirement for all drivers to undertake bespoke training prior to conducting alcohol deliveries.

Cambodia - Supporting Sales Restriction by Legal Purchase Age. As a member of APISWA, Brown-Forman has supported the introduction of a legal purchasing age in Cambodia. Cambodia remains one of the few countries in the world without a Legal Purchase Age (LPA). APISWA has worked with government agencies and stakeholders on the inclusion of an LPA into the regulatory framework. The Cambodia Ministry of Commerce has recently drafted a Sub-decree to propose the introduction of an LPA at 18 years old.

Europe

UK – Preventing Underage Drinking via a Whole-of-Society Partnership. Brown-Forman funds and supports *Community Alcohol Partnerships* (CAPs) which bring together local retailers & licensees, trading standards, police, health services, education providers and other local stakeholders to tackle the problem of underage drinking and associated anti-social behaviour.

France – Preventing Sales to Minors at Retail: Brown-Forman co-funds and supports the industry Social Aspects Organisation “*Prévention et Modération*”, which in partnership with FCD, the retailers trade association, created an E-learning module to train checkout staff in the correct application of the Legal Purchase Age.

Ireland – Preventing Underage Consumption & Adult overconsumption. Through its distribution partner, Brown-Forman funds *Drinkaware Ireland*, the national charity working to prevent and reduce alcohol misuse in Ireland, which aims to achieve two ambitious goals: 1) to delay the age of first drink, and 2) to reduce the number of adults who drink above the national low-risk weekly guidelines.

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 is not an effective proxy for, nor does it measure progress against, harmful drinking.

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.

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13 June 2024
Wi/Br

BSI contribution to the web-based consultation on inputs to the WHO Director-General's Report for the Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Dear Sir or Madam,

The "Bundesverband der Deutschen Spirituosen-Industrie und -Importeure e. V. (BSI)" (Federal Association of the German Spirits Industry and Importers) represents the interests of spirits producers and importers based in Germany.

We would like to thank you for the opportunity to submit comments on key priority areas to inform the recommendations to be considered in the WHO Director-General's report to the World Health Assembly 2025.

As much as alcoholic beverages are an integral part of tradition and culture, the dangers of alcohol abuse must not be underestimated. Personal responsibility and risk competence are the central aspects of a responsible approach to alcoholic beverages.

Activities relating to corporate social responsibility (CSR) are conceived and implemented in the "Arbeitskreis Alkohol und Verantwortung" (Working Group on Alcohol and Responsibility) established in 2005 as a "neutral" committee of the BSI.

All BSI member companies indirectly support the work of the "Arbeitskreis Alkohol und Verantwortung", whose prevention initiatives are developed, effectively implemented and monitored by various independent scientific experts (especially doctors, psychologists, educators, etc.) in terms of content and projects. The annual evaluation of the initiatives and their continuous further development are also part of the industry's CSR strategy.



The three pillars of the work of the BSI's "Arbeitskreis Alkohol und Verantwortung" are

- prevention measures
- effective self-regulation by BSI member companies - "Code of Conduct"
- comprehensive consumer information - www.massvoll-geniessen.de

The work of the "Arbeitskreis Alkohol und Verantwortung" has been actively supported for many years by a large number of cooperation partners from companies, associations and organizations, from the relevant state and federal ministries and from the scientific community.

The "Bundesverband der Deutschen Spirituosen-Industrie und -Importeure e. V. (BSI)" 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 would like to recommend that the Director-General's (DG) report reflects that effective private sector prevention programmes are recognised and valued in this process. Multisectoral action and partnerships did and will contribute to the achievement of key NCD targets. In particular, we would like to introduce you to the prevention work of the "Arbeitskreis Alkohol und Verantwortung" (Working Group on Alcohol and Responsibility) established in 2005 as a committee of the BSI. This working group is active on the so-called "non-commercial" tasks of the BSI in order to promote the responsible consumption of alcoholic beverages. The prevention programmes of the "Arbeitskreis Alkohol und Verantwortung" have been developed by independent scientific experts and were implemented at a multisectoral level. The mentioned programmes of the "Arbeitskreis Alkohol und Verantwortung" were under the patronage of the Federal Government's Drug Commissioner from 2005 to 2021 and are currently being supported with greetings from the German Federal Minister for Family Affairs, Senior Citizens, Women and Youth, as well as prime ministers of the federal states and members of parliament. The activities of the "Arbeitskreis Alkohol und Verantwortung" currently include the following prevention programs:

1. “Verantwortung von Anfang an!” (Responsibility from the Start!)

www.verantwortung-von-anfang-an.de

Is an awareness-raising initiative on abstinence from alcohol during pregnancy and nursing in cooperation with the “Berufsverband der Frauenärzte e. V. (BVF)” (Professional Association of Gynaecologists) and the “Deutsche Gesellschaft für Gynäkologie und Geburtshilfe e. V.” (German Society for Gynaecology and Obstetrics). The aim of the programme is to prevent mental and intellectual disabilities and physical malformations summarised in their complete form under the term FAS (foetal alcohol syndrome) caused by alcohol consumption during pregnancy. The annual evaluations of prevention show that these projects are helpful and useful and lead to changes in behaviour.

2. “Schulungsinitiative Jugendschutz” (Youth protection training initiative)

www.schu-ju.de

The program promotes the rigorous enforcement of the Youth Protection Act and is carried out in close cooperation with the retail, the hospitality and the petrol station sectors. The program is designed to train employees in the hospitality sector, in retail and at petrol stations on the consistent implementation of the Youth Protection Act when serving or selling alcoholic beverages.

3. “Klartext reden!” (Tell it straight!)

www.klartext-reden.de

Is an initiative to support alcohol prevention in families. This prevention program is supported by the Federal Parents’ Council and various schools. “Klartext reden!” aims to strengthen parents’ parenting skills on the subject of alcohol prevention. Parents are trained in how to talk to their children about alcohol and how to set boundaries. The project is being carried out with the support of a large number of patrons from the German Bundestag and the EU Parliament to inform parents throughout Germany. The evaluation results show positive developments.

4. “Alkohol am Arbeitsplatz – nüchtern betrachtet! – Ein Leitfaden für die Selbstbeobachtung und kollegiale Hilfe” (Alcohol in the Workplace – A Sober Look! – A guide for self-monitoring and helping co-workers)

www.massvoll-genießen.de/praevention/alkohol-am-arbeitsplatz-nuechtern-betrachtet-ein-leitfaden-fuer-die-selbstbeobachtung

This brochure has the objective to educate on labour law issues and to inform on strategies to prevent abusive alcohol consumption in the work environment. This

		brochure is also under the patronage of Daniela Ludwig, former Federal Government Commissioner for Drugs. 5. The road safety initiative “WER FÄHRT, BLEIBT NÜCHTERN” (DON'T DRINK AND DRIVE) www.ddad.de The campaign is aimed in particular at young drivers and novice drivers and is promoted among others by the industry associations for beer, wine and sparkling wine. This prevention programme is held every year under the patronage of one of the transport ministers of the 16 federal states in Germany with an additional information event. It is also networked with the Association against Alcohol and Drugs in Road Traffic (Bund gegen Alkohol und Drogen im Straßenverkehr). Since April 2009, BSI has provided a further important contribution towards consumer education and information with the “Massvoll-genießen.de” logo and www.massvoll-genießen.de website. The aim is to sensitise consumers to the importance of responsible drinking. A responsible drinking message consists of the “Massvoll-genießen.de” logo or an international logo used by one of the global spirits groups. 15 years after introduction of the responsible drinking message, the BSI is very satisfied with its implementation in the commercial communication of member companies: Well over 80 percent of the companies used a responsible drinking message in Marketing for their products since this time.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	1. All prevention programmes of the “Arbeitskreis Alkohol und Verantwortung” mentioned under Point 2 also apply to point 3 as these programmes contribute to the reduction of risk factors and the creation of health-promoting environments. https://www.spirituosen-verband.de/themen-des-bsi/verantwortung-der-hersteller 2. The “BSI Code of Conduct – Alkohol und Verantwortung” (BSI Code of Conduct – Alcohol and responsibility) summarises the framework conditions for the responsible marketing and distribution of spirits and beverages containing spirits. https://www.spirituosen-verband.de/fileadmin/introduction/downloads/BSI-Code_of_Conduct_2021.pdf As part of its voluntary commitments, which all members of the BSI must adhere to without exception - the so-called

“Code of Conduct” - the BSI provides various essential framework conditions to combat the misuse of alcohol since 2007. The BSI has also introduced self-regulation on “Namings and packagings” (2008), on the topic of “No advertising with models/influencers under the age of 25” (2009/2021) and a voluntary commitment to only show commercial communication in print media or radio and television programmes that are known to be at least 70% aimed at adults over the age of 18 (2010).

Since 2014, there has also been a self-regulation for compliance with the **protection of minors in online retail** with age verification when products are delivered.

Companies that do not adhere to the “Code of Conduct” cannot be members of the “Arbeitskreis Alkohol und Verantwortung”.

3. At this point we also would like refer to the **„Verhaltensregeln des Deutschen Werberates über die kommerzielle Kommunikation für alkoholhaltige Getränke“** (Code of Conduct of the German Advertising Council on commercial communication for alcoholic beverages)

<https://werberat.de/leitfaden-zum-werbekodex-des-deutschen-werberats/alkoholhaltige-getraenke/>

Manufacturers, retailers and importers of alcoholic beverages have drawn up a code of conduct on commercial communication for alcoholic beverages in cooperation with the “Zentralverband der deutschen Werbewirtschaft e. V.” (German Advertising Federation). The German Advertising Council is responsible for monitoring compliance with these rules, organising the complaints procedure and assessing them.

Based on this obligation, the manufacturers and importers of alcoholic beverages have committed themselves to

- prevent representations or statements in the commercial communication for their products from being misunderstood as an invitation to abuse alcoholic beverages

- prevent commercial communication for their products from being misunderstood as an appeal to children and adolescents

- ensure, within the scope of their possibilities, that the legal provisions in the area of commercial communication for alcoholic beverages are complied with, in particular the provisions of the German Act against Unfair Competition (UWG), the German Food and Feed Code (LFGB) and the German Youth Protection Act (JuSchG) and the Interstate Treaty on the Protection of Minors in the Media (JMStV)

- promote behaviour in competition that complies with these rules of conduct and counteract contrary behaviour.

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. In Germany, for several years, the “Bundeszentrale für gesundheitliche Aufklärung (BZgA)” (Federal Centre for Health Education) together with the Federal Ministry of Health, have been communicated that “binge drinking” by children and adolescents has fallen by over 30%. Abusive alcohol consumption has continued to decline, as evidenced by many statistics. Prevention has led to changes in the behaviour of young people (cf. Press of the Federal Drug Commissioner and the Federal Centre for Health Education [BZgA] of June 2022 as <u>Annex 1</u>) and is thus successful. The comprehensive prevention measures mentioned above within the framework of the activities of the “Working Group on Alcohol and Responsibility” of the BSI have been launched independently for 19 years and are according to the regular evaluations, effective (See CSR report as <u>Annex 2</u> and evaluation results of the various preventive measures as <u>Annex 3</u>).

**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^c

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*.

# ^c	NCD-GAP objective ^c	Comments on key priority areas ^c
1 ^c	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. ^y	Reinforce a multisectoral approach that breaks silos and ensures synergies with other connected policy areas (including rehabilitation and assistive technology). Ensure that an appropriate share of the Official Development Assistance is dedicated to health. Health ODA must complement national efforts to meet NCD needs across the continuum of promotion, prevention, treatment, rehabilitation, and palliative care.
2 ^c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	National multisectoral noncommunicable disease policies and plans must integrate and dedicate adequate resources to respond to rehabilitation and assistive technology needs and to ensure that services and facilities are inclusive.^y Strengthen the rehabilitation workforce to respond to NCD-related rehabilitation needs.^y
3 ^c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	Invest in rehabilitation as a health strategy in noncommunicable disease programmes in order to address risk factors (e.g. obesity and physical inactivity).^y

4c	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. y	Test and scale-up solutions to reduce out-of-pocket expenditure and ensure that NCD-related services, including rehabilitation and assistive technology, are covered.y Expand rehabilitation and assistive technology in primary healthcare and at the community level - as critical strategies to address NCDs in a comprehensive way.y
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Expand research and data collection on NCD care along the continuum of prevention, promotion, treatment, rehabilitation, and palliation - with specific attention to capture health inequities experienced by marginalized populations.y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Enhance health information systems to collect comprehensive information also on functioning and rehabilitation needs.y
★	<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.



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)

Agradecemos y valoramos 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.

La Cámara Paraguaya de Bebidas Alcohólicas (CAPABA), fundada en 2016, es la gremial que agrupa a la industria de elaboración y comercialización de bebidas alcohólicas de Paraguay. La misma incluye empresas nacionales y extranjeras algunas de ellas 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 equivalentes.

CAPABA dentro de su posibilidad 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 y sus objetivos y alentará un esfuerzo similar para apoyar la implementación de las principales metas relevantes de ENT antes de los plazos de 2030.

La CAPABA mantiene una frecuente relación tanto con autoridades regulatorias como sanitarias, donde en conjunto se monitorea y denuncia todo indicio y evidencia de alcohol ilegítimo, que ingresa al o se produce en el país sin ningún control sanitario y puede representar un peligro para la salud de los consumidores. El contrabando de productos de consumo requiere acciones institucionales más efectivas por parte de las autoridades nacionales, y que son reclamadas de manera permanente por el sector empresarial formal.

Específicamente se mantiene en constante contacto con la Dirección de Ingresos Tributarios - DNIT que comprende a la Gerencia General de Aduanas, y con el Ministerio de Salud Pública a través del Instituto Nacional de Alimentación y Nutrición - INAN.

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.

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

Más detalles sobre los puntos expuestos anteriormente:

- **Centrarse en el uso nocivo.** Ha habido un debate activo en algunos sectores sobre la necesidad de cambiar el enfoque de las estrategias multilaterales sobre el alcohol y la salud de su enfoque actual en “el uso nocivo 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, incluido 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, la Acción mundial sobre el alcohol Plan 2022-2030, y la Declaración Política de la ONU sobre la Prevención y el Control de Enfermedades No Transmisibles de 2018.

- **Reflejar un menú flexible de opciones políticas, teniendo en cuenta el contexto nacional y local.** El párrafo 27 del Plan de Acción Mundial sobre el Alcohol 2022-2030 establece que “...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 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”.
- **Contribuciones del sector privado a la implementación de la Declaración Política de 2018.** La Declaración Política de 2018 pidió a los operadores económicos en la producción y el comercio de alcohol que “adopten medidas concretas, cuando corresponda, para eliminar la comercialización, publicidad y venta de productos alcohólicos a menores”. Desde entonces, los miembros de IARD han tomado medidas importantes para lograrlo, como empresas individuales y en asociación con el sector del marketing digital, incluidas personas influyentes en las redes sociales, minoristas físicos y en línea, plataformas globales de comercio electrónico y el sector hotelero.

EJEMPLOS DE PROGRAMAS RECIENTES:

PREVENCIÓN DE CONSUMO DE MENORES: SMASHED PARAGUAY

1) Sobre Smashed

- Smashed es un programa de educación positiva que utiliza el arte – especialmente el teatro y el cine- como medio para prevenir el uso nocivo del alcohol entre menores de edad.
- Fue creado por el Collingwood Learning, en el Reino Unido, y está presente en 38 países. En Latinoamérica, desde 2019, ha impactado a más de 1 millón de adolescentes en 13 países¹.
- Smashed expone la historia de tres adolescentes que inician a consumir alcohol y las consecuencias sobre sus aspiraciones académicas, profesionales y personales.
- El programa tiene dos modalidades: 1) Smashed Live – obra de teatro y conversatorio y 2) Smashed Online – plataforma digital que proyecta un cortometraje además de módulos interactivos de e-learning.

2) Sobre Fundación Centro de Información y Recursos para el Desarrollo (CIRD)

- CIRD es una fundación privada, sin fines de lucro, con 30 años de experiencia en proyectos sociales. Entre sus principales clientes están: BID, Unión Europea, USAID y Walmart.
- [Fundación CIRD](#) es el socio responsable de ejecutar Smashed en Paraguay.

3) Impacto generado

- Desde junio de 2022, a la fecha, se ha logrado educar positivamente a **53 mil adolescentes en más de 236 escuelas – mayoritariamente públicas**. Territorialmente, las funciones de Smashed LIVE han llegado a Central (65%), Capital (24%), Cordillera (9%), Paraguari (1%) y Presidente Hayes (1%).

¹ Perú, Ecuador, Argentina, Chile, Uruguay, Paraguay, Colombia, Brasil, México, Venezuela, Panamá, Rep. Dominicana y Costa Rica.

- Mediante Smashed Live, se han ofrecido 257 funciones de teatro y luego de participar del programa²:
 - El 42% de estudiantes señaló que “conoce mucho” sobre los riesgos del alcohol – 10 puntos porcentuales (pps.) por encima de la línea de base.
 - El 58% señaló que “se siente preparado” para tomar decisiones correctas – 3 pps. de mejora.
 - Finalmente, el 71% afirmó que es “menos probable” que beban alcohol siendo menor de edad.
- Mediante Smashed Online, se han ofrecido 169 funciones presenciales de cine interactivo. Tras participar en el programa, el 96% de los estudiantes manifestó que es “menos probable” que ingieran alcohol siendo menor de edad³.

CONSUMO INTELIGENTE Y SEGURIDAD VIAL de CERVEPAR

1) Sobre Water Hour:

- Busca promover nuevos hábitos de consumo responsable en la noche, festivales y fiestas. Se crea un momento divertido que incorpora el consumo de agua entre tragos, ayudando a mantenerse hidratado.
- Se halla implementada en los principales bares y discotecas de Asunción Paraguay, y busca ser una plataforma de hábitos de consumo inteligente

1.1.) Impacto generado

- En el primer año de implementación la iniciativa logró impactar positivamente a mas de 20mil personas de forma directa y 50mil de forma indirecta.
- También se realizaron campañas para difundir el mensaje a traves de medios de prensa y redes sociales

2) Sobre Smart Drinking:

- Se promueven campañas de “No tomar y manejar”, y desde 2022 se realizan alianzas con plataformas de movilidad que permiten realizar campañas de concientización y además ofrecer beneficios que incentiven alternativas como el uso de esas plataformas de movilidad.
- Iniciativa conjunta con Uber y la Agencia Nacional de Tránsito, que permitió mediante un código de descuento en viajes en la ciudad de Asunción, Paraguay de hasta un 30%
- Esta iniciativa permitió fomentar hábitos de consumo responsable y reducir accidentes e inconvenientes en el tráfico en la comunidad.
- También brindó oportunidades de mejoras en los ingresos a aquellos que trabajan para esas plataformas

El reconocimiento de las acciones constructivas tomadas por el sector privado 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. Estos diálogos han estado en curso entre la Secretaría de la OMS y los operadores económicos desde 2018 y deberían continuar.

ANEXO C - “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 fue acordado por los Estados Miembros durante la Asamblea Mundial de la Salud en mayo de 2013 y tiene tres indicadores para rastrear el uso nocivo del alcohol. Estos son:

- Consumo total (registrado y no registrado) de alcohol per cápita (mayores de 15 años) dentro de un año calendario en litros de alcohol puro, según corresponda, dentro del contexto nacional.

² La muestra corresponde al 28% de estudiantes impactados con Smashed Live entre julio de 2023 y marzo de 2024.

³ La muestra corresponde al 100% de estudiantes impactados con Smashed Online entre julio de 2023 y marzo de 2024.

- Prevalencia estandarizada por edad del consumo excesivo de alcohol entre adolescentes y adultos, según corresponda, dentro del contexto nacional.
- Morbilidad y mortalidad relacionadas con el alcohol entre adolescentes y adultos, según corresponda, dentro del contexto nacional.

Los dos últimos indicadores están claramente enfocados a medir el consumo nocivo de alcohol. Sin embargo, nos sumamos a otros al considerar que el primer indicador es insuficiente por sí solo, ya que no mide los avances contra el consumo nocivo de alcohol, tampoco mide los patrones de consumo ni las consecuencias del consumo nocivo de alcohol. Intenta utilizar las reducciones en el consumo mundial de alcohol per cápita como indicador de las reducciones en el uso nocivo de alcohol y ha sido objeto de revisiones metodológicas en los últimos años.

Por último, los datos sobre la [prevalencia del alcohol no registrado](#), especialmente el alcohol ilícito, a nivel mundial, regional y nacional, siguen desactualizados, incompletos y casi con certeza subestiman el costo que supone para la salud, los gobiernos y la sociedad. Como sugirió la [OCDE](#), creemos que se debe prestar más atención a esta cuestión y convertirla en un área prioritaria clave en el futuro seguimiento de las tendencias y los determinantes de las enfermedades no transmisibles, sobre todo porque este tipo de alcohol no cumple con las medidas sanitarias y otros estándares que hacen que los productos sean aptos para el consumo humano, y que al tener un origen ilícito desde su producción, en general su comercialización tampoco sigue las vías legales, ofertándose sin control alguno.

Sin más saluda a ustedes atentamente

Por CAPABA
Carlos Díaz – Director Ejecutivo



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)

Agradecemos y valoramos 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.

La **Cámara Paraguaya de Bebidas Alcohólicas (CAPABA)**, fundada en 2016, es la gremial que agrupa a la industria de elaboración y comercialización de bebidas alcohólicas de Paraguay. La misma incluye empresas nacionales y extranjeras algunas de ellas 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.

Respecto de esta segunda consulta, entendemos conveniente aportar respecto lo siguiente respecto al punto 3 de la consulta en línea: **“3. *Financiamiento Doméstico 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 al alcohol ilícito, ya que 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 implementan, en vez de considerar casos aislados y basarse en los estudios técnicos públicos de expertos en la materia, descartando la “literatura gris”, ya que de otro modo se sacan conclusiones sesgadas que con el tiempo no solucionan el fondo de la cuestión analizada.

- La Industria está 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 para la población y un escenario 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 tienen estos efectos secundarios negativos.

En este sentido la CAPABA conformó una mesa anti-contrabando con otras Cámaras sectoriales de diferentes rubros, y se desarrolló un proceso de Denuncias rápidas frente a la Dirección Nacional de Ingresos Tributarios - DNIT, para denunciar todos los indicios de mercado ilegítimo de bebidas alcohólicas, a través del cual se lograron decomisar productos, aunque en cantidades reducidas, que representan riesgos para los consumidores. En estos últimos tiempos se ha comprobado que a medida que se genera mayor distorsión a los precios (con impuestos excesivos o en este caso generado por el dólar blue argentino), el ingreso de productos de manera ilegal que no pagan gravamen alguno ni cumplen las medidas sanitarias y de seguridad que requieren productos de consumo humano se multiplican, generando enormes pérdidas para el fisco y grandes riesgos para la salud.

Como referencia, según estimaciones de la organización Prodesarrollo el tamaño de la economía subterránea o informal en Paraguay durante el 2023 fue de más de USD23,500 millones, y superior respecto al año anterior, lo que implica cerca del 47,1% del PIB, la que se halla compuesta por mercaderías de contrabando, evasión de impuestos, etc.

A.2) Comercio Ilegítimo

Una carga tributaria excesiva a las bebidas alcohólicas y la ausencia de un marco de competencia leal dentro del sector, derivan ineludiblemente en la generación clara del espacio ideal para el desarrollo de los mercados ilegítimos.

Impuestos y precios altos generan 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

Por CAPABA
Carlos Díaz – Director Ejecutivo

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 reportC

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*.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	To highlight non-communicable diseases (NCDs), particularly cardiovascular disease (CVD), on the global agenda, a joint United Nations program on NCDs led by WHO, UNDP, and the World Bank could be established. Its primary goal would be to create a Global Cardiovascular Health Initiative. This initiative could then launch worldwide campaigns, supported by organizations such as the AHA and WHF, addressing the current challenges of cardiovascular health and advocating for necessary policy reforms. Also, creating a Global Fund for NCDs, inspired by the Global Fund for AIDS, Tuberculosis, and Malaria, and specifically allocating resources to cardiovascular health programs, community health, infrastructure, and regional cardiovascular health summits is a significant step forward. These summits would encourage cross-border collaboration and the sharing of systemic knowledge. Formalizing these partnerships with the World Economic Forum (WEF) could involve instituting annual panels on cardiovascular health at WEF meetings, where global business leaders and policymakers can make commitments. Examples

		include funding public health campaigns, investing in heart-healthy workplace programs, changing policies to reduce cardiovascular risk factors, and reversing negative incentives. A task force would be responsible for reporting on the status and progress of these commitments.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	National capacities for CVD control can be promoted, similar to previous efforts in combating malaria, like the The Roll Back Malaria (RBM) to End Malaria from the WHO, the World Bank, the United Nations Children's Fund, and the United Nations Development Program. Indeed, a National Cardiovascular Health Task Force could be established in many LMICs and backed by the same international organizations as RBM. These task forces could be composed of officials from health, finance, education, transport, and other sectors vital to national cardiovascular health. The task forces would develop national cardiovascular health strategies, such as developing new walking trails or bike lanes in urban areas. Second, it would be valuable to adopt the WHO HEARTS technical package for integrating cardiovascular disease into primary care and implement it across primary care systems nationwide. This includes training all healthcare providers and ensuring consistent, high-quality care. Third, ongoing professional development in the field should be offered in collaboration with academic institutions and other professional partners. Surveillance should also be established for CVD, modeled on the Global Health Security Agenda. Systems that monitor trends in incidence, prevalence, and risk factors would generate a robust evidence base for policy and intervention efforts. Indeed, new approaches in CVD risk mitigation could be built from blueprints like public-private partnership Gavi, The Vaccine Alliance that increases immunization in LMICs. Moreover, there is a role for cardiovascular health partnerships with the pharmaceutical industry to improve access to essential medicines. Indeed, these companies could also help to strengthen screening activities and treatment systems, seeing similar pressing global health opportunities as the COVID-19 pandemic, except in cardiovascular care. Collaboration with technology firms could enhance the use of digital health tools to monitor and manage cardiovascular health.

3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Such interventions to reduce modifiable risk factors for cardiovascular diseases are best suited to a community-focused approach using creative strategies, such as the blue zones that have long served as a template for lifetime wellness and fitness. In traditional blue zones, health begins with urban planning that promotes physical activity and highlights healthy eating habits. For example, walkable neighborhoods designed like vermicelli noodles and accessible vegetable markets situated a short walk away cut cardiovascular disease risk in half or more. Sweden's Vision Zero approach to road traffic injury, which can lay the foundation for walking and cycling environments that are pleasant and easy to traverse, is a case in point. Policy measures that reduce air pollution, such as London's Ultra Low Emission Zone, can lower CVD by reducing exposure to fine particulate matter and other noxious air pollution. The Health in All Policies (HiAP) framework, developed by the WHO, can also help more strongly integrate cardiovascular health into the policymaking process across different ministries. Governments may offer tax incentives to companies that adopt workplace wellness programs that support healthier lifestyles for workers. Digital health technologies, such as the e-health system of Estonia, can offer personalized health promotion and disease prevention advice for users. Examples of community-based efforts towards health promotion include Ciclovía, a major urban recreational event on certain streets in Bogotá, the capital city of Colombia, during which access is denied to vehicular traffic from 7am to 2pm on Sundays and selected holidays.
4c	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. y	Revitalizing health systems for CVD requires greater emphasis on people-centered primary health care (PHC) and universal health coverage (UHC). PHC must be the foundation of CVD prevention and care; people should have access to integrated, comprehensive, and continuous care through primary care. Brazil has used its Family Health Strategy to successfully integrate NCD care into PHC. Improving and expanding training of health workers is key. Whether at first-contact or secondary- or tertiary-level care, the CVD workforce should be trained in the prevention,

		detection, and management of CVD. The World Health Organization's Package of Essential Noncommunicable Disease Interventions (PEN), for example, provides practical guidance for health workers at the primary-care level. We also should consider how to task-shift CVD management to non-physician health workers. Task-shifting has successfully been done in Rwanda, where community health worker (CHW) programs were scaled up and expanded. In turn, health systems must integrate CVD prevention and control with other essential services. For example, co-locating CVD care within maternal and child health services could leverage common structures and staff and ensure both the mother's and the child's cardiovascular health. Integration of CVD and HIV services in Kenya has already been successful. This includes ensuring access to the relevant medicines and technology, which can be guided by the World Health Organization's model list of essential medicines, including medicines for CVD for the entire world's population. Countries can use a scheme such as India's Jan Aushadhi (by which district chemists can obtain generic medicines at low prices) to boost access. UHC is a fundamental element of efforts to address CVD and its social determinants; ideally, countries should work towards financial protection and equitable access to health services. Thailand launched its UHC scheme in 2001 and has significantly reduced out-of-pocket payments and improved access to CVD care. For many countries, strengthening health financing through innovative mechanisms, including social health insurance and results-based financing, is critical to facilitate UHC implementation.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Most countries should either establish their own dedicated NCD funding agencies—ideally with a cardiovascular mission similar to that at the United States Cardiovascular Research Foundation—or join forces in overlapping areas of importance, as happens already with some international agencies. These agencies should fund their own centers of excellence focusing on epidemiology, risk factors, and effective interventions. Collaboration at an international level is necessary. For example, funding through the Global Alliance

		for Chronic Diseases (GACD) can bring researchers together to work on CVD in LMICs; the WHO Collaborating Centers network can be harnessed for international research cooperation, allowing funders to have an impact both in developed and developing countries, facilitating the exchange of knowledge and expertise, and building further capacity. Enhancing national research capacity requires investment in infrastructure, training, and resources. Establishment of national centers of excellence for CVD research that can provide modern amenities can attract the best minds to build innovative capacity from within. Capacity-building programs like the Fogarty International Center by the US National Institutes of Health, such as fellowships/scholarships programs for Global Health, can equip the next generation of CVD researchers in LMICs to improve research. Data will have to be collected and analyzed. Countries need strong health information systems to collect quality data on CVD and their risk factors. The WHO STEPwise approach to surveillance (STEPS) presents a standardized protocol for data collection. Using data from the GBD study can help to set national agendas for research. Public-private partnerships can also lead to more innovation in CVD research. Pharmaceutical companies and other technology companies and private sector organizations can work with governments to more rapidly develop new drugs, diagnostics, and methods of prevention. Europe has shown what's possible with public-private collaboration in health research through the Innovative Medicines Initiative (IMI).
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Monitoring CVD trends and determinants is crucial for evaluating progress and informing policy decisions. Countries should establish comprehensive surveillance systems to collect, analyze, and report data on CVD and their risk factors. The WHO NCD Global Monitoring Framework provides a set of indicators for tracking progress towards the global NCD targets. Governments should invest in their national health information systems to connect CVD data, for instance by adopting practices that use data accurately and empower CVD decision-makers to

	quickly respond to problems. Examples of governments improving the use of health data at scale include the world-leading e-health system in Estonia, where the country has a secure online portal that links individuals to their own data and enables experts to track data on CVD in real time. Ongoing population-based surveys need to be implemented regularly to follow CVD prevalence, and CVD risk factors and behaviors. Currently, the WHO STEPS survey and the Demographic and Health Surveys (DHS) program give a sense of CVD in many countries. Moving forward, it is important that countries continue to perform these surveys regularly, implementing an adequate CVD module. Age- and sex-disaggregated data should be part of the surveillance for all CVDs, and similar disaggregations by socioeconomic status and geographic location (at the smallest local administrative division such as the subdistrict in rural areas and the ward in urban areas) can help identify hotspots, target resources to these areas, and plan programs specific to these populations. The use of big data and artificial intelligence (AI) for CVD surveillance will also help track trends in CVDs and refine the estimation of future burdens. These include impact evaluations, cost-effectiveness analyses, and reviews of the implementation of programs. International organizations, such as the WHO, the World Bank, and the Paris-based Organisation for Economic Co-operation and Development (OECD), could provide technical support for this. Second, all stakeholders – civil society, academia, and the private sector – can contribute to M surveys and be involved in the sharing and reporting of packaged data with countries and the wider public. For example, the Global NCD Countdown 2030 monitors changes in country performance towards NCD targets and can be used to benchmark progress and identify potential best practices.
<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4. ★	Promoting mental health and well-being is integral to achieving Sustainable Development Goal (SDG) target 3.4, which aims to reduce premature mortality from NCDs. Mental health conditions are closely linked to CVD, with many individuals experiencing comorbidities. Integrating mental

health into CVD prevention and control strategies is essential for holistic health promotion.

National mental health policies can and should integrate with CVD action plans in a diverse, coordinated approach to health. We all have our own responsibility. All countries can develop and implement a mental health action plan – as described in the WHO Mental Health Action Plan 2013-2020 – including integrating mental health care into primary health care to make this care accessible and affordable for all.

Community-based mental health services can also help facilitate this by taking some of the burden off specialist services. For instance, the India District Mental Health Program, which delivers primary mental healthcare at the district level, is an example of a successful model of such integration with general healthcare. Shifting tasks from more-specialized to non-specialized levels of the health system, such as with Task-Shifting, can be used to help with the provision of basic mental health care, which has been piloted in LMICs.

Essential to prevention is addressing social determinants of mental health, including poverty, education, employment, and social support, as well as multisectoral collaboration with the education, employment, housing, and other sectors to achieve better mental health and prevent mental health conditions. Examples of such successful multisectoral collaboration include Brazil's Bolsa Família program, which provides monetary support to low-income households and has been shown to positively impact mental health.

However, stigma and discrimination are still major obstacles to mental health care. Public awareness can change attitudes, and national anti-stigma campaigns like Time to Change in the UK can help people to come forward and seek help. It's important to involve people with experience of mental ill health in the design and delivery of mental health services to improve not just their effectiveness but their acceptability to people.

International cooperation and financing at scale are a must to build mental health services. The WHO's Mental Health Gap Action Program (mhGAP)

	offers guidelines and tools to integrate mental health into primary care settings. Generous philanthropic donors such as the Wellcome Trust and the Movember Foundation have also played an important role in the growth of global mental health. Emphasizing mental health and wellbeing as a component of CVD strategies will improve overall health indicators and help attain SDG target 3.4.

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

June 17, 2024

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

To whom it may concern,

With MASLD being the most common cause of liver disease in North America and is soon to become to leading cause for liver transplantation, the Canadian Association for the Study of the Liver is committed to accelerating progress on the prevention and control of NCDs globally. Below please provide written comments from the CASL community on key priority areas 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.
7	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.	In particular to advance education and awareness of MASLD prevention in children, addressing food insecurity and /or access to high quality (i.e., non-highly processed) food sources while avoiding highly processed diets (including excessive fructose-contained drinks)

Sincerely,



Dr. Carla Coffin

President
Canadian Association for the Study of the Liver
Professor of Medicine, Cumming School of Medicine



Giada Sebastiani

President Elect
Canadian Association for the Study of the Liver
Professor of Medicine - McGill University Health Centre

WHO Collaborating Center (WHOCC) for the Research and Training in Preventive Dentistry, China (CHN-26)

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^c

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*.

# ^c	NCD-GAP objective ^c	Comments on key priority areas ^c
1 ^c	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. ^y	
2 ^c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	^y
3 ^c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	^y ^y ^y
4 ^c	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. ^y	As a WHOCC in preventive dentistry & Chief Dental Officer in China, I advocate for the integration of oral health into primary health care systems across all economic and political contexts. By prioritizing people-cantered care and universal health coverage, we can enhance regional medical and dental capacity, ensuring equitable access to essential oral health services and addressing the social determinants of noncommunicable diseases. This holistic approach is vital for the prevention and control of oral health issues, contributing to overall public health.

5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	y
*	<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.

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.

Cluster CL.A.N. is an Agrifood multi-stakeholder Association that was established to promote, protect and enhance the agrifood chain, from agricultural production to processing and related industrial sectors, by encouraging innovation, access to and improvement of research results, the development of new skills, and collaboration among research, companies, institutions, and government agencies.

Cluster CL.A.N. appreciates the opportunity to provide comments to the **Web-based consultation: Informing key priorities before the next High-level meeting on NCDs (Phase 1)**. Our response **focuses on NCD-GAP objective 5**, the most relevant to the members of our Association.

#	NCD-GAP objective	Comments on key priority areas
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	The study presented in Lancet (2019; 393: 1958-72) highlights that the number of deaths attributable to diet-related non-communicable diseases largely depends on diets lacking in favorable components (in descending order whole grains, fruits, nuts and seeds, vegetables, seafood omega-3 fatty acids, dietary fiber, polyunsaturated fatty acids, legumes, calcium, milk) rather than from diets rich in unfavorable components (salt, trans fatty acids, sugars, processed red meat). From the above it clearly emerges that, except for the high sodium intake, the main dietary risks associated with deaths are related to low consumption of food groups, such as whole grains, fruits, vegetables, seeds, nuts and legumes. Therefore, positive communication, the “positive nutrition” regarding the objectives and techniques to increase the effectiveness of the response are crucial in promote effective actions for health, better than communication based on the discrimination of specific foods/food groups. Focus on positive “what to do” behaviors instead that "not doing" can certainly increase the number of people who adopt habits healthier foods. Positive, structured messages offer actionable possibilities that can be effective for the consumers, who probably have limited knowledge of the topic of the message, leaving a positive feeling and promoting greater attitude motivation.



CONFEDERATION OF MALAYSIAN BREWERS BERHAD

**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: Our trade association represents the largest brewers in Malaysia. Our members consist of Carlsberg Malaysia & Heineken Malaysia, each operating for more than 55 years and 65 years respectively in the country. Together, CMBB's members represent nearly 95% of Malaysia's beverage alcohol production. Additionally, CMBB supports the United Nations' Sustainable Development Goals in the areas of environmental management, social development and most importantly responsible consumption and marketing.

CMBB'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%**.

#	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. 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. Additionally, emphasis should be given to data on the prevalence of unrecorded alcohol, especially illicit alcohol at global, regional, and national data. More information in the appendix.
*	<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

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

² WHO Commission on Social Connection

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

This demonstrates what expert advisers to the WHO identify as the common interests between the brewing sector and public health: **“reduction of alcoholic strength might constitute a unique situation, whereby the interests of public health (in reducing overall consumption of alcohol) and the alcohol industry (in achieving profit) coincide.”**⁵

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

⁵ Rehm, Jürgen, et al. "Evidence of reducing ethanol content in beverages to reduce harmful use of alcohol." [The Lancet Gastroenterology & Hepatology](#) 1.1 (2016): 78-83.

Objective 3:

“To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants **through the creation of health-promoting environments.**”

Brewers recognize that the harmful use of alcohol is a modifiable risk factor and tackling harmful use has a role to play in managing noncommunicable diseases. Brewers also recognize and embrace the request for the private sector to do more from the 2018 Political Declaration and, more recently, the 2022 Global Alcohol Action Plan.

Addressing harmful use of alcohol requires a **holistic approach**, considering multiple societal and cultural factors. Portfolio and policy outcomes that support low- and no-alcohol beer category growth are aligned with efforts to encourage moderate consumption as part of a well-balanced lifestyle.

Substituting higher alcohol products with lower alcohol products such as beer contributes to reducing harms from alcohol at the population level. As producers of the lowest average ABV category, brewers are well-positioned to provide alternatives that reduce the harmful use of alcohol.

Future WHO Normative documents and guidance to member states **should explore** ways in which differentiated policies by beverage type can facilitate greater substitution and incentivize lower and no ABV beverage production and consumption.

Recent studies in the UK⁶ and Spain⁷ demonstrate the efficacy of low- and no-alcohol beer as a tool for harm reduction. In Russia⁸, policies that supported a shift from higher strength spirits to lower strength mainstream beer were associated with a decline in mortality, heavy drinking, alcohol poisoning, alcohol psychoses and cardiovascular disease as well as a significant reduction in unrecorded alcohol.

Evidence from these studies and policy outcomes demonstrates that a consumer shift towards lower alcohol products such as beer encourages more moderate drinking occasions and reduces acute harms from alcohol by promoting drinking patterns that result in less ethanol consumption overall. No other alcohol beverage category has the same range of low-strength alcohol options, enabling the consumer to remain in the lower risk drinking occasion category.

In the past few decades, **brewers have made tremendous investments to develop and promote lower- and no-alcohol products** that give consumers – and fans – a way to moderate their alcohol consumption without sacrificing their enjoyment. Historical data indicates that volumes of Non Alc in the last ten years have grown by 72%. Furthermore, growth data shows a consistent positive **Compound Annual Growth Rate of almost 5.5%**. We take our commitment to grow the portfolio very seriously.

⁶ 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

⁷ Anderson P, Kokole D. The Impact of Lower-Strength Alcohol Products on Alcohol Purchases by Spanish Households. *Nutrients*. 2022; 14(16):3412.

⁸ World Health Organization. "Alcohol policy impact case study: the effects of alcohol control measures on mortality and life expectancy in the Russian Federation." (2019)

Objective 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 (SBI) have proven to be highly effective and cost-efficient. Nevertheless, their utilization remains disappointingly low. Shockingly, the World Health Organization estimates that a mere 15% of 152 countries have implemented SBIs in one-third of their primary care facilities.¹ There is a significant opportunity to improve, integrate and grow the outreach of SBI as an impactful tool in primary care settings.

Objective 6

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

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.⁹

Illicit trade in alcohol is widespread, representing significant percentages of alcohol consumption worldwide and stripping governments of billions of dollars in tax revenues. According to Euromonitor’s 2018 Global Study on Illicit Alcohol, 1 in 4 alcohol bottles are illicit, representing 25.8% of all global consumption. Several categories of Illicit alcohol expose consumers to the “harmful use of alcohol” delineated in SDG Target 3.5, as well as to the “premature mortality from non-communicable diseases” delineated in SDG Target 3.4.¹⁰ The impact of alcohol bans on the proliferation of illicit was prominent at the height of the COVID-19 pandemic. TRACIT’s Report “Prohibition, Illicit Alcohol and Lessons Learned from Lockdown” suggests that crisis-driven COVID-19 related prohibitions on alcoholic beverages have generated several negative health-related externalities and promoted the development of parallel illicit markets. The impact of COVID-19 and restriction policies resulted in new trends in the space of e-commerce, providing wide opportunities for illicit traders to adjust and expand their operations as government lockdowns, bans and other restrictions disrupted the legitimate alcohol market and created shortages. The pandemic gave impetus to the ongoing illicit trade in alcohol, creating more sophisticated international networks, logistics routes, and manufacturing techniques and sales channel.¹¹

⁹ Illicit Trade in High-Risk Sectors: Implications of Illicit Alcohol for Public Health and Criminal Networks, OECD, [Executive summary | Illicit Trade in High-Risk Sectors : Implications of Illicit Alcohol for Public Health and Criminal Networks | OECD iLibrary \(oecd-ilibrary.org\)](#)

¹⁰ Transnational Alliance to Combat Illicit Trade (TRACIT), “MAPPING THE IMPACT OF ILLICIT TRADE ON THE SUSTAINABLE DEVELOPMENT GOALS”, [tracit_sdg_jul2019_digital.pdf](#), 33 – 34

¹¹ <https://www.tracit.org/prohibition-paper.html>

In the ASEAN region, documented cases of alcohol poisoning have occurred due to harmful compounds and unsanitary production methods associated with illicit alcohol. In 2018, 45 fatalities were reported in Malaysia due to the consumption of toxic alcohol. By May and June 2019, an additional 17 deaths were recorded with one person reported to have suffered blindness.¹² More cases were reported in 2021 with 33 deaths¹³ and in 2023 where more than 20 students were treated for methanol poisoning.¹⁴

The illicit alcohol trade poses a major challenge to the food and beverage industry, affecting brewers, distributors, and retail establishments. In addition to financial implications, illicit alcohol trade results in considerable tax losses for the government impacting the socio-economic development of a nation. For Malaysia, it means the livelihood of more than 100,000 people who employed directly and indirectly. More critically, illicit alcoholic beverages lacking regulation and quality standards pose health risks to consumers. The presence of unregulated and unapproved substances can result in severe consequences such as critical medical conditions and even death as stated above.

¹² Death By Fake Alcohol [Death By Fake Alcohol | The ASEAN Post](#)

¹³ [33 deaths due to methanol poisoning in Sept alone \(nst.com.my\)](#)

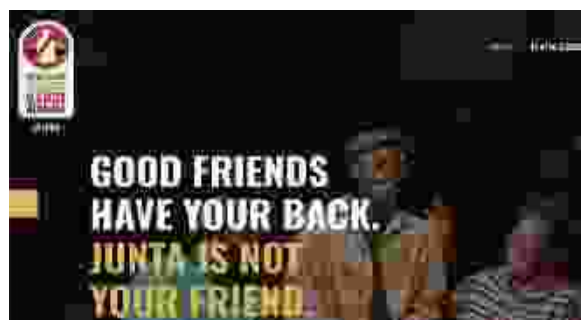
¹⁴ [Twenty secondary school students treated for methanol poisoning in Pitas, says Sabah health deputy director | Malay Mail](#)

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; in particular, we focus on **illicit** or **unrecorded alcohol**, which per the [WHO definition](#) comprises “*alcohol that is not taxed and is outside the usual system of control, such as home or informally produced (legal or illegal), smuggled alcohol, surrogate alcohol, or alcohol obtained through cross-border shopping.*”

Zambia has one of the highest rates of **illicit alcohol** consumption in the world -- nearly 3 out of every 4 units of alcohol consumed in the country are **illicit**. A recent study conducted by the Center for Primary Care Research (University of Zambia) has clearly demonstrated the significant health, economic, and societal impacts of illicit alcohol in Zambia, and while the government has a number of strong policies in place to curtail the production, sale, and consumption of illicit alcohol, implementation and enforcement remain challenging. To address this significant issue, a truly multistakeholder Coalition Against Illicit Alcohol (Zambia Chapter) was formed – including members across private industry, civil society, faith-based organisations, traditional leaders, policymakers, and more – to support government action on this front and build a social movement that will transform Zambia by stopping the sale and consumption of illicit alcohol.

<https://www.noillicitalcohol.org/>



The Coalition's activities in Zambia cover three key thematic areas:

- 1. Community mobilisation:** Through a nationwide, multi-channel awareness campaign (“Rise Above / Say No to *Junta*”), the Coalition mobilized communities across Zambia to change attitudes and behaviours around illicit alcohol consumption, using facts and evidence from the CPRC’s study to raise awareness of the dangers of low-cost, high-ABV illicit spirits locally referred to as “*junta*.” *Junta* has been shown to be one of the most harmful, and the most pervasive, forms of illicit alcohol in Zambia. Additional mobilization will be conducted with alcohol retailers to raise awareness on their role in stopping the sale and consumption of *junta* and other forms of illicit alcohol.
- 2. Grassroot advocacy:** Leverage existing organisational, community, and cultural structures across Zambia (e.g. traditional ceremonies, churches, NGOs) to continue to spread key messages and raise awareness around the sale and consumption of illicit alcohol, especially in those communities where access to media (e.g. TV, radio, internet) is more challenging. Drive additional government action by gathering citizen pledges against illicit alcohol, which can be brought to Parliament by Co-Chair Dr. Christopher Kalila MP.
- 3. Private sector participation:** Create space for the private sector to meaningfully engage with government representatives in order to come together to solutions to achieve shared goals on reducing the production, importation, and sale of illicit alcohol in Zambia, which damages both legitimate Zambian businesses as well as the government’s ability to collect much-needed tax revenue.

Through these initiatives, we aim to reduce the prevalence of illicit alcohol consumption, sales, and its associated harms, learning valuable lessons that can be applied to other countries.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The Director General's (DG) report should reflect positively on the role of multisectoral action, including the private sector, and cross-sector partnerships, which are key to bringing resources and innovation to achieve important NCD objectives. The Coalition Against Illicit Alcohol specifically addresses illicit alcohol consumption, recognizing it as the most harmful form of alcohol consumption. Aligning with WHO's emphasis on multisectoral collaboration to combat NCDs, we bring together diverse actors, sectors, and organisations to reduce illicit alcohol use and promote sustainable health solutions. A further description of how our Coalition aligns with NCD-GAP Objective 2 is 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: • Remain focused on the harmful use of alcohol • Recognize the importance of properly addressing illicit alcohol, which is the worst form of harmful consumption, and unfortunately common in many nations across the globe. Examples of how we have responded to the challenge in the 2018 Political Declaration on NCDs are in Annex 2.

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."

- The Coalition Against Illicit Alcohol (Zambia Chapter) directly responds to the World Health Organization's (WHO) call to strengthen national capacity, leadership, governance, multisectoral action, and partnerships to accelerate country responses for the prevention and control of non-communicable diseases (NCDs).
- Illicit alcohol consumption, which represents the worst form of harmful alcohol intake, should be a top priority in developing countries due to its severe health impacts and its contribution to the NCD burden.
- Addressing this issue is crucial for improving public health outcomes and reducing healthcare costs associated with treating a broad swath of non-communicable diseases, and especially alcohol-related conditions.
- The importance of partnerships and the participation of different sectors of society, including the private sector, cannot be overstated. By bringing together academia, civil society, churches, traditional leaders, policymakers, and private entities, our Coalition leverages a diverse array of resources, expertise, and perspectives. This collaborative approach ensures a comprehensive strategy that addresses both the supply of and demand for illicit alcohol.
- The engagement of civil society and religious organizations helps in community mobilization and the establishment of social norms *against* harmful drinking practices. Academia contributes through research and evidence-based interventions, while the government provides the necessary policy support and governance frameworks.
- By uniting these diverse sectors, our Coalition enhances national capacity and leadership in combating illicit alcohol consumption. This multisectoral collaboration is essential for implementing effective, sustainable interventions that not only reduce the accessibility, acceptability, and affordability of illicit alcohol but also contribute to the broader goal of NCD prevention and control in developing countries.
- Through these concerted efforts, we aim to make significant progress in improving public health and achieving global health objectives, creating an example in Zambia that can be replicated in other countries.

ANNEX 2

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

- Our Coalition's efforts represent a significant contribution by all sectors to implementing the 2018 Political Declaration, which calls for concerted action to address noncommunicable diseases (NCDs).
- Through collaborative efforts and multisectoral partnerships, we implement comprehensive strategies to combat the sale and consumption of illicit alcohol, recognized as the most harmful form of alcohol consumption. The research outputs, activities, and advocacy our partners lead helps to equip government officials with the knowledge and tools to create and enforce policies that deter illicit alcohol production, retail, and consumption.
- Additionally, our social norms and behaviour change campaigns leverage the power of community influence to shift attitudes and behaviours surrounding alcohol use. These campaigns not only raise awareness but also promote responsible, moderate consumption practices.
- Moreover, our approach encompasses consumers, retailers, and the government, ensuring a holistic strategy to tackle illicit alcohol.
- By engaging diverse sectors and empowering communities, we foster environments conducive to health and well-being, ultimately contributing to the prevention and control of NCDs and creating healthier societies.

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.	Millions of workers are exposed to hazardous noise every day in all areas around the globe resulting in permanent noise-induced hearing loss (NIHL) being among the top of reported occupational illnesses in most jurisdictions. Noise exposure is also associated with other NCDs, such as cardiovascular disease, mental health conditions, and dementia. Occupational NIHL caused by over-exposure to noise and/or ototoxic chemicals is <i>preventable</i>. However, prevention depends upon regulations and enforcement of regulations to ensure employers take appropriate actions. Occupational hearing conservation efforts should be a top priority among governments and employers. Nations can set goals to include reduction of NIHL among their workforces to help keep healthy populations and reduce the global burden of disease. Examples in the US of national health plan objectives include US Healthy People 2030 Objectives: HOSCD-06: Increase the proportion of adults who have had a hearing examination within the past 5 years HOSCD-08: Increase the proportion of adults who use hearing protection devices when exposed to loud sounds or music HOSCD-09: Reduce the proportion of adults who have hearing loss due to noise exposure OSH-06: Reduce new cases of occupational hearing loss
2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Leadership in occupational health is essential toward improving hearing health amongst worker populations. Prevention and control of NIHL can be accomplished through educational campaigns for workers, health and safety professionals, and employers and improved access to effective, appropriate personal protective equipment around the world. Collaboration between labor organizations, government entities,

	manufacturers, professional organizations, etc can help to promote hearing health care and hearing loss prevention.
3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Hearing loss is recognized as a modifiable risk factor for dementia. NIHL is preventable through noise reduction and control, use of personal protective equipment, implementation of occupational hearing conservation programs, education, and other initiatives. Because hearing loss is also associated with other health and mental health conditions, prevention of hearing loss has the potential for permanent positive health outcomes.
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.	Hearing health screenings should and can be an essential part of public health delivery from new-born infant screenings, early childhood education, public schools, and in occupational hearing loss prevention programs. Annual monitoring of hearing thresholds for workers in hazardous noise and/or ototoxic chemicals can help trigger intervention before permanent hearing loss is incurred. Similar to other health screenings triggered by certain milestones, hearing health checks should be expected at various points throughout life and included in general health physicals, similar to vision testing.
5 To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Research is needed to better define and track the global burden of occupational hearing loss cases, identifying high risk industries to help target intervention, and design effective intervention strategies. Here is a link to the US National Occupational Research Agenda for Hearing Loss Prevention: https://www.cdc.gov/nora/councils/hlp/pdfs/National_Occupational_Research_Agenda_for_HLP_July_2019-508.pdf
6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	For occupational hearing loss, identifying high risk job sectors can help target research, intervention efforts, and 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.	Hearing loss is associated with a variety of mental health conditions from depression to dementia. Prevention of noise-induced hearing loss from occupational noise exposure, public health campaigns, early identification and treatment delivery can have a significant impact on the numbers of hearing-impaired individuals, the societal health and productivity.

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)^c

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.

#c NCD-GAP objective c		Comments on key priority areasc
1c	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. y	
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Sugerimos que o relatório do Diretor-Geral (DG) destaque o impacto positivo do setor privado desde a última Reunião de Alto Nível sobre DCNTs em 2018. A colaboração multissetorial e as parcerias têm sido fundamentais para aproveitar os recursos do setor privado no alcance de metas cruciais relacionadas às DCNTs, incentivando esforços semelhantes para cumprir as metas estabelecidas até 2030. Diversos exemplos ilustram a contribuição positiva do setor privado, incluindo produtores de álcool, que têm trabalhado em parceria com os governos nacionais para implementar as ações recomendadas na Declaração Política de 2018 sobre DCNTs, no Plano Global de Ação sobre Álcool de 2022 e nas metas do Quadro de Monitoramento de DCNTs. Esses exemplos demonstram o progresso concreto que pode ser alcançado por meio de abordagens abrangentes e multissetoriais: Redução da Mortalidade e Morbidade: ◦ Programas de prevenção de condução sob efeito de álcool: Em muitos países, colaborações entre governos e a indústria de bebidas alcoólicas resultaram em campanhas de conscientização e medidas rigorosas para reduzir acidentes de trânsito relacionados ao álcool. No Brasil, a campanha "Se Beber, Não Dirija" é um exemplo de parceria eficaz entre governo e fabricantes de bebidas, resultando em uma diminuição significativa nos acidentes fatais. ◦ Iniciativas de educação pública: Empresas de bebidas alcoólicas têm colaborado com organizações de saúde para financiar campanhas educativas que alertam sobre os riscos do consumo excessivo de álcool, promovendo comportamentos mais responsáveis entre os consumidores.

		Combate ao Consumo Episódico Pesado: ◦ Promoção de estratégias como "Não e Pouco" e "Premiumização": Muitas empresas adotaram a estratégia de premiumização, promovendo bebidas de maior qualidade e preço, o que tende a reduzir o consumo excessivo. Além disso, campanhas como "Não e Pouco" incentivam o consumo moderado e responsável, especialmente entre jovens adultos. Parcerias para Implementação de Políticas de Controle de Álcool: ◦ Colaborações multissetoriais: No Brasil, a cooperação entre setores públicos e privados tem sido fundamental para implementar políticas de controle de álcool. Um exemplo disso é a parceria entre a Secretaria de Saúde do Estado de São Paulo e a indústria de bebidas alcoólicas, o programa "Álcool e Saúde", que é uma iniciativa conjunta focada em reduzir o consumo de álcool em áreas com altas taxas de abuso. Este programa inclui várias ações, tais como: • Campanhas educativas: Lançamento de campanhas de conscientização pública em escolas, universidades e comunidades sobre os riscos do consumo excessivo de álcool. • Treinamento de profissionais de saúde: Capacitação de profissionais de saúde para identificar e tratar problemas relacionados ao álcool, além de aconselhar pacientes sobre o consumo responsável. • Parcerias com estabelecimentos comerciais: Colaboração com bares, restaurantes e lojas de conveniência para promover a venda responsável de álcool e evitar a venda para menores de idade. • Eventos comunitários: Organização de eventos comunitários para educar a população sobre os efeitos do álcool e promover estilos de vida saudáveis, como esportes e atividades culturais. Esses exemplos mostram que a colaboração entre o setor público e privado pode gerar resultados significativos na redução da mortalidade e morbidade associadas ao álcool, bem como na mitigação de comportamentos de risco, como o consumo episódico pesado. A abordagem multilateral e colaborativa é crucial para fortalecer a capacidade nacional e alcançar os objetivos estabelecidos.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Recomendamos que o relatório do Diretor-Geral (DG): 1. Estructure a seção sobre álcool e saúde em torno do quadro multilateral acordado sobre álcool e saúde, que se concentra no uso prejudicial do álcool. 2. Reflita a diversidade de opções de políticas incluídas na Estratégia Global de 2010 para Reduzir o Uso Prejudicial do Álcool, na Declaração Política de 2018 sobre DCNTs e no Plano Global de Ação sobre Álcool de 2022-2030, bem como nos contextos nacionais e locais. 3. Inclua as contribuições do setor privado na redução do uso prejudicial do álcool. Exemplos de como temos respondido ao desafio na Declaração Política sobre DCNTs de 2018 para tomar medidas concretas para eliminar a publicidade e venda de álcool para menores são: Marketing Digital Responsável: ◦ No Brasil, empresas membros da IARD implementaram políticas rigorosas para garantir que o marketing digital não alcance menores de idade. Isso inclui o uso de filtros de idade em plataformas de mídia social e a colaboração com influenciadores digitais que promovem o consumo responsável. Um exemplo específico é a campanha "Amigo da Vez", promovida pela Ambev, que incentiva jovens a escolherem um amigo para não consumir álcool em festas e dirigir com segurança. Rotulagem de Produtos:

		◦ A rotulagem clara e informativa dos produtos, de acordo com os padrões da IARD, tem ajudado os consumidores a fazer escolhas mais informadas. No Brasil, a Ambev e outras grandes fabricantes adotaram rótulos com informações sobre o teor alcoólico e avisos sobre os riscos do consumo excessivo, tornando essas práticas padrão no mercado. Vendas Online e Varejo: ◦ A implementação de controles rigorosos nas vendas online para verificar a idade dos compradores e garantir que menores de idade não possam adquirir produtos alcoólicos tem sido uma prioridade. No Brasil, plataformas de e-commerce como a Americanas.com e o Submarino, em parceria com a indústria de bebidas, adotaram verificações de idade durante o processo de compra. Além disso, parcerias com varejistas como o Grupo Pão de Açúcar ajudam a promover a venda responsável e a limitar promoções que incentivem o consumo excessivo. Hospitalidade: ◦ O treinamento de funcionários em estabelecimentos de hospitalidade para identificar e prevenir o consumo excessivo entre os clientes é uma prática comum. No Brasil, programas como o "Beba com Responsa" da Ambev incluem capacitação para bartenders e garçons em bares e restaurantes, ensinando técnicas para lidar com clientes intoxicados e promovendo alternativas não alcoólicas. ◦ Essas iniciativas refletem a importância de uma abordagem flexível e adaptada ao contexto local, conforme descrito no parágrafo 27 do Plano de Ação Global sobre Álcool 2022-2030. As contribuições do setor privado não apenas ajudam a cumprir a Declaração Política de 2018, mas também incentivam ações positivas contínuas através de diálogos regulares e colaborativos com operadores econômicos.
4c	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. y	
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Recomendamos que o relatório do DG utilize o Quadro de Monitoramento de DCNT acordado pelos Estados Membros para monitorar tendências e determinantes e avaliar o progresso. Este quadro foca em três metas principais: consumo total de álcool per capita, consumo episódico pesado e morbidade e mortalidade relacionadas ao álcool. Também recomendamos um foco mais forte na coleta de dados sobre álcool não registrado, especialmente álcool ilícito, dada a importância do seu impacto na saúde pública. A seguir, apresentamos evidências de por que medir apenas o consumo global de álcool per capita pode não ser um indicador eficaz para avaliar o uso prejudicial de álcool. O Quadro Global de Monitoramento de DCNT foi acordado pelos Estados Membros durante a Assembleia Mundial da Saúde em maio de 2013 e possui três indicadores principais para rastrear o uso prejudicial do álcool. Estes são: Consumo total (registrado e não registrado) de álcool per capita (para pessoas com 15 anos ou mais) durante um ano

		civil, em litros de álcool puro, conforme apropriado, dentro do contexto nacional: - Embora este indicador forneça uma visão geral do consumo de álcool, ele não captura os padrões de consumo que são críticos para avaliar o uso prejudicial do álcool. Por exemplo, um país pode ver uma redução no consumo per capita, mas não um aumento no consumo episódico pesado e nas taxas de mortalidade relacionada ao álcool, como observado em algumas regiões. Prevalência do consumo episódico pesado: - Este indicador é crucial para entender os comportamentos de risco associados ao álcool. Dados recentes mostram que, apesar de uma redução no consumo per capita em alguns países, a prevalência do consumo episódico pesado pode estar aumentando, sugerindo que as políticas de controle devem focar não apenas na quantidade, mas na forma como o álcool é consumido. Morbidade e mortalidade relacionadas ao álcool: - Monitorar as taxas de morbidade e mortalidade fornece uma medida direta do impacto do álcool na saúde pública. No entanto, a falta de dados atualizados sobre álcool não registrado, especialmente ilícito, continua a ser um desafio significativo. Dados da OCDE sugerem que o impacto do álcool ilícito é substancial e subestimado, o que implica na necessidade de uma atenção maior a essa questão no futuro. Esses indicadores, quando analisados em conjunto, oferecem uma visão mais completa do impacto do álcool na saúde pública. No entanto, é essencial que os dados sejam atualizados regularmente e que os métodos de coleta sejam aprimorados para refletir com precisão a realidade. A abordagem atual do Quadro de Monitoramento deve ser revisada para incluir dados mais robustos e precisos sobre o álcool não registrado e seus efeitos, garantindo que as estratégias de prevenção sejam baseadas em evidências sólidas e abrangentes.
★	<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.	

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“The Oral Health Pacific Islands Alliance aims for collaboration to bridge the gaps to achieve optimal oral health and maintain Beautiful Pacific Smiles”

Web-based consultation: Informing key priorities before the next High-level meeting on NCDs 2025

17 June 2024 / via email OnTheRoadTo2025@who.int

To Whom it May Concern

On behalf of the *Oral Health Pacific Islands Alliance* (OPIA) we welcome the opportunity to comment on key priorities for the 4th High-level Meeting on NCDs in September 2025 and the content of the Director-General's report to the World Health Assembly 2025. OPIA represents the practice of oral health in the Pacific region, aims for collaboration to bridge the gaps to achieve optimal oral health and maintain beautiful Pacific smiles. The alliance was established in 2014 during the fifth regional meeting of the Heads of Dental Services held in Suva, Fiji, with the objective to promote and provide a forum for Pacific regional oral health professionals to share on matters that affect oral health in the region and develop shared solutions; as well as strengthen relationships with other stakeholders to advocate for oral health. The Suva Declaration was signed in 2014 by chief dental officers from 14 countries.

Our consultation input is aligned with the joint comments from the WHO Collaborating Centers at the University of the Western Cape and at New York University, with whom we collaborate and who have provided technical support in the past. We are focusing our input on three key requests as follows:

- 1. Full inclusion, integration and explicit highlighting of oral diseases in both the DGs report and the UNHLM outcome document, so that all aspects relevant for prevention and control of NCDs are also shown to be unambiguously relevant for prevention and control of oral diseases**

We fully acknowledge the alarming findings of the WHO Global Oral Health Status Report (2022) and welcome the new global oral health policies initiated by the resolution on oral health (WHA74.5. 2021).

Oral diseases are a neglected disease group within NCDs. Coupled with the generally low priority of NCDs in global health, development assistance, and health financing contexts, oral diseases suffer from much lower levels of funding and health system integration. This neglect exacerbates the challenges faced by populations worldwide, particularly in accessing essential basic oral health services.

Recognizing and integrating oral health in all relevant policies and public health programmes as part of the broader NCD and UHC agendas will be crucial in addressing the additional burden of over 1 billion cases of untreated oral disease (1990-2019), which has increased the global burden to more than 3.5 billion people suffering. In the WHO Western Pacific Region alone an estimated 800 million people are affected, and many, particularly in the Pacific Island countries, are affected by multiple NCDs.¹

- 2. Inclusion of detailed analysis of the global oral health situation and operative clauses that provide strategic direction on prevention and control of oral diseases aligned with the WHO Global Oral Health Action Plan**

¹ Maimanuku L, Piukala S, Tatui L, Tiim K, Benzian H. Oral diseases and NCDs in the Western Pacific Region need to be prioritised. *Lancet Reg Health West Pac.* 2024;47:101099.

We urge WHO, member states, and development partners to stop assuming that oral diseases are included by implication whenever NCDs are mentioned in policy guidance. One-sentence references to oral diseases, as used in previous political declarations of UN High-level Meetings (on NCDs and UHC) are no longer appropriate in view of the strong global oral health policies and the expressed will of member states to end the neglect of oral health, manifest in the 2021 resolution on oral health. Fully detailed analytical and operative clauses on prevention and control of oral disease, including detailed guidance on the implementation of the WHO Global Oral Health Action Plan, will be crucial elements of both, the DG's report and the UNHLM outcome document.

In addition, we ask the WHO at all levels and particularly in the Western Pacific Region, as well as governments, development partners and non-state actors for explicit inclusion and recognition for oral health promotion and oral disease prevention and control in programmatic planning, strengthening of technical capacities and increased financial support. Sustainable, ongoing financing of such efforts is crucial to achieve lasting improvements in oral health. Furthermore, we also support policies and legal regulations that will reduce risks to oral health throughout the life course, particularly the exposure of children and adolescents to ultra-processed foods and diets high in sugar content, and to limit the advertising and marketing of such products to these population groups. Moreover, we support the full integration of essential prevention, care, and rehabilitation of oral health in UHC benefit packages towards progressive and universal access for all.

3. Acknowledgement and accelerated action to address the specific oral disease challenges of Small Island Developing States

Small Island Developing States (SIDS) are facing specific challenges in relation to prevention and control of oral diseases relating to risk exposure from unhealthy ultra-processed food high in sugars, salt and fats; weak and strained health system responses due to low oral health workforce numbers and lack of training institutions as well as geographic challenges with small population numbers spread over countries covering dozens or hundreds of small islands; limited capacities of public oral health services, lack of essential dental medicines and supplies resulting in low coverage; incomplete oral health information systems and limited research capacities. The *Suva Declaration on Improving Oral Health in the Pacific Islands Region* (2023)² outlines these and other challenges, and provides a framework for accelerated action aligned with the Global Oral Health Action Plan and its strategic priorities. We urge WHO to explicitly mention and address the situation of oral health in SIDS and to use the recommendations of the Suva Declaration.

4. Reconsideration of the current NCD and risk factor framing to incorporate oral diseases and to strengthen action on sugars

In response to the lack of attention and political priority accorded to oral diseases, the two aforementioned WHO Collaborating Centers have suggested an evolution of the current 5x5 NCD/risk factor framing to a 6x6 concept to include oral diseases and sugar, so that the massive unmet needs of oral diseases and the pervasive risks from high sugar consumption are exposed and can be better addressed.³ We urge member states and the WHO to undertake a comprehensive review of the NCD framing as part of the *Road to 2025* to include oral diseases and sugar. We ask for the full integration of oral diseases in the WHO Director-General's report and the Political Declaration of the 4th High-level Meeting on NCDs, that include detailed operational clauses. In addition, it would also be opportune to initiate a review of the WHO Health Promoting Schools guidance, based on the new Global Standards for School Health and the global oral health policies, which contain clear action recommendations for the oral health of children and adolescents in a school context.

² <https://www.spc.int/updates/blog/blog/2023/07/lets-not-forget-oral-health>

³ Benzian H, Daar A, Naidoo S. Redefining the non-communicable disease framework to a 6 × 6 approach: incorporating oral diseases and sugars. *Lancet Public Health*. 2023;8:e899-904

Oral health is part of the basic human right to health, as reconfirmed by the WHO Global Strategy on Oral Health (2023-2030). However, tangible progress and improvements for the billions of people worldwide without sustained and affordable access to essential oral healthcare and prevention require bold, inclusive, and clear strategic guidance, practical technical and implementation support, and, most importantly, political leadership and long-term commitment. The Director-General's report and the UNHLM on NCDs 2025 provide unique opportunities for a major reform of the global NCD policy directives to make them fully inclusive of oral health.

OPIA and its members would be pleased to provide technical and scientific support to WHO and its member states in improving oral health in the wider context of NCDs, primary health care, and UHC. We confirm our unwavering support to the WHO Global Oral Health Programme and look forward to contributing constructively to the upcoming Global Oral Health Summit by the end of 2024.

Yours sincerely,

Dr Kantara Tiim



DE: FUNDACIÓN DE INVESTIGACIONES SOCIALES, A.C.
Ciudad de México a 14 de junio de 2024

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

La Fundación de Investigaciones Sociales, A.C. (FISAC) es una organización sin fines de lucro que desde 1981 ha contribuido a la prevención del uso nocivo del alcohol en México. Desde FISAC agradecemos a la Organización Mundial de la Salud por la apertura de la consulta relacionada con las áreas de prioridad del informe del Director General para la 4ta Reunión de Alto Nivel de las Naciones Unidas para la prevención y control de las enfermedades no transmisibles. Compartimos con ustedes los siguientes comentarios con el fin de sumar esfuerzos de prevención y colaboración, buscando alcanzar las metas y los objetivos nacionales e internacionales en materia de salud para 2030:

#	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.	FISAC es una organización especializada en la prevención del uso nocivo del alcohol que ha jugado un papel relevante en el involucramiento de diversos actores sociales en la lucha contra este problema en México y en la región de las Américas. Nuestra organización constantemente: • Genera diálogos interdisciplinarios e intersectoriales para movilizar acciones puntuales que combatan este factor de riesgo. • Crea publicaciones que faciliten la comprensión de los riesgos asociados al uso nocivo del alcohol y ofrezcan herramientas de apoyo para reducirlos. Una de nuestras publicaciones más relevantes es “El Trago Estándar en México: Una herramienta para la prevención del uso nocivo del alcohol” (ver anexo). También tenemos presencia en diversos países de Latinoamérica, donde ofrecemos capacitación y asesoría para desarrollar estrategias preventivas basadas en evidencia. Esto nos ha permitido ser un agente activo en la construcción de colaboraciones internacionales para abordar esta problemática de manera contextualizada e integral. Estamos convencidos de que la acción concertada de las organizaciones del sector privado puede contribuir positivamente a dar mayor prioridad a la prevención de los diversos factores de riesgo para el desarrollo de Enfermedades No Transmisibles (ENT) en las agendas públicas.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Combatir las ENT es una prioridad de salud pública que requiere la acción concertada y transparente de toda la sociedad. Esto implica sumar experiencia, recursos y esfuerzos para fortalecer la capacidad de los profesionales, los sistemas de salud y la sociedad en general para afrontar este asunto de manera eficiente y sostenible. Reconocemos que el uso nocivo del alcohol es uno de los factores de riesgo modificables más importantes para esta problemática. Consideramos que las acciones a gran escala que consigan prevenir, reducir o retrasar este problema tendrán efectos positivos en el combate contra las ENT. Desde 1981, FISAC ha contribuido a este objetivo aportando información, capacitación, educación y herramientas a diferentes grupos de edad, así como asesoría y entrenamiento a organizaciones gubernamentales, académicas, empresas y de la sociedad civil. Nuestra experiencia en la prevención en México nos ha permitido constatar que uno de los principales retos consiste en lograr y mantener la profesionalización y continuidad de los programas y acciones para combatir el uso nocivo del alcohol a lo largo del tiempo. Por ello, recomendamos que se reconozcan y empleen estratégicamente los recursos y la experiencia del sector privado y las organizaciones de la sociedad civil a través de colaboraciones transparentes con otros sectores interesados en proteger a las sociedades del impacto del uso nocivo del alcohol. El sector privado tiene el potencial de acelerar la respuesta del país mediante acciones para la prevención del uso nocivo a lo largo de toda la cadena comercial involucrada en la producción, distribución, marketing y venta de bebidas alcohólicas, utilizando el poder de las empresas en favor de la responsabilidad ante el consumo de alcohol. Estas acciones tendrían la ventaja de estar presentes en entornos de consumo y ser cercanas a las personas que consumen estos productos en el momento de la toma de decisiones. FISAC ha fomentado y contribuido a establecer programas de prevención del uso nocivo del alcohol basados en evidencia científica, facilitando el trabajo integral de todos los sectores. Algunas de nuestras acciones incluyen: • Sensibilización y alineación con el sector privado y público sobre la percepción del riesgo, fomentando acciones que protejan a los grupos más vulnerables y prevengan el uso nocivo del alcohol. • Acompañamiento, capacitación y provisión de materiales a especialistas en salud y seguridad vial, empresarios y sus colaboradores, educadores, padres y tutores, líderes comunitarios, entre otros, para crear programas en sus instituciones que fomenten una cultura de respeto a la abstinencia, prevención de riesgos asociados al uso nocivo del alcohol y promoción de estilos de vida saludables, habilidades para la vida y crianza positiva.

		• Difusión de campañas de comunicación en medios que refuercen los programas de prevención con mensajes prioritarios para evitar el consumo de alcohol en menores, no combinar alcohol y volante y disminuir el consumo excesivo. • Desde el año 2009, contamos con un programa de reciclaje de vidrio que busca prevenir el rellenado de botellas en el mercado ilegal, que pone en riesgo la salud del consumidor. La acción multisectorial de todas las partes interesadas ha fortalecido programas y acciones concretas para reducir el uso nocivo del alcohol, como los programas de alcoholimetría sugeridos como intervenciones costo-efectivas en documentos como la Estrategia Mundial para Reducir el Uso Nocivo del Alcohol y el Plan de Acción Global de Alcohol, ambos de la Organización Mundial de la Salud. La Fundación de Investigaciones Sociales, A.C. (FISAC) ha colaborado desde el año 2012 en la implementación de operativos, capacitación y resignificación de los policías del programa de alcoholimetría “Conduce sin Alcohol”. De 2015 a 2018, en sinergia con el gobierno, implementamos programas de alcoholimetría a nivel nacional, logrando un aumento de alrededor del 20 al 50% en los conocimientos y conceptos técnicos sobre el uso nocivo del alcohol y la conducción de vehículos, así como sobre el operativo de alcoholimetría. Los resultados de esta colaboración incluyen una disminución del 30% en incidentes automovilísticos relacionados y, en algunos municipios, cero muertes por la combinación de alcohol y volante. El resumen de esta colaboración está disponible en: https://www.alcoholinformate.org.mx:8181/jspui/bitstream/123456789/18850/1/Memorias%20Conduce%20sin%20alcohol.pdf Sugerimos que el informe del Director General considere las oportunidades de las colaboraciones interinstitucionales como pieza clave para la prevención del uso nocivo del alcohol, a través de esfuerzos que combinen capacitación y asesoría técnica, recursos humanos y financiamiento.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	La creación de ambientes promotores de salud es una estrategia crucial para moldear comportamientos que protejan la salud y reduzcan factores de riesgo, como el uso nocivo del alcohol. Esto se puede favorecer en diversos entornos, como la familia, la escuela, el lugar de trabajo y los centros recreativos, entre otros. Consideramos que el sector privado tiene un rol significativo que desempeñar en la implementación de acciones que promuevan constantemente la prevención del uso nocivo del alcohol, mejorándola y manteniéndola en el tiempo. Involucrar y hacer partícipe a toda la cadena comercial favorece la creación de ambientes protectores que apoyen la modificación de comportamientos nocivos y motiven la responsabilidad y el autocuidado en el momento de la toma de decisiones.

		En FISAC, hemos promovido estas acciones a través de iniciativas puntuales, como la prevención de la venta de alcohol a menores de edad y el entrenamiento del personal de bares y restaurantes en herramientas y conceptos como el trago estándar, la moderación, el servicio responsable, alternativas de transporte seguro y alcoholímetros informativos. Estas acciones podrían acentuarse y fortalecerse mediante la colaboración multisectorial para la creación de entornos más seguros para personas de todas las edades. La Estrategia Mundial para Reducir el Uso Nocivo del Alcohol reconoce la necesidad de posibilitar la acción intersectorial para promover el alcance de objetivos comunes en contra del uso nocivo del alcohol. Recomendamos que el informe del Director General promueva la participación de todas las partes interesadas en la reducción del uso nocivo del alcohol, reflejando las acciones y colaboraciones que se han realizado para alcanzar este objetivo. De igual forma, sugerimos que el informe incluya distintas opciones de políticas y medidas que puedan ser implementadas de acuerdo con los contextos locales, nacionales y regionales, tal como lo establece la Estrategia Mundial para Reducir el Uso Nocivo del Alcohol en el punto 6f.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	La investigación científica es uno de los pilares más importantes de la salud pública, permitiendo identificar y priorizar las necesidades críticas de un país o región para el diseño de políticas públicas de salud acordes con el contexto correspondiente. Recomendamos que el informe del Director General considere la necesidad de contar con lineamientos y bases para la rendición de cuentas en la investigación científica financiada por el sector privado. Esto permitiría fortalecer y amplificar los esfuerzos en la producción y difusión de información útil para el diseño e implementación de políticas públicas basadas en evidencia, que apoyen la prevención y/o control de las enfermedades no transmisibles de acuerdo con nuestros contextos. Los países de América Latina y el Caribe cuentan con poca investigación respecto a nuestras características y situaciones particulares. En el Anexo 1 encontrará algunas acciones llevadas a cabo por nuestra Fundación para la creación y difusión de información basada en evidencia, que resulten en la toma de decisiones informadas, así como la traducción del conocimiento científico en acciones prácticas.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	El Plan de Acción Global para la Prevención y Control de Enfermedades No Transmisibles 2013-2020, que forma parte de las bases técnicas de esta consulta, establece en el Marco de Monitoreo Global los siguientes elementos para la reducción del uso nocivo del alcohol: consumo per cápita total, prevalencia de consumo excesivo, y mortalidad y morbilidad relacionada al consumo de alcohol.



	Dada la diversidad del contexto global, regional y local en relación con el consumo de alcohol y su monitoreo (patrones de consumo, levantamiento de encuestas e indicadores, regulaciones locales, entre otros), sugerimos que el informe del Director General considere la inclusión de distintos indicadores para monitorear el avance de los países en la lucha para la reducción del uso nocivo del alcohol. México no destaca por tener uno de los consumos per cápita más altos de la región; sin embargo, presenta un patrón de consumo esporádico y explosivo, lo cual se asocia con numerosas consecuencias negativas en todos los grupos de edad. En este sentido, resulta fundamental fortalecer el monitoreo de estas tendencias mediante la vigilancia de los tres indicadores propuestos por el plan de acción para el uso nocivo del alcohol. Por otra parte, el consumo de alcohol informal es un problema público que debe ser abordado según las necesidades de este mercado en cada país, siendo el sector privado una pieza clave para la generación de datos que permitan crear un panorama detallado para el diseño de programas y acciones pertinentes para su control y prevención.

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

Anexo 1

El libro **“El Trago Estándar en México: Una herramienta para la prevención del uso nocivo del alcohol”** de la Fundación de Investigaciones Sociales, A.C. (FISAC) recopila información relevante sobre el consumo de alcohol, los efectos en la salud de un consumo nocivo y las oportunidades disponibles para que diversas áreas interesadas promuevan la toma de decisiones informadas y basadas en evidencia, contribuyendo a la lucha contra el uso nocivo del alcohol a nivel local.

Publicado en 2015 y actualizado recientemente en 2023, el libro ha sido difundido entre profesionales de la salud, tomadores de decisiones y actores clave, promoviendo la educación y capacitación técnica en el área de la prevención del uso nocivo del alcohol. Desde su lanzamiento, la obra ha registrado más de 3,000 descargas y ha sido traducida al inglés y portugués para ampliar su alcance.

FISAC también cuenta con un espacio de difusión llamado **“Shots con Ciencia”**, que busca proporcionar información al público general sobre temas relacionados con el uso nocivo del alcohol a través de entrevistas con profesionales de la salud de distintas especialidades. El objetivo es combatir la desinformación y proporcionar un sustento basado en evidencia científica.

Finalmente, desde los inicios de la Fundación, hemos trabajado en diversas campañas de comunicación en medios tradicionales y digitales. Nuestra última campaña, **“Shots de verdad”**, se enfoca en combatir creencias y comportamientos normativos en torno al consumo de alcohol entre la población mexicana.

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). Also strengthen international cooperation among organisations, stakeholders and countries. Promote awareness and support for NCD prevention through national agendas.
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. WHO should help countries to build national action plans and to create evidence-based strategies that prioritize prevention and management of MASLD and MASH. It is very important to promote public awareness through education about the risk factors, what are the prevention measures and the importance of early detection.

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. WHO should promote policies for healthy behaviours (healthy eating and physical activities) and apply regulatory measures by limiting the access to harmful substances (alcohol, fast food, unhealthy food additives 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.	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. Prioritize primary health care as the foundation of health system by ensuring that the NCD service is integrated in the primary health care and making it accessible and affordable. Healthcare providers should be trained and empowered to deliver comprehensive care by enabling them with access to essential diagnostic tools and technologies.
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. Support the agenda by funding research initiatives and foster collaboration and networking between researchers and countries.
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. There should be established surveillance system that will collect the data on NCD prevention, including liver diseases, that will monitor all the risk factors, will evaluate the effectiveness of the prevention, the control interventions and the trends over the time.
★	<i>In addition:</i> To promote and protect mental health and well-being, including prevention and	To recognise that mental health is closely related to liver disease including through stigma and

	management of mental health conditions, as a vital component of achieving SDG target 3.4.	discrimination due to body image and/or an association with alcohol use. There should be an increase awareness by public and national campaigns that will reduce stigma surrounding mental health issues. Easy access to services (consulting, psychotherapy) is key in tackling this problem.

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

HelpAge International

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 is currently off-track to meet all nine global voluntary NCD targets for 2025, meanwhile current allocations of government and development assistance for 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, while nearly all countries (95%) have staff responsible for NCDs in their ministry of health or equivalent entity, 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 to the mortality and morbidity burden caused by NCDs, with 74 per cent of all deaths in 2019 being attributed to NCDs, and NCDs contributing to 80 per cent of all years lived with disability. To address the challenge faced by NCDs, 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. They must 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. NCDs must be at the centre of global health and development agendas with the aim of consolidating efforts and achieving more through integrated action that takes a multisector, whole-of-society and whole-of-government approach – including within development planning; humanitarian, emergency and pandemic preparedness and response; action on climate change; action on social, economic, commercial and environmental determinants of health; food systems and nutrition; mental health and wellbeing; disability inclusion; and action to promote healthy ageing for all at all ages. The latter is particularly important considering the intersection between population ageing, disability and non-communicable diseases. By 2030, 1.4 billion people will be aged 60 years and older. Older people face the greatest burden from NCD mortality and morbidity, with 85 per cent of all NCD deaths in 2019 occurring among people aged 55+, while rates of Years Lived with a Disability (YLDs) caused by NCDs were 19,006 per 100,000 for those aged 55+ compared to 8,124 per 100,000 for those aged 15-49. NCDs in themselves contribute to 80 per cent of years lived with disability globally and persons with disabilities of all ages are at greater risk of NCDs. Healthy ageing and global action on disability inclusive health must therefore be at the centre of all action on the prevention and control of NCDs. To support a joined-up approach, WHO must strengthen alignment and coordination on key related agendas and areas of work including NCDs, ageing, disability inclusive health, access to rehabilitation and assistive technology, mental health and psychosocial wellbeing, neurological conditions, dementia, access to palliative care, long-term care and support and UHC. Governments must champion health equity, age and disability inclusion and adopt a gender responsive approach in all action, recognising and responding to the intersection of age, gender and disability with NCDs and ensuring that action seeks to address health inequities by prioritising the needs of those with the greatest needs who are the furthest behind including older people who face the greatest mortality and morbidity burden from NCDs but often the greatest

		barriers in accessing the services and support they need. Governments and development partners at all levels must ensure sustainable financing for NCD across the full continuum of care at sufficient level to match the disease burden, including within national health budgets and development assistance for health.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Urgent action is needed to accelerate implementation of action on NCDs and their risk factors, including by fast-tracking national implementation of evidence-based NCD policy recommendations to achieve progress on health and well-being for all, focusing first on those left furthest behind. This must include: • setting clear 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 updated NCD “best buys” and other recommended interventions of the WHO Global NCD Action Plan Appendix 3 • Action to address the social, environmental, economic and commercial determinants of health. • Sustainable financing across the full continuum of care (including health promotion, prevention, treatment, rehabilitation, palliative and end of life care, and long-term care and support) to match national disease burden, as part of progress towards Universal Health Coverage founded upon strong Primary Health Care approaches. • Workforce training and development plans to ensure all health and care staff are able to deliver comprehensive NCD services across the full continuum of health promotion, prevention, treatment, specialist care, rehabilitation, palliative and end of life care, and long-term care and support. This must include plans to ensure a well-paid, well-trained and well-resourced, multidisciplinary workforce is available to meet the diverse and more complex health and care needs of older people with NCDs and persons living with disabilities.

		• Inclusive data and information systems to measure progress on NCDs by committing to removing age caps on key data sources and gathering data on all ages groups disaggregated by sex, age, disability, location, and socio-economic status as a minimum to inform equity-based decision making. Persons living with NCDs, their families and communities must be at the centre of the NCD response, with institutional mechanisms for the meaningful participation of civil society, communities and people living with NCD in the policy making process. This must include support for older people and persons with disabilities living with NCDs to engage and for their voices to be heard in the design, delivery, monitoring and evaluation of systems and services.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate action to implement evidence-based NCD policy recommendations to achieve progress on health and well-being for all at all ages, with a focus on those who are furthest behind. This must include: • Promoting a well-being economy by directing investments towards sectors and industries aligned with public health goals, ensuring policy coherence, and safeguarding public procurement and partnerships against conflicts of interest. • Promoting collaboration with relevant government sectors to implement population-wide interventions that promote health equity and well-being for all at all ages. • Safeguarding policymaking processes addressing the determinants of health and aimed at transforming our economies from the undue influence of health-harming industries. • Further efforts and technical support to implement recommendations outlined in the WHO Commission on Social Determinants of Health and the WHO World Report on the Social Determinants of Health Equity (SDoHE). As outlined above, NCDs must be at the centre of global health and development agendas to consolidate efforts and achieve more through integrated action

		through a multisector, whole-of-society and whole-of-government approach – including within development planning; humanitarian, emergency and pandemic preparedness and response; action on climate change; action on social, economic, commercial and environmental determinants of health; food systems and nutrition; mental health and wellbeing; and action to promote disability inclusive health systems and healthy ageing for all at all ages. All action must champion human rights, health equity, age and disability inclusion, and a gender responsive approach, recognising the intersection of age, gender and disability with NCDs, with older people experiencing the greatest mortality and morbidity burden from NCDs, men dying younger but women facing a greater morbidity burden from NCDs, and NCDs contributing to 80 per cent of all years lived with disability globally. An intersectional approach must also recognise and seek to address health inequities, including those related to multiple and intersecting forms of discrimination and disadvantage faced by women and girls of all ages, older people and persons with disabilities, and the barriers they face to enjoying their right to health and health services. To support health promoting environments, governments must invest in inclusive and age friendly cities and communities and support the engagement of people within their own health and wellbeing as part of a primary health care approach.
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.	By 2030, 1.4 billion people will be aged 60 and over, yet the majority of health systems remain unprepared for population ageing and associated rises in rates of NCDs and disabilities. To ensure systems and services meet the needs and uphold the rights of increasing numbers of older people and reap the benefits of healthy ageing for all, UHC must be fit for an ageing world. This means investing in age and disability inclusive and gender responsive health and care systems that deliver equitable, integrated and person-centred services, founded on primary health care approaches that promote healthy ageing for all. Central to this is mainstreaming NCD prevention and care services, good and products into progress towards UHC at all levels, with the goal of ensuring they are available to all without experiencing financial hardship.

	This must include ensuring the continuum of health promotion, prevention, treatment, specialist, palliative and end of life care, and long-term care and support services are included within health benefit packages, alongside medicines, vaccines and assistive technologies needed by people living with NCDs. Progress towards this goal must take an equity-based approach, prioritising those with the highest needs who face the greatest barriers to accessing care. Older people are among those with the greatest need for NCD services, yet furthest behind in accessing them. Of the more than 1 billion people each year who face catastrophic health spending, older households are the age group most at risk, many as a result of services, goods and products they need due to NCDs which are more common in later life, with 85 per cent of all deaths from NCDs among people aged 55 and over in 2019, while rates of Years Lived with a Disability (YLDs) caused by NCDs were 19,006 per 100,000 for those aged 55+ compared to 8,124 per 100,000 for those aged 15-49. Key barriers to older people accessing the services and support they need include those related to the availability, accessibility, acceptability and quality of services and support, as well as ageism and age discrimination in the funding, design, delivery, monitoring and evaluation of responses. These barriers must be addressed within progress towards the inclusion of NCDs within UHC. All services must be age and disability inclusive and gender responsive, recognising the intersection of older age, disability and gender with NCDs and the multiple and multiple and intersecting forms of discrimination and disadvantage faced by women and girls of all ages, older people and persons with disabilities and the barriers they face to enjoying their right to health. Government should urgently implement the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN), and PEN+ which builds on WHO PEN to incorporate NCD care at primary level hospitals for complex chronic NCDs in low-resource settings. They must also implement specific WHO initiatives and action plans to reach specific targets including those on diabetes, heart disease and hypertension, cancer, mental health, dementia, brain health, neurological conditions, obesity, oral health, access to medicines, and on alcohol, tobacco, unhealthy diets and physical activity. This should be alongside and integrated with action focused on

	promoting healthy ageing and ensuring people’s access to integrated and person-centred care for people living with NCDs, including WHO Integrated Care for Older People (WHO ICOPE). This is particularly important for increasing numbers of older people living with co- or multi-morbidity and experiencing two or more NCDs. Workforce training and development plans to ensure all health and care staff are able to deliver comprehensive NCD services across the full continuum of health promotion, prevention, treatment, specialist care, rehabilitation, palliative and end of life care, and long-term care and support. This must include plans to ensure a well-paid, well-trained and well-resourced, multidisciplinary workforce is available to meet the diverse and more complex health and care needs of older people with NCDs and persons living with disabilities through integrated and person-centered care. In humanitarian and emergency settings, essential NCD services must be integrated into every part of the emergency cycle – from preparedness and disaster risk reduction, through the immediate emergency response and longer-term recovery, including adoption of WHO PEN H. A multidisciplinary health workforce must be trained with the knowledge, skills and capacity needed to prevent, diagnose and treat NCDs in humanitarian settings, including the specific needs of older people with multiple and more complex conditions, with a view to providing person-centred and integrated services. This should be in line with Humanitarian Inclusion Standards and other humanitarian guidelines. As part of this, NCD prevention and care in humanitarian settings needs to move away from disease specific interventions towards more integrated approaches that better respond to the health and care needs of older people. Achieving this requires us to fund, design and deliver person-centred and community-based approaches that respond to older people’s physical and mental health and care needs holistically, engaging and empowering older people in their own health and wellbeing. Responses should seek to promote a primary health care approach, building on whatever services, support and capacities exist within communities to design and deliver joined-up and multidisciplinary care for older people. Rehabilitation, palliative care, end of life care, and long-term care and support must be recognised as essential components of NCD services in humanitarian settings. Mental health should be fully integrated into NCD responses at all levels, including relevant training, services and support to meet the needs of increasing

		numbers of older people and their families in humanitarian contexts and the impact of emergencies on their mental health & psychosocial wellbeing. This must include considering the needs and rights of older people with neurological conditions, including dementia, and their caregivers.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Stronger data and research is needed to understand inequities in access to NCD prevention and care in low- and middle-income countries across the full continuum of health promotion, prevention, treatment, rehabilitation, palliative and end of life care, and long-term care and support, as well as access to related medical products, vaccines and assistive technologies. This must explore which groups face the greatest risks and burden from NCDs but are furthest behind in accessing prevention and care services and must, critically, include a focus on older people and persons with disabilities. The exclusion of older people within NCD and broader health data systems presents a profound obstacle to monitoring health inequities in relation to NCDs and urgently needs to be addressed. A large and rapidly growing number of older people are affected by humanitarian crises. The proportion of the population aged 50 and over in fragile countries, where conflict and disasters are more likely to occur, is expected to rise from 12.3 per cent (219.9 million) in 2020 to 19.2 per cent (586.3 million) in 2050. Older people are also among those with the greatest need for NCD services, yet furthest behind in accessing them. This is especially true in humanitarian settings. Yet limited research has focused on NCDs prevention and care for older people in humanitarian settings. Ensuring older people in these settings are included in research and action on NCDs is therefore matter of equity and human rights. This should explore the barriers and enablers to older people in humanitarian settings living with NCDs accessing the services and support they need and research should take participatory approaches, engaging them meaningfully in the design, delivery and analysis. There is an urgent need to generate quality evidence on what works in delivering integrated care approaches for older people living with NCDs in humanitarian settings.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	The 2030 Agenda commits to the SDG indicators being disaggregated by income, sex, age, race, ethnicity, disability, geographical location and migratory status, including the indicators to measure progress on NCDs. However, many of the data sources for the SDGs exclude older people, including those on NCDs. WHO STEPwise approach to surveillance (STEPS) surveys, for

		example, tend to include only people up to the age of 69. Despite the prevalence of NCDs among older people, analysis from 2017 found that 34 out of 40 countries in Africa that had conducted STEPS surveys had included people only up to age 64. Equally problematic for older people's inclusion and measuring their enjoyment of their right to health is the use of 'premature mortality' as an indicator of global progress on NCDs. What gets measured gets done and the premature mortality indicator implies there is no need to drive improvements in NCD mortality beyond the age of 70 and is likely to contribute to existing ageism in the funding, design and delivery of NCD responses. This ageism measure should be replaced with a rights-based approach throughout global, regional and national frameworks, for example through adopting a 'years of life lost' indicator. Actors at all levels must commit to removing upper age caps from data systems and research and collecting, analysing, reporting and using Sex, Age and Disability Disaggregated (SADD) data on people of all ages to inform equity-based responses. The results framework should also place greater emphasis on the impact of NCDs on morbidity and disability.
*	<i>In addition:</i> To promote and protect mental health and psychosocial well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.	By 2030, one in six people in the world will be aged 60 years or over, rising to one in five by 2050. Many older people are at risk of developing mental health conditions such as depression and anxiety disorders. Many may also experience reduced mobility, chronic pain, frailty, dementia or other health problems, for which they require some form of long-term care. According to WHO, around 14% of adults aged 60 and over live with a mental condition. According to the Global Health Estimates (GHE) 2019, these conditions account for 10.6% of the total disability (in disability adjusted life years, DALYs) among older people. The most common mental health conditions for older adults are depression and anxiety. GHE 2019 shows that globally, around a quarter of deaths from suicide (27.2%) are among people aged 60 or over. Mental health conditions among older people are often underrecognized and undertreated, and the stigma surrounding these conditions can make people reluctant to seek help. Mental health and access to

services are both significantly impacted by experiences of ageism and age discrimination.

Older people are more likely to experience adverse events such as bereavement, or a drop in income or reduced sense of purpose with retirement. Social isolation and loneliness, which affect about a quarter of older people, are key risk factors for mental health conditions in later life, as well as abuse of older people, which includes any kind of physical, verbal, psychological, sexual or financial abuse, as well as neglect. One in six older adults experience abuse, often by their own carers. Abuse of older adults has serious consequences and can lead to depression and anxiety.

Many older people are at greater risk of depression and anxiety, because of dire living conditions, poor physical health or lack of access to quality support and services. This includes older people living in humanitarian settings and those living with chronic illnesses (such as heart disease, cancer or stroke), neurological conditions (such as dementia), or substance use problems.

Mental health promotion and prevention strategies for older adults focus on supporting healthy ageing. That means creating physical and social environments that support well-being and enable people to do what is important to them, despite losses in capacity.

Key mental health promotion and prevention strategies for healthy ageing include:

- measures to reduce financial insecurity and income inequality;
- programmes to ensure safe and accessible housing, public buildings and transport;
- social support for older people and their carers;
- support for healthy behaviours, especially to eat a balanced diet, be physically active, refrain from tobacco and reduce alcohol use; and
- health and social programmes targeted at vulnerable groups such as those who live alone or in remote areas and those living with a chronic health condition.

For older people, social connection is particularly important to reduce risk factors such as social isolation and loneliness. At this stage of life, meaningful social activities can significantly improve positive mental

	health, life satisfaction and quality of life; they can also reduce depressive symptoms. Example interventions include befriending initiatives, community and support groups including peers support programmes, social skills training, creative arts groups, leisure and education services and volunteering programmes. Action to end ageism and abuse is also critical. Key interventions include anti-discrimination policies and laws, educational interventions and intergenerational activities. A range of carer interventions – including respite care, advice, education, financial support and psychological interventions – can support carers to maintain a good and healthy caring relationship that avoids abuse of older people. Prompt recognition and treatment of mental health conditions (and associated neurological and substance use conditions) in older adults is essential. This should follow standards for <u>integrated care for older people</u>, which is community-based and focused on both the long-term care of older adults living with mental health conditions and declines in intrinsic capacity, as well as the education, training and support of carers. A mix of mental health interventions are usually recommended, alongside other supports to address the health, personal care and social needs of individuals. Dementia is often an important concern. It affects people’s mental health (for example, sparking symptoms of psychosis and depression), and requires access to quality mental health care and support. Currently more than 55 million people have dementia worldwide, over 60% of whom live in low-and middle-income countries. Every year, there are nearly 10 million new cases with significant impact on people living with dementia and their families. Urgent action is needed to implement the Global action plan on the public health response to dementia 2017-2025 at all levels to address dementia as a public health priority; increase awareness of dementia and creating a dementia-inclusive society; reduce the risk of dementia; improve diagnosis, treatment and care and support; strengthen information systems for dementia; improve support for dementia carers; and, invest in research and innovation. Responding to the abuse of older people is also critical. Promising interventions include mandatory reporting of abuse, self-help groups, helplines and emergency shelters, psychological programmes for abusers,

	training of health care providers and other caregiver support interventions. Within humanitarian emergencies, mental health should be fully integrated into NCD responses at all levels, including relevant training, services and support to meet the needs of increasing numbers of older people and their families in humanitarian contexts and the impact of emergencies on their mental health & psychosocial wellbeing. This must include considering the needs and rights of older people with dementia and their caregivers. Throughout this work, attention must be given to ensuring the rights of older people living with dementia and other neurological and mental health conditions are respected, protected and fulfilled through a human rights based approach to the funding, design and delivery of services and support, recognising that older people and persons with disabilities living with cognitive and psychosocial conditions are at heightened risk of rights abuses. This must include commitment to deinstitutionalisation and moving to community-based models of care.

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*.

Coalition for Americas' Health – CLAS appreciates the opportunity to provide feedback on the key priority areas highlighted in the WHO-Director General's report. As a regional alliance, we take this opportunity to highlight some situations specific to the American Region that we believe are key to consider in the report.

#	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.	Strengthening Alliances in Latin America and the Caribbean: Building a Common Agenda for Health Policy Promotion In Latin America and the Caribbean, the escalating burden of noncommunicable diseases (NCDs) necessitates a coordinated regional response. Strengthening the capacity of regional alliances and building a common agenda is crucial for creating momentum in health policy promotion. Effective collaboration among countries and organizations, such as the Pan American Health Organization (PAHO) and other regional networks, can enhance the governments' ability to coordinate and implement impactful health policies. Additionally, action on NCDs must be mainstreamed on the agenda of regional and

economic blocs, ensuring that health initiatives are integrated into broader economic and development strategies. This approach will help secure sustained political commitment and resource allocation, driving long-term progress in the fight against NCDs in Latin America and the Caribbean

Encouraging Governments to Implement Policies Addressing NCD Risk Factors

While there have been some improvements on the probability of premature death from NCDs in the region ([Global Health Observatory](#)), the prevalence of noncommunicable diseases in Latin America and the Caribbean is still a major public health concern. Governments in the region must implement policies that address key risk factors such as tobacco use, unhealthy diets, physical inactivity, and alcohol consumption for the prevention of NCDs.

In terms of tobacco control, countries like Uruguay had made significant strides by implementing comprehensive tobacco control laws, which have been weakened more recently. However, there are some opportunities for international cooperation that are being missed in the region. One important case is the lack of ratification of **the WHO Framework Convention on Tobacco Control by Argentina and the Dominican Republic.**

Promoting healthy diets is another key priority for the prevention of NCDs. Implementing mandatory front-of-pack labeling (FOPL) systems, such as those seen in Mexico or Argentina can help consumers make informed choices.

The region of the Americas has move forward to a **total ban on industrially-produced trans fats** in all food products with the support of PAHO's plan of action for the elimination of industrial produced trans-fatty acids 2020-2025. However, a key priority is monitoring

		and compliance, which could benefit from international cooperation.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Promote accountability of government officials In many countries within Latin America and the Caribbean, public trust in government institutions is often undermined by concerns about conflicts of interest (COI), and this also affects particularly the formulation and implementation of health policies. A COI code of conduct could serve as a critical tool to address these concerns by establishing clear guidelines and standards for government officials. Such a code would serve to ensure that decisions are made in the best interest of public health rather than being influenced by private or corporate interests. For instance, implementing a COI code of conduct could significantly impact the regulation of industries that contribute to NCD risk factors, such as tobacco, alcohol, and unhealthy food and sugar-sweetened beverage companies. In countries like Mexico and Brazil, where these industries wield considerable influence, a strict COI policy would help prevent undue influence on health policy decisions. This is particularly important in negotiations for regulations such as tobacco advertising bans, sugar-sweetened beverage taxes, and front-of-pack labelling systems. In many Latin American and Caribbean countries, lobbying by powerful industries – Food, tobacco, alcohol - can significantly hinder the implementation of evidence-based measures to control NCDs. By requiring transparency and accountability, governments can reduce the impact of such lobbying, allowing for more objective and health-focused policy-making processes. Resource mobilization is another critical area in tackling NCDs, where pooling resources for

		joint initiatives can ensure sustainable funding. Engaging international organizations and donors can further strengthen financial and technical capacities. Policy advocacy plays a significant role in this effort, with a unified agenda that sets health priorities for the region of the Americas. Additionally, optimally implementing fiscal measures for health, including excise taxes on unhealthy commodities such as tobacco, alcohol, and unhealthy food, in line with best practices, is essential. Eliminating subsidies for unhealthy commodities, including fossil fuels, should also be part of a comprehensive approach to increasing potential revenue for the prevention and care of NCDs and the strengthening of health systems. This strategy not only promotes healthier lifestyles but also generates funds that can be reinvested into public health initiatives.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Noncommunicable diseases (NCDs) such as cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes are the leading causes of death and disability worldwide. In Latin America and the Caribbean, the burden of NCDs is particularly significant, driven by several key risk factors: tobacco use, alcohol consumption, and unhealthy diets. <u>Key priorities for governments to implement</u> <u>Tobacco control:</u> <i>Status</i> While there has been significant progress on tobacco control in the region, PAHO highlights the gaps in the acceleration of the tobacco control agenda both at the global and regional levels. In the Region, 26 of the 35 Member States are implementing at least one measure of the MPOWER technical package at the highest level, protecting 96% of the population from the harms of tobacco. (PAHO,2022). Despite these obstacles, the Region of the Americas now has the second-lowest prevalence of tobacco consumption

globally and 100% smoke-free South America. However, to sustain and enhance these achievements, it is crucial to address ongoing challenges and implement additional measures.

We encourage governments to:

- Implement and enforce comprehensive tobacco control laws, including ban on tobacco advertising, promotion and sponsorship.
- Increase taxes on tobacco products to make them less affordable
- Develop and enforce regulations for emerging tobacco products, such as e-cigarettes and heated tobacco products, to prevent their uptake, especially among youth.
- To monitor and implement Smoke Free Environments laws in Latin America

Healthy diets:

Poor dietary habits, characterized by high consumption of sugars, salt, saturated fats and trans fats, are significant contributors to the prevalence of NCDs such as cardiovascular diseases, diabetes, and cancers in the region. Only few countries of the region have implemented policies on salt reduction or trans-fat policies.

We recommend to focus as key priorities:

- Implement **mandatory front-of-pack labeling** systems that clearly indicate the nutritional content of foods.
- Implement **sodium reduction** policies
- **Ban the use of industrially-produced trans fats** in all food products, following the World Health Organization's (WHO) guidelines for eliminating trans fats from the global food supply.
- Implement taxes on sugar-sweetened beverages to reduce their affordability and consumption, using the revenue, for example, to fund public health initiatives.

Alcohol control:

Status

		In the Region of the Americas in 2019, there were 104,722 deaths (83,385 death in men, and 21,337 deaths in women) of NCDs connected with alcohol consumption. We recommend to: • Increase taxes on alcoholic beverages to make them less affordable and reduce consumption. • Enforce strict regulations on the hours and places where alcohol can be sold (licensing), reducing the availability of alcohol in the community. • Implement licensing systems to control the number and location of alcohol outlets. • Regulate Alcohol Advertising and Sponsorship • Implement comprehensive regulations on alcohol advertising, promotion, and sponsorship across all media platforms, including social media and sports events. <u>Physical Activity</u> Encouraging physical activity requires strategic urban planning to create environments that promote physical activity. For example, Colombia's "Ciclovía" program in some cities, which closes streets to motor vehicles on Sundays, allows citizens to engage in walking, cycling, and other physical activities. We recommend that governments invest in infrastructure that supports physical activity, such as sports facilities and recreational areas, and launch public awareness campaigns highlighting the benefits of regular 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.	To effectively strengthen and orient health systems for the prevention and control of NCDs, it is essential to adopt a people-centred approach that includes the participation of those directly affected by these diseases. By involving people with lived experience in policy design, health systems

		can become more responsive and tailored to the real needs of the population. Raising awareness about the importance of this participation is crucial for creating inclusive health policies. We recommend governments: • To promote social mobilization: Engage communities and stakeholders in the fight against NCDs through public campaigns and grassroots initiatives. • Political Inclusion and Budget Prioritization: Advocate for the inclusion of NCDs in political agendas and ensure that adequate budgetary resources are allocated to address these diseases effectively.
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 encourage governments to: • Allocate resources to conduct and support cutting-edge research on the determinants of noncommunicable diseases (NCDs). This research is essential for designing effective health policies tailored to the specific needs and conditions of each country. • Strengthening collaboration with PAHO and the WHO is crucial. These organizations provide valuable guidance, resources, and frameworks that can aid in the effective monitoring and control of NCDs. • States need to commit to convene the next UN General Assembly High-Level Meeting on NCDs before 2030.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

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**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)C**

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.

#c NCD-GAP objective c		Comments on key priority areasc
1c	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. y	-collaborate with international deaf-led organizations such as World Federation of the Deaf (WFD) and Deaf Leadership International Alliance (DLIA), and parent-led organizations such as GPODHH
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	-include those with lived experiences (deaf people, parents with deaf children) in planning and actions to strengthen capacity and leadership
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	-reduce risk factors by including attention to language access including sign language to health-promoting environments for deaf infants and young childreny
4c	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. y	-provide training to primary care providers from deaf adults that includes information about language access and sign language
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	-increase attention to research on language acquisition, including sign language acquisition, in deaf childrenv
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	-monitor progress by tracking deaf children's early spoken and sign language milestonesy
*	<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.	-understand system structures that influence language choices -advocate for deaf children's language rights

		- infuse Deaf adults throughout the Early Intervention system - value multilingual multimodal languaging - ensure full access to language early

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Greetings,

As a World Hearing Forum member, I was asked by Shelly Chadha to provide feedback about including hearing loss in the next declaration for preventing and controlling Noncommunicable Diseases (NCDs). The understanding is that NCDs are medical conditions that are not caused by infections being transmitted from person to person. NCDs progresses slowly over time with NCDs risk factors that include lifestyle choices and environmental factors.

It is important to note that being deaf is not a disease. Deaf people who have a solid language foundation early also have a healthy quality of life. However, hearing loss does fit as a NCD when a solid early language foundation is missing. Here, hearing loss may be considered a health risk when language is not accessible, which contribute to negative outcomes for mental health, well-being and quality of life. Deaf children need access to a solid language foundation, ideally sign language. Deaf children, their families, and professionals in the field need access to diverse adults with lived experience and expertise to prevent and treat and promote mental health and well-being. In summary, while being born deaf is not a disease, the overall quality of life for deaf individuals can be significantly affected if at least one language is not fully accessible from an early age.

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. The following comments are based on assuring language access early for mental health and well-being.

-Understand system structures that influence language choices

Bronfenbrenner, U. (Ed.). (2005). *Making human beings human: Bioecological perspectives on human development*. Sage Publications Ltd.

Gertz, G. (2008). Dysconscious audism: A theoretical proposition. *Open your eyes: Deaf studies talking*, 219-234.

-Advocate for deaf children's language rights

-World Federation of the Deaf Human Rights Toolkit:

<https://wfdeaf.org/wp-content/uploads/2017/01/7.-Human-Rights-Toolkit.pdf>

-Declaration on the Rights of Deaf Children:

<https://wfdeaf.org/rightsdeafchildren/>

-Infuse Deaf adults throughout the Early Intervention system

Gale, E. (2021). Collaborating with deaf adults in early intervention. *Young Exceptional Children*, 24(4), 225-236.
<https://doi.org/10.1177/1096250620939510>

Deaf Leadership International Alliance (DLIA) Tipsheets:

Collaborate with Deaf Adults in Early Intervention:

<https://dliacconnect.huntersoe.org/dlia-collaborate>

Ways Deaf Adults Visually Interact with Young Deaf Children:

<https://dliacconnect.huntersoe.org/dlia-visual-strategies>

7 Ways to Incorporate Deaf Gain Into Your Life:

<https://dliacconnect.huntersoe.org/dlia-deaf-gain>

-Value multilingual multimodal languaging

Henner, J., & Robinson, O. (2023). Unsettling languages, unruly bodyminds: A crip linguistics manifesto. *Journal of Critical Study of Communication & Disability*, 1(1), 7-37. https://doi.org/10.48516/jcscd_2023vol1iss1.4

-Ensure full access to language early

Glickman, N. S., & Hall, W. C. (Eds.). (2018). *Language deprivation and deaf mental health*. Routledge.

Hall, W. C. (2017). What You Don't Know Can Hurt You: The Risk of Language Deprivation by Impairing Sign Language Development in Deaf Children. *Maternal and Child Health Journal*, 1-5. <https://doi.org/10.1007/s10995-017-2287-y>

Hecht, J. L. (2020). Responsibility in the current epidemic of language deprivation (1990-present). *Maternal and Child Health Journal*, 24(11), 1319–1322. <https://doi.org/10.1007/s10995-020-02989-1>

Murray, J.J., Hall, W.C., & Snoddon, K. (2019). Education and health of children with hearing loss: The necessity of signed languages. *Bulletin of the World Health Organization*, 97, 711–716.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6796673/>

Rems-Smario, & Kordus. (2019, March 3-5). How does language deprivation impact deaf children. Early Hearing Detection & Intervention Meeting. Chicago, IL, US

World Federation of the Deaf. (2022). Position paper on access to national sign languages as a health need.
<https://wfdeaf.org/news/position-paper-on-access-to-national-sign-languages-as-a-health-need/>

World Federation of the Deaf. (2024). Position paper on the right to sign language for families of deaf children.
<https://wfdeaf.org/news/resources/position-paper-on-the-right-to-sign-language-for-families-of-deaf-children/>

Last month I presented a poster at Family-Centered Early Intervention (FCEI) with my colleague, Dr. Amber Martin. We shared guiding values for early language access. Here is a link to a pdf of our poster:
https://drive.google.com/file/d/1CAfvQvhTBo3vHdBtrstD4Yw0bvruaQmy/view?usp=drive_link

Thank you for this opportunity to provide feedback. If there are any questions, please feel free to reach out.

**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)C**

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.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	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).
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	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.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	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 y
4c	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. y	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.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, personalised, or whole-of-society approaches.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic yconditions.
*	<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.

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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)**

General comments from Dutch Brewers

Summary: *Nederlandse Brouwers is the organisation representing the interests of 14 beer breweries based in the Netherlands. Together, these breweries account for over 95 percent of beer production in the Netherlands.*

One of its main themes is responsible beer consumption. Not only for society but also for brewers. Beer is a beautiful natural product with a wide variety of flavours and types, ranging from non-alcoholic beer to speciality beer. More than 90% of the Dutch already enjoy this natural product responsibly. As brewers, we want to maintain the positive trend around responsible alcohol consumption.

The Netherlands has a rich beer culture supported by wonderful breweries that innovate with, among other things, an increasingly wide range of non-alcoholic beers and take responsibility. Together, the breweries provide direct and indirect employment for tens of thousands of people, make a substantial annual contribution to the treasury, attract tourists to regions and fulfil an important role within local communities by connecting and providing conviviality.

Dutch brewers are taking their responsibility. Enjoyment, conviviality and responsible beer consumption are inseparable:

- *That is why our signature is on the National Prevention Agreement aimed at curbing alcohol abuse.*
- *That's why 95% of Dutch beer goes to consumers in reusable or recyclable packaging.*
- *This is why the Netherlands is a leader when it comes to alcohol-free beer.*
- *That is why Dutch brewers have been making an important contribution to the BOB campaign for many years, aimed at combating drink-driving, because alcohol and traffic do not mix.*

The Dutch joint contribution has worked. On three of the four themes of the National Prevention Agreement (NPA) around problematic alcohol use, we are on the right track (annex). If we look at excessive alcohol consumption and alcohol consumption during pregnancy, we are well ahead of the schedule towards the 2040 targets. In the countries around us, but also for example in the Nordic countries with strict rules around excise taxes, advertising and availability (the so-called 'best buys'), levels of problematic alcohol use are a lot more unfavourable. On the topic of alcohol and minors, things are unfortunately not going as well and we see that the number of minors drinking is rising again. It is therefore necessary to come up with a differentiated and joint approach around 18-year-olds.

#	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.	Dutch Brewers support the priority to reduce the harmful use of alcohol and are integrating this into their strategies, recognising the opportunity to align business with public health objectives. A multistakeholder, cooperative approach that recognises that every stakeholder has a critical role to play will be essential to prevent and control non-communicable diseases. The Global Alcohol Action Plan (GAAP) identifies a critical role for economic operators and brewers have taken multiple actions to implement the WHO's

		recommendations. The 2010 Global Alcohol Strategy also establishes a whole-of-society approach that recognises 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 3rd high-level meeting of the UN General Assembly on the prevention and control of NCDs, reaffirmed this approach. Examples of our partnerships in the Netherlands to accelerate country responses are provided in Annex 1.
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. Policymakers should recognise in alcohol and other policies the intrinsic nature of beer as a lower-alcohol, fermented beverage that can incite consumers towards moderating their consumption, since national policies that nudge consumers towards lower alcohol beverages, such as beer, are a time-tested, evidence-based way to improve public health outcomes. Consumption data shows that increased beer consumption does not mean increased alcohol consumption when consumers are substituting higher alcohol beverages for beer and brewers are offering a wider choice of non- and lower-alcohol alternatives.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Environments that promote lower alcohol beverages as an alternative to high strength beverages are aligned with efforts to encourage moderate consumption as part of a well-balanced lifestyle. Brewers recognise 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. The growth in non-alcoholic beer has clearly aligned with reductions, both in drink drive fatalities and in the numbers of heavy episodic drinking occasions, demonstrating that increased beer consumption need not equate either to increased alcohol consumption or to increased alcohol related harms.
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants	Screening and Brief Interventions are crucial to ensure targeted intervention to reduce the harmful use of alcohol and personalised support to individuals.

	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.	The Dutch 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. The intrinsic nature of beer as a lower alcohol, fermented beverage, differs from other, strong alcohol categories. Further research is needed to assess the impact of substituting higher alcohol products with no and lower alcohol products. This should also include recognising and evaluating policies that already vary at national level according to the beverage type and the strength of the beverages.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	With trends in the growth of the different alcohol categories varying significantly, developments in the growth of low- and no-alcohol beers, and no-alcohol beer now making up over six percent of the beer category in Europe, the NCD Monitoring Framework should also track the impact of substitution strategies from one category to another across all three targets: total alcohol consumption per capita; heavy episodic drinking; and alcohol-related morbidity and mortality.
*	<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.	We welcome the formation of the Commission on Social Connection (2024-2026). We would urge the Commission to prioritise and conduct studies on the importance of social connections as an important part of wellbeing.

Sport

Nederlandse Brouwers and its members work together with Dutch sports umbrella organisation NOC*NSF and sports associations. The aim of this cooperation is to ensure that alcohol consumption is handled responsibly in sports canteens and at sports events, among other things by adjusting the supply of beer and focusing on low-alcohol and 0.0% beers in the assortment and by offering training for bar volunteers. For example, brewers along amateur pitches are only promoting alcohol-free beer. Since 2018, members of Dutch Brewers have not placed any new signs for alcoholic beer along amateur pitches. Advertising boards for alcoholic beer have been replaced by advertising boards for 0.0% beer.

Cooperation with student associations and universities

Nederlandse Brouwers is working with student associations and universities to reduce alcohol abuse among students. This is achieved by providing more information on alcohol abuse, training bar volunteers and making 0.0% beer more popular among students. And with good results. Three out of four associations now have alcohol-free beer in their standard range.

In student cities, alcohol-free beer is promoted during student introduction weeks.

ROB-campaign

For many years Dutch Brewers and the largest breweries in the Netherlands are main sponsor of the ROB-campaign focused on events and festivals. The goal of this campaign, which is set up by Veilig Verkeer Nederland, is to make sure that there is always a person (the ROB) who does not drink and can drive everyone home safe. The collaboration between VVN and STIVA for the ROB-campaign started in 2001. The idea behind the ROB campaign is that there is a ROB-stand in a visible place near the entrance and exit of an event/festival. The 'Bob' is the person who does not drink during

that day. This person receives a sticker/stamp. In 2024, 460.000 people will be reached with the Bob-campaign on festivals and events. Dutch Brewers find it important to continue the Bob-campaign in the following years, since alcohol behind the wheels is an absolute no go!

Non-alcoholic beer

Dutch brewers actively promote non-alcoholic beer as an alternative to alcoholic drinks. Together with student associations they made non-alcoholic beer available at the student associations. Each year, they also make incoming students aware of the availability of non-alcoholic beer.

Brewers have also made non-alcoholic beer available at the canteens of amateur sportclubs. They've replaced billboards with advertisements for alcoholic beer next to amateur sportsfields for billboards with advertisements for non-alcoholic beer.

KiKiD Booze

To spread the message that people below the age of 18 should not drink, Dutch Brewers and their members are sponsors of the KiKiD Booze program. The goals of the program are:

- To raise awareness of the dangers of some drinking behaviors and setting boundaries
- To cope with group/peer pressure.
- To provide a timely introduction to all that concerns drinking and prevent them from drinking at a young age
- To provide an insight in making choices concerning drinking, peer pressure and how to say 'no' The Kikid project aims to provide real dialogue for young people about themes that are important to them, such as alcohol, drugs, relationships and sexuality, social media, money and debt, peer pressure and (cyber) bullying.

The "Booze" program aims to raise awareness of drinking, peer pressure and choices. Trained peer educators offer a 90 minute program for children in the 1st, 2nd and 3rd years of secondary education. It offers: - a combination of theatre, education, discussion and creative assignments - awareness of dangers, limits and peer pressure - a timely introduction to everything concerning peer pressure and drinking - insight into making your own choices - .

Kikid also offers projects to parents, teachers or other professionals so they can broaden and deepen their knowledge.

Results of KiKiD:

In total the show has been performed 2447 times reaching 56.281 pupils. In 2024, 99 shows have been performed and 4697 pupils have been reached live. Amount of social media impressions 2020-2023: 10.529.084 Short term effect KiKiD Booze program: Young people who have participated in KiKiD Booze: - Are more aware about the risks and dangers of alcohol - Know who to reach when needed help. - Are more aware of their own wishes, limits and the influence of peer pressure on their use of alcohol. Next to this, 20% of the pupils indicate that they are less likely to drink alcohol (before the age of 18).

**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.	EFA urges WHO to explicitly refer to highly prevalent chronic inflammatory conditions that tend to be forgotten when addressing NCDs, such as atopic dermatitis/eczema, allergy and the chronic respiratory disease such as asthma and chronic obstructive pulmonary disease (COPD). Despite common knowledge, these chronic umbrella diseases present multiple sub-types and severity levels, they are associated with reduced quality of life for patients, and with the risk of life-threatening events. Moreover, EFA encourages WHO to take lung health and its underlying risks to develop comorbidities such as cardiovascular disease, obesity, anxiety and depression.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	EFA calls the WHO to establish a dedicated indicator on lung health, which is currently missing. Among a broad range of possible options to achieve better lung health, we propose indicators such as reduction of emergency visits for asthma and COPD; asthma-related indicators such as increase in the outgrow rate; percentage of earlier diagnosis of COPD (at stage 1 or 2 rather than 3); reduction of atopic eczema flare-ups.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	The impact of social determinants of NCDs is huge and undeniable, as they tend to create, widen and perpetuate social inequalities. In this review of the framework, EFA calls the WHO to also robustly refer to decreasing the impact of commercial determinants on NCDs (i.e. tobacco and vaping commercialisation

		and consumption, use of harmful everyday chemicals and fragrances, use of fossil fuels, food transformation). According to a recently published report by WHO/Europe, exposure to occupation-related carcinogens, asthmagens, and injuries, cause an estimated 2.7 million deaths per year. For more information, see here: https://iris.who.int/handle/10665/376957
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 EFA, multi-disciplinary care is a key element for secondary and tertiary disease prevention to underpin the frontline primary care services. Given the complexity and far-reaching impacts of chronic respiratory diseases, allergy, asthma chronic skin diseases such as atopic dermatitis, EFA advises WHO to instigate a people-centred approach to health and care that invests in health literacy and education, patient empowerment and self-management. Investing in patients supports the continuum of care and can lead to better disease outcomes, less hospitalisations and active citizens.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	EFA stresses the importance of integrating the perspective of vulnerable groups into research. Patient organisations can bring expertise and added value to national capacities and frameworks, providing with their first-hand experience living with the disease. In a context of increasing digitalisation in the area of health, patients should be instrumental in drawing up research strategies through Patient Reported Outcomes, whether it is for diagnosis, treatment pathway or their own disease management.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	WHO has a key role in supporting countries to monitor, evaluate and present progress on NCDs to the various communities at the national level, their impact on healthcare systems and society and their interaction with infectious diseases. For example, For that, robust multiyear country reporting should be put in place and exploited by WHO, in coordination with existing initiatives like the OECD Health at Glance reports or the annual Global Burden of Disease.
*	<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.	

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Yuichiro Eguchi

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

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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	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.

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

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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

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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). All the advocacy actions should involve all the stakeholders, including patients and patients' advocates.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	WHO urgently needs to update its 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 bidirectional relationship between NCDs. This process should involve all the stakeholders, including patients and patients' advocates.
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 levels.

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 that go beyond a mono-disease focus and 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) together with patients and patient advocates. This work should aim to surface and document pockets of 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 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 promptly; 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.	

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European ME Alliance

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

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#	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 encourage all countries to implement WHO International Classification of Diseases (ICD) codes within their healthcare systems, and to use standardized clinical diagnostic terms, example SNOMED, to ensure proper recoding of disease burden and prevalence.
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.	To prioritize research for high-burden under-prioritized diseases (example ME/CFS) to identify biomarkers and curative treatments for diseases which have none yet and where patients are disbelieved and receive no diagnosis because they have medically unexplained symptoms – with no diagnosis resulting in denial of financial and social assistance.

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.	

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**Fourth High-level Meeting of the UN General Assembly on the
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Directions

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The EM-NCDA welcomes this opportunity to provide comments on the key priority areas in the WHO Director-General's report to catalyze urgent action and attention by Member States and stakeholders. We support the NCDA response. Additionally, we have provided our regional response after reviewing the NCD-GAP mid-point evaluation from WHA74 in 2021, which included recommendations for each NCD-GAP objective. The EB154 NCD report and the EB154 complementary comprehensive overview of NCDs from February 2024 have provided valuable insights into the status and progress.

# ^c NCD-GAP objective ^c		Comments on key priority areas ^c
1 ^c	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. ^y	Status of EMRO Countries • EMRO countries have increasingly acknowledged the importance of NCDs in their health agendas, with regional meetings and collaborations emphasizing NCD prevention and control. • Active Participation of regional leaders in global forums such as the UN General Assembly's high-level meetings on NCDs has helped raise the profile of NCDs at the regional level. • Several countries have developed Multisectoral national NCD action plans, integrating NCD into their health agenda and vision like KSA 2030, Oman 2050, and UAE 2030. Health ministries in those countries like have made significant strides in prioritizing NCD prevention, with dedicated programs and budget allocations. • For international Cooperation and Advocacy: EMRO countries have engaged in international cooperation, benefiting from technical assistance and funding from global health in

particular countries with conflicts and hosting countries.

- Active role of organizations like WHO regional bodies and regional CSOs have been active in advocacy efforts, promoting awareness and policy change.

Challenges

- The priority given to NCDs varies significantly across the region, with some countries more focused on immediate health crises due to ongoing conflicts and shifting of resources.
- Limited integration of NCD prevention into broader health and development strategies in certain countries.
- Inconsistent implementation and enforcement of NCD policies across the region, often due to resource constraints.
- Political instability and conflict in countries such as Yemen and Syria divert attention and resources away from NCDs.
- Coordination among international donors and local governments can be fragmented, reducing the effectiveness of cooperative efforts.
- Advocacy efforts often face cultural and socio-political barriers that limit their reach and impact.

EM-NCDA key priority areas to catalyze action:

- Integrate NCDs into National Development Plans. Ensure that NCD prevention and control are embedded in national development strategies and health sector plans.
- Advocate for the inclusion of NCD indicators in national monitoring and evaluation frameworks to track progress and impact.
- Facilitate regional platforms for sharing best practices, resources, and strategies for NCD prevention and control.
- Encourage collaboration among EMRO countries to address common challenges and leverage regional strengths.
- Advocate for higher participation in global health forums to advocate for greater

	international support and funding for NCD initiatives. • Engage political leaders and policymakers through targeted advocacy efforts to secure high-level commitment and action on NCDs. • Raise Public and Political Awareness through conduct of national and regional campaigns to raise awareness about the burden of NCDs and the importance of prevention and control. • Invest in strengthening health systems to better manage NCDs, including improving primary healthcare services and workforce capacity. • Promote the integration of NCD services with other health services, particularly in conflict-affected and low-resource settings countries. • Develop and implement evidence-based policies and interventions tailored to the specific needs and contexts of EMRO countries. • Monitor and evaluate the impact of NCD policies and programs to ensure they are effective and responsive to emerging challenges.

2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Status of EMRO Countries • Several EMRO countries have established national strategies and action plans for NCD including cancer control. • Countries like Egypt, Jordan, and Morocco have made significant strides in implementing national cancer control programs. • Some EMRO countries have developed robust health governance frameworks, aligning with international guidelines. • Regional collaborations and partnerships have been fostered to support NCD control. • Public-private partnerships have been established in countries like Saudi Arabia and UAE, Lebanon, Jordan to enhance healthcare delivery. • Regional CSOs play a supportive role in promoting NCD awareness and early detection programs. • Almost all countries have implemented public health campaigns and screening programs for NCD prevention and early detection of cancers, mainly breast cancer. • Efforts to reduce tobacco use and promote healthy lifestyles are underway in several EMRO countries. Challenges • Limited resources and capacity in LMIC countries hinder the effective implementation of these strategies. • Political instability and conflict in nearly half of EMRO countries such as Syria, Yemen, Sudan, and Libya severely disrupt healthcare infrastructure and service delivery. • Governance challenges in conflict-affected areas lead to inconsistent and fragmented healthcare services. • Corruption and lack of transparency in certain countries impede the effective allocation of resources. • Multisectoral collaboration is often weak or non-existent in lower-income and conflict-affected countries.

- Lack of coordination among various sectors hampers comprehensive NCD prevention and control efforts.
- Limited public awareness and education on NCD prevention, particularly in rural and underserved areas.
- Screening and early detection programs are often not accessible to all sectors of the population.

EM-NCDA key priority areas to catalyze action:

- Increase investment in healthcare infrastructure and human resources, especially in conflict-affected and low-resource settings.
- Develop and implement comprehensive national cancer control plans with clear targets and monitoring mechanisms.
- Promote transparent and accountable governance in the health sector to ensure efficient use of resources.
- Strengthen regional cooperation and support to share best practices and resources among EMRO countries, using the Best practices in GCC council
- Establish stronger partnerships between governments, private sector, and civil society to address NCDs.
- Implement nationwide campaigns to raise awareness about the importance of early detection and healthy lifestyles.
- Expand access to screening and diagnostic services, ensuring they are affordable and available for all sectors of population.
- Focus on reducing health inequities by targeting interventions towards vulnerable populations, including refugees and internally displaced persons.
- Develop culturally appropriate health communication strategies to reach diverse populations effectively.

3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	y Status in EMRO Countries • Most EMRO countries have implemented tobacco control measures, such as taxation, smoking bans in public places, and restrictions on advertising. have comprehensive tobacco control laws . However, enforcement of tobacco control policies remains inconsistent, particularly in conflict-affected and low resources settings . • The prevalence of smoking, especially among men and youth remains high in several countries, indicating the need for stronger measures and public awareness campaigns. • There are increasing initiatives to promote healthy diets and physical activity, such as public health campaigns and the introduction of nutrition guidelines in schools. Countries like gulf states have national strategies to combat obesity and encourage physical activity. • Alcohol consumption is generally low in many EMRO countries due to cultural and religious factors, with strict regulations in place in several countries. • Efforts to address environmental determinants of health, such as air pollution, have been initiated in some countries. For example, Egypt has taken steps to improve air quality in urban areas. • Some countries have started addressing social determinants of health through policies aimed at reducing inequalities and improving access to healthcare and education. Challenges • Urbanization and sedentary lifestyles contribute to low levels of physical activity, and infrastructure for active transportation (e.g., walking, cycling) is often lacking. Additionally led to significant environmental health challenges, including air and water pollution. • Socioeconomic disparities remain wide in many EMRO countries, with vulnerable populations facing significant barriers to accessing health-promoting environments.

		• Ongoing conflicts and political instability further exacerbate these disparities and hinder efforts to create health-promoting environments. EM-NCDA key priority areas to catalyze action: • Enhance enforcement of existing tobacco control laws and introduce comprehensive tobacco cessation programs. Increase taxes on tobacco products and use the revenue to fund public health initiatives. • Implement national policies that promote healthy eating, such as subsidizing fruits and vegetables and regulating the marketing of unhealthy foods. • Develop infrastructure that supports physical activity, including parks, pedestrian pathways, and cycling lanes. • Implement policies to reduce air and water pollution, including stricter emission standards and investments in clean energy. • Enhance urban planning to create healthier living environments, focusing on reducing pollution and providing green spaces. • Strengthen social safety nets and support programs for vulnerable groups, including refugees and internally displaced persons. • Encourage collaboration between government sectors, private sector, and civil society to create health-promoting environments. • Integrate health considerations into policies across various sectors, such as education, transportation, and urban planning.
4c	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.	Status of EMRO Countries : • Several EMRO countries have integrated NCD services into their primary health care systems, enhancing accessibility to basic health services. • There is a growing emphasis on the role of family physicians and community health workers in managing NCDs at the primary care level.

- Countries such as GCC , Jordan, Egypt, Morocco, Tunisia, Iran have made significant investments in their health systems to move towards UHC, ensuring wider access to health services.
- Initiatives to provide health insurance coverage to broader segments of the population are underway in countries like Iran and Morocco.
- Efforts are being made to implement people-centered approaches in health care, focusing on patient education, self-management, and community involvement in countries like Oman and Tunisia.

Challenges

- In many conflict-affected countries, primary health care systems are severely weakened, with inadequate infrastructure and workforce shortages.
- PHC services in rural and underserved areas often remain under-resourced and underutilized, limiting their effectiveness in NCD management.
- Large disparities in health coverage persist, particularly in low-income and conflict-affected countries where health services are often fragmented and inaccessible.
- Financial barriers, including out-of-pocket expenses, remain significant obstacles for many people seeking NCD care.
- Cultural and systemic barriers limit the adoption of people-centered care practices in several countries.
- Patients often face difficulties navigating the health system, leading to fragmented care and poor health outcomes.
- Addressing social determinants of health remains a low priority in many health systems, with limited integration of these factors into health policies and programs.
- Conflict and instability exacerbate social inequalities and hinder the implementation of comprehensive strategies to address the social determinants of health.

EM-NCDA priority to catalyze action

- Invest in strengthening PHC infrastructure, particularly in rural and conflict-affected areas,

		to ensure accessible and high-quality NCD care. • Train and deploy more community health workers and family physicians to provide comprehensive NCD management at the primary care level. • Expand health insurance coverage to include NCD prevention and treatment services, reducing financial barriers for patients. • Implement policies to ensure equitable access to health services, prioritizing vulnerable and underserved populations. • Develop and promote health education programs that empower patients to manage their own health and engage actively in their care. • Foster community involvement in health planning and decision-making processes to ensure that services meet the needs of the population. • Develop intersectoral policies that address the social determinants of health, such as housing, education, and employment, to improve overall health outcomes. • Collaborate with other sectors and stakeholders to create supportive environments that promote healthy lifestyles and reduce NCD risk factors. • Build resilience in health systems to withstand the impacts of conflict and instability, ensuring continuity of care for NCD patients. • Implement emergency preparedness plans that include provisions for maintaining NCD services during crises. • Utilize digital health technologies to enhance access to NCD care, including telemedicine, mobile health applications, and electronic health records. • Encourage innovation in healthcare delivery models that can effectively address NCD prevention and management in resource-constrained settings.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Status of EMRO Countries : • Some EMRO countries, such as GCC countries, Iran , Jordan , Egypt have invested in building

	research infrastructure and funding mechanisms to support NCD research. • Research institutions and universities in countries like KSA, UAE, Egypt , Iran, and Lebanon are actively involved in NCD research, contributing valuable insights NCDs. • Initiatives to train and develop researchers in NCD prevention and control are present in several countries, with programs offering advanced degrees and specialized training. Challenges • There is a shortage of skilled researchers and healthcare professionals with expertise in NCD research, particularly in resource-constrained settings. • Brain drain is a significant issue, with many trained researchers moving abroad for better opportunities. • Research infrastructure remains underdeveloped in many countries and conflict-affected countries, limiting their capacity to conduct high-quality NCD research. • Collaborative efforts are often fragmented, with limited coordination between national, regional, and international stakeholders. • Political and socio-economic instability in certain countries hinders sustained collaboration and networking efforts EM-NCDA priority to Catalyze Action • Advocate for increased national budgets for health research, particularly focused on NCDs, to build sustainable research infrastructure. • Engage with international donors and organizations to secure funding and technical assistance for NCD research initiatives. • Develop and expand training programs for researchers and healthcare professionals in NCD prevention and control, including scholarships and fellowships. • Establish and strengthen regional research networks to facilitate collaboration, knowledge sharing, and resource pooling among EMRO countries. • Promote public-private partnerships to leverage the expertise and resources of both sectors in advancing NCD research.

		• Invest in robust health surveillance systems to ensure comprehensive and accurate data collection on NCDs and their risk factors. • Develop supportive policy and regulatory frameworks that facilitate high-quality research • Encourage the publication and dissemination of research findings in peer-reviewed journals and at international conferences.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Current Status of EMRO Countries • Some EMRO countries have established national health information systems that include NCD surveillance. For instance, GCC countries, Iran, Jordan, have developed comprehensive health databases that track NCD prevalence and risk factors. • Efforts to improve data quality and coverage are ongoing, with countries like Egypt and Morocco implementing nationwide health surveys to gather detailed information on NCDs. • Some countries have begun to use data to inform policy decisions and evaluate the effectiveness of NCD programs. For example, Jordan has conducted evaluations of its national NCD action plan to guide future strategies. Challenges • Data quality remains a significant issue, with many countries facing challenges in ensuring accurate and reliable data collection. • The use of data for evaluation and reporting is often limited by insufficient analytical capacity and a lack of trained personnel in data analysis and interpretation. • There is a general lack of timely and regular reporting on NCD trends and the effectiveness of interventions. • Coordination between different sectors and agencies is often weak, leading to siloed efforts and missed opportunities for comprehensive data collection and analysis. • Surveillance systems are often fragmented and under-resourced in many countries, particularly those affected by conflict.

	• There is a lack of standardization in data collection methods, making it difficult to compare data across different regions and countries. EM-NCDA priority to Catalyze Action • Develop and implement standardized protocols for data collection to ensure consistency and comparability across regions and countries. • Allocate resources to build and maintain robust health information systems, particularly in rural and underserved areas. • Provide training for health workers in data collection, management, and analysis to improve the accuracy and reliability of data. • Conduct regular health surveys as per WHO guidance and ensure that data collection includes all population groups. • Establish mechanisms for regular and timely reporting on NCD trends and the effectiveness of interventions, and make reports publicly available to inform policy and program adjustments. • Promote coordination between health and other relevant sectors (e.g., education, transportation, agriculture) to collect comprehensive data on NCD determinants. • Utilize digital health technologies such as electronic health records, mobile health applications, and data analytics tools to enhance data collection, management, and analysis. • Implement telemedicine and remote monitoring systems to gather data from hard-to-reach areas and ensure continuous tracking of NCDs. • Engage communities in data collection efforts to ensure that local knowledge and perspectives are incorporated into health 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. Current Status of EMRO Countries • Several EMRO countries, such as Qatar and UAE, have developed national mental health

policies and plans aimed at integrating mental health services into the broader health system.

- Countries like Lebanon and Jordan have made strides in integrating mental health services into primary health care settings, improving accessibility for the population.
- Stigma surrounding mental health remains pervasive, limiting the willingness of individuals to seek help .
- There are increasing efforts to expand mental health services, with some countries investing in mental health facilities and training for health professionals.
- Public awareness campaigns aimed at reducing stigma and promoting mental well-being have been launched in countries like Egypt and Bahrain.

Challenges

- Despite these efforts, awareness and understanding of mental health issues remain low among the general population and healthcare providers.
- The ongoing conflict and displacement crises in countries like Syria, Yemen, and Iraq have created significant mental health challenges, with limited resources to address the high demand for services.

There is a significant shortage of mental health professionals, including psychiatrists, psychologists, and social workers, across the region.

EM-NCDA priority to Catalyze Action

- Advocate for the development and implementation of comprehensive national mental health policies that integrate mental health into general health services.
- Ensure mental health is included in all relevant national health strategies and policies, emphasizing its importance in achieving overall health and well-being.
- Expand mental health services to rural and underserved areas by integrating them into primary health care settings and community health programs.
- Invest in training and recruiting mental health professionals, and provide ongoing education and support to existing health workers to

		enhance their capacity to deliver mental health care. • Launch and sustain public awareness campaigns aimed at reducing stigma and increasing understanding of mental health issues and the importance of seeking help. • Integrate mental health education into school curricula and community programs to build a foundation of understanding and support from an early age. • Address Mental Health in Conflict and Crisis : • Strengthen mental health services for refugees and displaced populations by providing targeted interventions and support in humanitarian settings. • Train healthcare providers in trauma-informed care approaches to better support individuals affected by conflict and displacement. • Foster collaboration between health, education, social services, and other sectors to create a supportive environment for mental health and well-being. • Involve community leaders, NGOs, and the private sector in efforts to promote mental health and well-being, ensuring a coordinated and comprehensive approach. • Utilize digital platforms and telemedicine to provide mental health support and services, particularly in areas with limited access to traditional healthcare facilities. • Develop and promote mobile health applications that provide information, self-help tools, and connections to mental health resources.

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^c

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.

# ^c NCD-GAP objective ^c	Comments on key priority areas ^c
1 ^c 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. ^y	• Official recognition of WHO, member states, and other international organisations of kidney diseases as a major NCD driver of early mortality. Focus on NCDs with highest mortality rates and on those representing an increasing burden for societies and social and health care systems (<i>While the mortality rate of other major NCD have slowed down or decreased in recent years in line with the UN SDG 3.4 (which aims to reduce premature mortality from NCDs by a third by 2030), others like Alzheimer, CKD and some CVDs have been increasing at a rate of +2% per year. If no actions are taken now, CKD is expected to become the 5th leading risk factor for mortality by 2040, behind CVDs, cancer, neurological disorders and respiratory diseases. Kidney diseases affect more than 850 million people worldwide, though it is widely recognised that the population suffering from kidney conditions is underestimated due to the fact they progress slowly during the first years and are in the large majority of cases diagnosed at a late stage. Kidney diseases are highly correlated to other major NCD, in particular CVDs, cancer and diabetes, were the most common comorbidity driving mortality in severe COVID-19 and resulted in the highest COVID-19 mortality (which was found in persons on dialysis or transplantation, with CKD G4-G5 among the top 5 comorbidities associated with COVID-19 mortality). Kidney diseases</i>

disproportionally affect lower and lower-middle income countries specially in women. Thus, the life expectancy of a 20-year-old woman on dialysis is shorter by 44 years, than in the general population while for young men on dialysis, it is 36 years shorter.

- Including the **prevention, early diagnosis and treatment of kidney diseases among the priorities for action** to reduce the overall impact of non-communicable diseases, in particular taking into account that CKD are also major risk factors of the most burdensome chronic conditions (CVDs, cancer, diabetes) and that randomized clinical trials have shown that early treatment of CKD reduced all-cause and CVD mortality.

By preventing kidney disease progression to organ failure, we will also **decrease the unsustainable environmental impact of dialysis** in terms of air pollution, water consumption and waste generation.

In this regard, recent clinical trials showed that kidney disease is a preventable condition, which in addition to driving CVD, has a huge social impact by impairing quality of life, decreasing access to jobs, and immersing families in poverty when dialysis is needed, especially in **LIC and LMIC** where dialysis is not reimbursed by the state and the alternative is death.

- Strengthening **international collaboration with LIC and LMIC to address main risk factors** and reduce inequality the disproportionate burden of NCD on less affluent population groups. CKD, frequently unrelated to DM, is already the second cause of death in some LIC and LMIC, especially in central and South America
- **Implementing awareness raising campaigns on organ donation**, to improve access to health care therapies for severe organ dysfunction and reduce the mortality rate of different NCDs and the unsustainable environmental impact of dialysis. Promote organ donation campaigns and favouring kidney transplantation as the preferred KRT option.
- **Implementing awareness raising campaigns on CKDs and other “silent” NCDs** which are often

		diagnosed at a late stage and promoting regular screening and other diagnostic measures.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	• Adopting and implementing National plans on kidney disease to reduce the increasing impact of CKD and AKI on individuals and societies, as well as on healthcare and social care systems, as well as the increasing share of CKD in the overall burden of NCDs. Interaction with primary care doctors is mandatory for this purpose. Primary care National toolkit? • Integrating CKD into national NCD programmes as part of the prevention strategy of major NCDs (diabetes, CVDs, hypertension, etc.) and the reduction of their burden. • Facilitating the development and implementation of a CKD code, which must contain measures to improve general population's awareness, access and participation in screening programmes as well as joint health checks for co-occurring diseases such as CVDs and diabetes. • Improved organ donation and transplantation through the implementation of national plans and the implementation of awareness raising campaigns for organ donation.y
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	y • Better alignment and coordination of NCD plans with social and environmental and climate change programmes to reduce risk factors affecting NCDs (in the case of kidney diseases, this includes poverty and malnutrition, water scarcity and/or pollution, air pollution, etc.). • Increasing support to, and collaboration with, LIC and LMIC to mitigate social and environmental risk factors of CKDs and other NCDs, such as air pollution, malnutrition, and water scarcity and pollution. y
4c	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. y	• Educating and training of GPs and other specialists on the diagnosis and prevention of kidney diseases, including CKD as risk factor of other major NCDs • Developing, testing and scaling up novel balanced models of care to be co-developed with stakeholder communities. Balanced models should also outline a systematic but flexible approach to planning treatment and care within the overall context of strengthened primary health care services. In low-resource settings, this

		approach might include a combination of task-sharing between physicians and non-physician health care workers in a locally appropriate way for diagnosis and follow-up care (facilitated by digital mobile technology and the use of clinical decision support systems with regional supervision), the use of online platforms to deliver competency training and facilitate supervision, and the use of peers for quality assurance. • Facilitating access and promoting the use of home-dialysis for people with CKD, to improve the management of CKD and the wellbeing of patients, as well as reduce the burden of CKD on individuals and health care services. • Facilitating access to drinkable water free of kidney toxins
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	• Increased funding for research and development. More funding is needed to support the development of new preventive strategies and treatments for kidney diseases, and to improve understanding of these diseases and their underlying causes in different parts of the world.y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	• Supporting the development, harmonisation and interoperability of NCD registries and incorporating the urinary albumin:creatinine ratio (UACR) and estimated glomerular filtration rate (eGFR) as key risk factors for CVD that should be monitored in populations, at the same level as blood pressure, serum cholesterol and glucose.y
★	<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.	

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

FROM: University of São Paulo – School of
Multidimensional Security Studies
DATE: 13 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 preventing harmful alcohol consumption from a public health perspective.

#	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 Brief Intervention and Motivational Interview for Adolescents Initiative (IBEM acronym from the original Portuguese name) directly addresses the World Health Organization's call to strengthen national capacity, multisectoral action, and partnerships to prevent and control noncommunicable diseases (NCDs). The initiative involved collaboration across government agencies, civil society, universities, the private sector, and local communities to leverage resources and innovation from diverse stakeholders to achieve NCD objectives related to reducing harmful alcohol use, as recommended by the WHO. Examples of our partnerships 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.	Examples of how the IBEM responded to the challenge in the 2018 Political Declaration on NCDs to reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through the creation of health-promoting environments are in Annex 2. The IBEM is a school-based program designed to prevent and reduce alcohol consumption among adolescents aged 14 to 16 years old. The primary goal is to reduce alcohol and drug use among this age group by utilizing the Brief Intervention Technique combined with a Motivational Interviewing. This program helps students develop autonomy to take responsibility for their choices, use a client-centered approach to encourage motivation for change, and analyze and work through ambivalence in the student's behavior. This pilot project emphasizes prevention science's potential to break intergenerational cycles of harmful alcohol use by reducing risk factors like early use (e.g., 30.6% started before 13 nationally in Brazil) and contributes to creating health-promoting environments by creating a collaborative multi-sectoral approach to address alcohol use among adolescents in a low-income area near Brasília.

ANNEX 1

Breaking the Cycle: A Community-Driven Approach to Preventing Underage Drinking in Brazil

Web-Based Consultation on the Fourth High-Level Meeting of UNGA on the Prevention and Control of NCDs

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1. Why this initiative fulfils the goals of the WHO consultation process

The Brasília Vida Segura initiative directly addresses the World Health Organization's call to strengthen national capacity, multisectoral action, and partnerships to prevent and control noncommunicable diseases (NCDs). Harmful alcohol use is a major risk factor for NCDs, causing over 2.8 million deaths globally in 2017 (26% of deaths from psychoactive substances). In Brazil, 40% of the population consumed alcohol in the last 12 months, with an estimated per capita consumption of 7.8L in 2016 (above the 6.4L world average).

We would like to submit to this consultation the initiative to prevent alcohol consumption by adolescents, carried out at a low-income area "satellite city" close to Brasília, the Brazil's Capital. This initiative involves collaboration across government agencies, civil society, universities, the private sector, and local communities. It leverages resources and innovation from diverse stakeholders to achieve NCD objectives related to reducing harmful alcohol use, as recommended by WHO.

2. Brief Intervention and Motivational Interview (IBEM) to prevent alcohol consumption among adolescents

IBEM is a school-based program aimed at adolescents aged 14 to 16 years old, with the purpose of preventing and reducing the use of alcohol and other drugs. Its primary goal is to prevent and reduce alcohol and drug use among adolescents. The program utilizes the Brief Intervention technique based on Motivational Interviewing. It begins with an initial screening and assessment stage to classify participants into 4 risk levels: low, moderate, high and severe. Based on this risk classification, IBEM provides a brief intervention of around 15 minutes tailored to each student's risk level. The intervention utilizes narrative techniques and motivational interviewing to increase students' motivation to change their alcohol consumption patterns. Additionally, it includes follow-up sessions within 3 months after the first intervention.

The Brief Intervention and Motivational Interview techniques employed in IBEM aim to help students develop autonomy to take responsibility for their choices, use a client-centred approach to encourage motivation for change, and analyze and work through ambivalence in the student's behaviour. The IBEM program is implemented in three stages: 1) Detection and interview, 2) Follow-up (3 months later), and 3) Second follow-up and closing (3 more months later).

Key aspects of IBEM's approach include individual 15-minute interviews to outline personal goals and strategies, having a consistent interviewer across all sessions to build trust with students, using a "truth box" to encourage honesty from students, providing referrals to support services for severe cases, and developing individualized life planning for students' long-term goals. The program is based on a study in Bogotá, Colombia that showed a 33.2% reduction in alcohol use among students receiving the full IBEM intervention.

A diagnosis survey conducted in Ceilândia (the low-income area around Brasília) estimated that approximately 30% of young people aged between 12 and 17 had consumed alcohol in the last 12 months, and 13.85% had consumed alcohol in the last 30 days. The data showed a gradual increase in consumption as students got closer to age 18, with 16.79% of those aged 12-14 reporting alcohol use in the past 12 months, compared to 46.25% of those aged 15-17. The survey also revealed that friends over 18, close relatives, parents/guardians, and strangers were the main sources providing access to alcohol for adolescents in the Ceilândia area.

The IBEM program targeted adolescents aged 12 to 17 years old living in the urban area of Ceilândia, located in Brazil's Federal District. As a school-based initiative, it was implemented in collaboration with the local Department of Education, aiming to address the issue of early alcohol consumption among students. The intervention reached 2095 students from 90 classes, with 1035 students from 47 classes being the treatment group (participating in the IBEM intervention) and 1051 students from 43 classes being the control group (not participating).

The primary objective of this intervention was to achieve a 10% reduction in risk factors and a 10% increase in protective factors associated with alcohol use within the treatment group after one year of implementation.

3. Project Impact

The project applies prevention science principles by identifying risk/protective factors across domains (peers, family, school, community) and implementing comprehensive evidence-based interventions. The project successfully adapted the IBEM intervention through a community needs assessment. It built trust with adolescents through individual interviews, life planning activities, and consistent interviewers. The need to improve referral processes for severe cases

requiring additional services was identified. The importance of integration with public policies for scalability was recognized. The project reinforced the critical role of multisectoral partnerships and community collaboration.

This pilot emphasizes prevention science's potential to break intergenerational cycles of harmful alcohol use by reducing risk factors like early use (e.g., 30.6% started before 13 nationally). It can reduce long-term public costs compared to adult interventions. Key strengths included the multisectoral collaboration model, continuous funding support, rigorous external evaluation, and innovative approaches like IBEM's "truth box" for adolescent engagement. While final evaluations are pending, the lessons learned highlight promising practices for effective prevention strategies.



From ESPIRITUOSOS DE ESPAÑA
14 JUNE 2024

SUBJECT: Web-based consultation on the Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs, focusing on 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 of alcoholic drinks.

Our trade association Espirituosos España is the Association that brings together and represents the Spanish spirits sector in Spain.

The spirits sector is committed to the development of initiatives of proven effectiveness aimed at promoting zero consumption of alcoholic beverages among groups at risk (minors, pregnant women and drivers), as well as promoting habits of responsibility and moderation among healthy adults.

Espirituosos España 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
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 strongly recommend that the report reflects the positive contribution that the private sector has to play, and has played since the last High Level Meeting on NCDs in 2018. Multisectoral action and partnership have the power to support the achievement of the NCD targets ahead of the 2030 deadlines. Spain is a good example of this. After 25 years of private and public collaboration in areas such as responsible drinking, underage drinking, drink-driving and consumer information, our country managed to prevent and reduce the harmful effects of alcohol abuse in different areas. - see annex 1-



3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We considered priority to include the contributions and initiatives made by the private sector to reduce the harmful use of alcohol. In line with the agreed framework on alcohol and health we recommend framing the section on alcohol and health focusing on the harmful use of alcohol. We recommend reflecting the different policy options included in the Global Strategy to reduce the harmful use of alcohol, the 2018 Political declaration on NCD's and the 2022-2030 Global Alcohol Action Plan, and the national contexts.
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.	Agreed NCD Monitoring Framework should be used by MS for monitoring trends and determinants and evaluating the progress. This means, more precisely to focus on : total alcohol consumption per capita, heavy episodic drinking and alcohol related morbidity and mortality. It will be also recommended a stronger focus on gathering data for unrecorded alcohol, especially illicit alcohol, given the importance of its impact on public health. - See annex 3-
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

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

The EUROCHAM Malaysia Wines and Spirits Committee welcomes the opportunity to provide our feedback as part of the Phase 1 consultation process.

The EUROCHAM Wines and Spirits Committee was established in 2011 and comprises market leading companies engaged in the importing and selling of wines and spirits in Malaysia. The members represent more than 50 premium brands of wines and spirits imported and consumed in Malaysia.

The main focus of the Wines and Spirits committee is to represent the European wines and spirits industry and to serve as an effective platform and focal point for addressing all issues affecting the import sales of wines and spirits in Malaysia. Apart from that, this committee also collaborates with relevant government authorities to address issues pertaining to contraband and counterfeit wines and spirits, and to recommend measures to curb them. This committee also engages with the Ministry of Health in regard to Food Regulations and provide recommendations on regulations concerning wines and spirits.

The EUROCHAM Wines and Spirits Committee 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. We look forward 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. 2, 3 and 6.

#	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 The EUROCHAM Wines and Spirits Committee's partnerships in APAC 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. Elaboration on these recommendations and examples of how the EUROCHAM Wines and Spirits Committee 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.
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 and its prevalence in Asia. 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"

The EUROCHAM Wines and Spirits Committee believes that the private sector, including economic operators in alcohol production and trade, can play a constructive role in implementing the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan as well as the targets in the NCD Monitoring Framework, in partnership with government stakeholders and consumers. The following examples in Malaysia demonstrate the value of government, the private stakeholder and consumers working together to address these issues:

Countering drink driving & promoting responsible behaviour

- Given the high toll from drink driving fatalities and injuries in several countries in the region, combating drink driving has been a priority for the EUROCHAM Wines and Spirits Committee. EUROCHAM Malaysia supported the ["Power of No" campaign](#), which was part of a regional campaign implemented in seven countries in the region, including Malaysia. The social media "Power of No" campaign was led by the Asia Pacific International Spirits and Wines Alliance (APISWA), representing global spirits and wine producers, the Automobile Association of Vietnam (AA Vietnam, a member of the Fédération Internationale de l'Automobile or FIA).

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In Malaysia the social media campaign was implemented over a six-week period starting in March 2022, in collaboration with EUROCHAM Malaysia, with the endorsement of the Malaysian Ministry of Transport and Malaysian Institute of Road Safety Research (MIROS).

This targeted social media campaign was aimed at raising awareness about drink driving and to encourage behavioral change, particularly among young adults aged 21-30 years, who are disproportionately represented in figures of road traffic crashes involving alcohol. Across three phases of the campaign, we have reached 4.5 million direct beneficiaries in Malaysia and a total of 43 million in all seven markets through social media.

- In late 2023, an independent evaluation of the campaign by Social Terrainⁱⁱ, experts in monitoring and evaluation, showed a correlation between the Power of No campaign and increased awareness in the target population about the risks of drinking and driving, as well as improved ability and willingness to engage when the behaviour of others is risky. Whilst demonstrating the utility of social media campaigns in building knowledge and changing attitudes and behaviour, the report showed that the impact of the Power of No builds on anti-drink driving campaigns and interventions that precede it, underscoring that no single intervention can alone deliver all desired results. It remains our belief that addressing harmful drinking behaviour requires whole-of-society engagement involving government, civil society, communities, and the private sector.

ANNEX 2

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

Maintain the focus on the harmful use of alcohol

- The EUROCHAM Wines and Spirits Committee recalls that Member States have agreed and endorsed the current approach to focus on the “harmful use of alcohol” on several occasions, most notably 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. While acknowledging the ongoing discussion on this topic, we remain convinced that the multilateral framework on alcohol and health should remain focused on the harmful use of alcohol, rather than alcohol consumption per se. In our experience, interventions that are aimed specifically at harmful drinking, rather than the whole population, offer an effective, pragmatic, and realistic complement to balanced regulation. These include interventions to identify and address harmful patterns and providing consumers with the information and tools to support responsible decisions around drinking alcohol.

Taking national and local context into consideration and reflecting a range of policy options

- The EUROCHAM Wines and Spirits Committee notes that the Global Alcohol Action Plan 2022-2030 in Paragraph 27 recognizes the discretion of each Member State to prioritize and implement the high impact strategies, interventions and other policy options recommended by the global strategy based on its needs, status of implementation of measures, national and local contexts, including resources and public health priorities.

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This guidance remains as relevant as ever and important in developing effective and appropriate interventions that address alcohol harm in culturally relevant and flexible ways.

Contributions by the private sector to implementing the 2018 Political Declaration

- Since 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”, The EUROCHAM Wines and Spirits Committee members have redoubled our efforts in this space, working with national governments to support and uphold regulation, to encourage its implementation where that is lacking or weak, and to develop self-regulatory and co-regulatory schemes, as outlined in GAAP.
- In the absence of national regulation, members of the EUROCHAM Wines and Spirits Committee are advancing responsible marketing practices within the industry under Communications and Multimedia Content Forum of Malaysia (Content Forum), which is an industry forum and self-regulatory organization registered with the Malaysian Communications and Multimedia Commission (MCMC). Additionally, ongoing efforts, in a Working Group involving the industry, are underway to develop supplementary Guidelines for the advertisement of alcoholic beverages over the digital platforms. This initiative is well-positioned to offer uniform and transparent rules for the promotion of alcoholic beverages in advertisements over the digital platform.
- Through global industry bodies like IARD, the EUROCHAM Wines and Spirits Committee members have also launched efforts to strengthen industry self-regulation and ensure standards of good practice in other areas critical for reducing harmful drinking.
 - Large-scale efforts have included the global Producers’ Commitments to reduce harm and strengthen industry self-regulationⁱⁱⁱ.
 - Industry codes developed through IARD in partnership with major digital platforms govern our online marketing practices across the globe.^{iv}
 - Global initiatives also include building capability and standards for good practice around the service and sale of alcohol,^v including for online sales and delivery.^{vi}

The EUROCHAM Wines and Spirits Committee remains committed to undertaking concrete steps to prevent the marketing to and access of alcohol by minors and supports continued dialogue between the WHO Secretariat and economic operators.

ANNEX 3

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

The three indicators for tracking the harmful use of alcohol under the NCD Global Monitoring Framework agreed to by Member States during the May 2013 World Health Assembly 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

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- 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

While the latter two indicators clearly focus on measuring the harmful use of alcohol, we question the usefulness of the first indicator on its own. Total alcohol per capita consumption 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.

This indicator is particularly problematic in APAC, where unrecorded alcohol makes up a significant proportion of the alcohol market, but there is a dearth of data regarding its relative size and its relationship with harmful drinking. The lack of data makes calculations of the total market challenging, with no information about the extent to which increasing recorded consumption, where this is the case, represents a shift from homemade and illegal beverages or otherwise. As suggested by the [OECD](#), we believe that this issue should be given more focus and made a key priority area in the future monitoring of trends and determinants of noncommunicable diseases. According to the WHO, 38% of alcohol consumption in Malaysia is unrecorded, which comprises of illicit, smuggled, and artisanal illicit alcohol.¹ Illicit alcoholic beverages present health risks to consumers primarily because they are unregulated and not subject to the stringent requirements and quality standards of legally produced beverages. This takes a high toll on health, governments, and society. Unrecorded trend data are essential for understanding the dynamics of the market and to explain increases in recorded alcohol consumption in some countries, and to better shape interventions that target the unrecorded alcohol market, which contributes disproportionately to poor health outcomes and harm.

ⁱ Thailand, Laos, Cambodia, Malaysia, Vietnam, the Philippines, and Indonesia

ⁱⁱ <https://apiswa.org/wp-content/uploads/2024/02/Evaluation-of-The-PoN.pdf>

ⁱⁱⁱ IARD. Beer, Wine, and Spirits Producers' Commitments. <https://www.iard.org/actions/producers-commitments>

^{iv} IARD. 2014. Digital Guiding Principles. https://iard.org/getmedia/be6b02fb-f592-49dd-b676-45cf6b0648b2/Digital-Guiding-Principles_DGP_2023_18Dec-2.pdf; IARD. Influencer Guiding Principles (IGPs). https://iard.org/getmedia/fa30bdb7-0567-4da8-87b1-50abc47fc1ac/14092021-Influencer-Guiding-Principles-FINAL_1.pdf

^v IARD. Responsible Retailing and Service of Beverage Alcohol. <https://iard.org/actions/Supporting-responsible-sale-and-service>

^{vi} IARD. Global Standards for Online Alcohol sale and Delivery. https://iard.org/getmedia/d713c648-a0d7-4ef4-b2be-8d94e47dec5b/11092022_Global-standards-for-online-alcohol-sales-and-delivery.pdf

¹ World Health Organization Global Health Observatory (WHO-GHO), 2022. Available at: <https://www.who.int/data/gho/data/indicators>

FROM: Federalimentare
DATE: 11th 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

Federalimentare, the organisation representing the Italian food and drink manufacturing sector, appreciates the opportunity to provide comments to the **Web-based consultation: Informing key priorities before the next High-level meeting on NCDs (Phase 1)**. Our response focuses on those NCD-GAP objectives most relevant to economic operators in food production and trade (n° 2, 3 and 6).

Federalimentare 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.	Federalimentare recommends that the Director General's report reflects the positive role the private sector has played since the last High-Level Meeting on NCDs in 2018. Multisectoral actions and partnerships have helped harness the power of the private sector in supporting the achievement of important NCD objectives and will encourage a similar effort to support implementation of the key relevant NCD targets ahead of the 2030 deadlines.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	The Italian food and beverage industry recognises that Non-Communicable Diseases are complex social problems and is aware of its role in solving them. Anyway, the multi-factorial feature of NCDs requires a broader approach, focusing on improving consumer education, without distinguishing among individual foods or nutrients but instead encouraging the adoption of balanced diets and healthy lifestyles, in which the physical activity plays an essential role. This is why educational campaigns on healthy diets are key to achieving public health goals. Therefore, we recommend that the DG's report focuses on consumer education and understanding, which are key for the implementation of any policy intending to result in dietary shifts and positive public health outcomes.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Federalimentare believes that the monitoring activity of trends and determinants of NCDs should follow science-based technical methodology. The evaluation of any evolution in NCDs prevention and control should be carefully verified by competent Authorities and, in order to evaluate any policy adjustment, post-implementation controls and evaluations should be done to better understand their impact.

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.

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

Web-based High-level consultation: meeting on Informing NCDs key (Phase I: 1 priorities before May-17 the June next 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. 目标 1. 通过加强国际合作与宣传，在全球、区域和国家议程以及国际商定的发展目标中提高对非传染性疾病预防控制工作的重视	1、中国积极参与国际健康合作项目，如“一带一路”倡议中的医疗卫生合作，展示了其在全球健康领域的影响力和领导力。2、中国高度重视新时代下 NCD 的防控（如多次召开慢病综合管理主题会）。3、《中国防治慢性病中长期规划（2017-2025）》下发到各省市县政府，建立慢性病综合防控示范区，出台详细管理办法。 建议推动 MAFLD（代谢相关脂肪性肝病）作为重要的非传染性疾病，在国际议程中获得更多关注；探索在新时代下的慢病综合管理模式，尤其是与代谢性慢病相互影响的 MAFLD，寻找其综合管理更优策略；以及慢性病（如 MAFLD）综合防治工作机制和防治服务网络。 1. China has actively participated in international health cooperation projects, such as the healthcare cooperation within the Belt and Road Initiative, demonstrating its influence and leadership in the global health field. 2. China places great emphasis on the prevention and control of noncommunicable diseases in the new era (e.g., holding multiple conferences on comprehensive management of chronic diseases). 3. The <i>Medium- to Long-Term Plan for the Prevention and Treatment of Chronic Diseases in China (2017-2025)</i> has been issued to provincial, municipal, and county-level governments. According to the plan, detailed management measures have been introduced, and demonstration zones for comprehensive chronic disease prevention and control have been established. It is recommended to promote metabolic dysfunction-associated fatty liver disease (MAFLD) as an important noncommunicable

	disease, gaining more attention on the international agenda. Also, it is necessary to explore comprehensive management models for chronic diseases in the new era, especially for MAFLD which is interrelated with metabolic chronic diseases, seeking better strategies for its comprehensive management and establishing effective prevention and treatment mechanisms and service networks.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. 目标 2. 加强国家能力、领导力、治理、多部门行动和合作伙伴关系，以加快国家对非传染性疾病预防控制的响应 1、中国政府通过制定和实施《健康中国 2030 规划纲要》，加强了对非传染性疾病的国家战略规划和领导力，推动了多部门合作和伙伴关系的建立。 探索 MAFLD 疾病强化多学科合作，推动包括 MAFLD 在内的非传染性疾病的综合管理模式。 1. The Chinese government has strengthened its national strategic planning and leadership for noncommunicable diseases by formulating and implementing the <i>Healthy China 2030 Plan Outline</i>, which also promotes the establishment of cross-departmental collaboration and partnerships. China will continue to explore better multidisciplinary cooperation for MAFLD, promoting an integrated management model for noncommunicable diseases, including MAFLD.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. 目标 3. 通过创建健康促进环境，减少非传染性疾病可改变的危险因素和潜在的社会决定因素 1、中国在 5X5 框架下控烟、限酒、健康饮食和体育锻炼等方面采取了一系列措施，以减少非传染性疾病的危险因素。例如，实施公共场所禁烟政策和推广健康饮食指南。 在 MAFLD 的预防中可探索、加强公共健康教育，提高公众对非传染性疾病危险因素的认识，尤其是 MAFLD 的预防。 环境支持： https://ncncd.chinacdc.cn/xzzq_1/202010/W020201010848466488125.pdf Under the 5X5 NCD framework, China has taken a series of measures in areas such as tobacco control, alcohol limitation, healthy diet, and physical exercise to reduce the risk factors for noncommunicable diseases. For example, smoke-free policies are being implemented in public places and healthy eating guidelines can be found in the community. For the prevention of MAFLD, it is possible to explore and strengthen public health education to raise public awareness of the risk factors for noncommunicable diseases, especially for MAFLD. Source: Chinese Center for Disease Control and Prevention website, accessed 16 June 2024, <https://ncncd.chinacdc.cn/xzzq_1/202010/W020201010848466488125.pdf>
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、中国的卫生系统改革，如分级诊疗制度和家庭医生签约服务，有助于提供更加综合和协调的非传染性疾病预防和控制服务。2、中国在疾控机构、卫生机构和二三级医院相

目标 4. 通过以人为本的初级卫生保健服务和全民健康覆盖，加强和重新调整卫生系统，开展非传染性疾病预防和控制并处理潜在的社会决定因素	互协调沟通上采取一系列措施，建立多部门协作联动机制。助力慢性病全程管理模式。 尝试以患者为中心的 MAFLD 管理模式，整合医疗资源，提高 MAFLD 患者的管理效率；MAFLD 综合管理模式，对该类疾病实现早筛查、早干预。 政府负主体责任，各部门加大权重，调动社会和大众积极性。 (https://ncncd.chinacdc.cn/xzzq_1/202010/W020201010848466488125.pdf) 1. China is undertaking healthcare system reforms, such as promoting the tiered system of diagnosis and treatment and family doctor contract services, to help provide more comprehensive and coordinated prevention and control services for noncommunicable diseases. 2. China has taken a series of measures to enhance coordination and communication among disease control agencies, healthcare institutions, and secondary and tertiary hospitals, establishing a multi-sectoral collaboration mechanism to support the whole-process management model for chronic diseases. An attempt is being made to implement a patient-centered MAFLD management model, integrating medical resources to improve management efficiency. This integrated management model aims for early screening and early intervention for MAFLD. The government assumes primary responsibility, and departments increase their weight and function, to mobilize society and the public to actively participate. Source: Chinese Center for Disease Control and Prevention website, accessed 16 June 2024, <https://ncncd.chinacdc.cn/xzzq_1/202010/W020201010848466488125.pdf>
To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. 目标 5. 推动和支持国家能力建设，以在非传染性疾病预防和控制领域开展高质量的研究与开发工作	1、中国在医学研究和技术创新方面投入比重很大，尤其是在慢性病的预防、诊断和治疗方面。例如，通过国家重点研发计划支持相关研究。2、中国更新再版《代谢相关（非酒精性）脂肪性肝病防治指南（2024 年版）》，极大推动了 MAFLD 的规范化诊疗。 建议增加对 MAFLD 研究的投入，尤其是早期 MASH 的筛查和干预；探索新时代下的慢性病（如 MAFLD）防控的主要目标、防控策略和措施。 引自：代谢相关（非酒精性）脂肪性肝病防治指南的（2024 年版）https://rs.yiigle.com/cmaid/1504653

	1. China invests heavily in medical research and technological innovation, particularly in the prevention, diagnosis, and treatment of chronic diseases. For example, supporting relevant research through the National Key R&D Program. 2. China has updated and reissued the <i>Guidelines for the Prevention and Treatment of Metabolic Associated (Non-Alcoholic) Fatty Liver Disease (2024 Edition)</i>, greatly promoting the standardized diagnosis and treatment of MAFLD. It is recommended to increase investment in MAFLD research, especially in screening and intervention for early MASH. It is also suggested to explore the main goals, strategies, and measures for the prevention and control of chronic diseases (such as MAFLD) in the new era. Source: Zhonghua Gan Zang Bing Za Zhi. Guidelines for the prevention and treatment of metabolic dysfunction-associated (non-alcoholic) fatty liver disease (Version 2024). 2024 May 20;32(5):418-434. <https://rs.yiigle.com/cmaid/1504653>
To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. 目标 6. 监测非传染性疾病趋势和决定因素，评估预防和控制进展情况	1、中国建立了全国性的慢性病及其危险因素监测系统，定期发布慢性病及其危险因素的报告，为政策制定和评估提供了数据支持。2、开展慢性病防控社会因素调查，定期发布调查结果，如辖区每5年开展一次慢性病防控社会因素调查。综合运用社会学、流行病学及管理学理论与方法开展社会因素调查。 可采用大数据和人工智能技术，提高MAFLD等疾病的监测和预测能力；探索MAFLD综合防控示范区设置完善的监测评估体。 在慢性病综合防控示范区设置完善的监测评估体系(https://ncncd.chinacdc.cn/xzzq_1/202010/W020201010848466488125.pdf) 1. China has established a nationwide monitoring system for chronic diseases and their risk factors, regularly releasing reports on chronic diseases and their risk factors to provide data support for policy formulation and evaluation. 2. Social factor surveys for chronic disease prevention and control are conducted, with survey results regularly published. These surveys integrate theories and methods from sociology, epidemiology, and management, and are planned to be conducted every 5 years in the community. Big data and artificial intelligence technologies can be utilized to enhance the monitoring and predictive capabilities for diseases like MAFLD. Efforts will continue to be made to set up comprehensive monitoring and evaluation systems in

	demonstration areas for the comprehensive prevention and control of MAFLD. Source: Chinese Center for Disease Control and Prevention website, accessed 16 June 2024, <https://ncncd.chinacdc.cn/xzzq_1/202010/W020201010848466488125.pdf>
<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. *	中国近年来加大了对心理健康的重视，通过政策推动心理健康服务的普及和提高，如《全国精神卫生工作规划(2015-2020 年)》。探索关注 MAFLD 患者的心理健康状况，提供必要的心理健康支持和干预 In recent years, China has increased its focus on mental health, promoting the popularization and quality of mental health services through policies such as the <i>2015-2020 National Mental Health Work Plan</i>. The mental health status of MAFLD patients will be paid more attention to and further explored, and psychological support and interventions will be provided if necessary.

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Fourth High-level Meeting of the UN General Assembly on the
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Web-based consultation: Informing key priorities before the next
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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 actively participate in international exchanges, aligning with the latest research and standard directions in the field. But more importantly, we need to formulate diagnosis and treatment standards in line with the characteristics of the domestic population. Chinese scholars have made significant contributions in the field of non-communicable liver disease research through extensive epidemiological studies, clinical feature analysis, disease burden assessment, and interdisciplinary cooperation, actively promoting awareness and understanding on the global burden of liver disease. Specific actions include: 1, In 2020, Chinese scholars, along with experts in the field of liver disease from around the world, jointly discussed and issued a proposal to rename NAFLD as MAFLD (metabolic dysfunction-associated fatty liver disease). Subsequently, in 2021, the Hepatology Branch of the Chinese Medical Association published a position statement in the Journal of Hepatology, recognizing the descriptive value of the new term MAFLD and endorsing its metabolic dysfunction-related fatty liver disease work definition. The term was given the Chinese name of "代谢相关脂肪性肝病" and the previous consensus' confirmatory diagnostic criteria were recommended for use. 2, In mid-to-late December 2022, the Asian Pacific Association for the Study of the Liver (APASL) specifically established an expert committee on MAFLD, with Professor Fan Jian-gao from China serving as the core expert for the alliance's expert committee. The goal was to reach consensus and consolidate the academic achievements obtained since the renaming of MAFLD. 3, On June 24, 2023, the "A multi-society Delphi consensus statement on new fatty liver disease nomenclature" led by the American Association for the Study of Liver Diseases (AASLD), the European Association for the Study of the Liver (EASL), and the Latin American Association for the Study of the Liver (ALEH), with the participation of 53 experts worldwide, was officially released at the European Liver Congress. The three major hepatology journals (Hepatology in the US, Journal of Hepatology in Europe, and Annals of Hepatology in Latin America) simultaneously published this new nomenclature that eliminates stigmatization and affirms diagnostic criteria. Professor Fan Jiangao, as a member of the global expert group for renaming non-alcoholic fatty liver disease, fully participated in this two-year renaming initiative of fatty liver disease and the compilation of expert consensus. Chinese experts and scholars have never stopped exploring ways and methods that meet the clinical work of standardized diagnosis, treatment, and referral for patients with fatty liver disease in China. Expert committees such as the Chinese Medical Association Liver Disease Branch, the Fatty Liver and Alcoholic Liver Disease Group under the Branch, have conducted in-depth research on the characteristics of the Chinese population, continuously updated and issued guidelines and standards, clarified the core elements of

	standardized diagnosis, treatment, and management for the Chinese MAFLD population, and promoted the entire process from health science education to standardized screening, diagnosis, treatment, referral, and community management. Specific actions include: 1. In 2017, the "<i>Organization and Implementation Standards for the Center of Excellence in Fatty Liver Disease (COE)</i>" were issued and updated in 2018. These standards are applicable to the construction of "Fatty Liver Disease Centers" of different levels and scales, aiming to assist local FLD centers in making reasonable decisions during the construction and management. 2. In 2018, the "<i>Guidelines for Prevention and Treatment of Non-alcoholic Fatty Liver Disease</i>" were released, and in 2019, the "<i>Expert Recommendations for Standardized Diagnosis and Treatment of Fatty Liver Disease</i>" were issued. In March 2024, an updated version of the "<i>Guidelines for Prevention and Treatment of Metabolic-associated (Non-alcoholic) Fatty Liver Disease</i>" was released. The latest 2024 guidelines propose an improved diagnostic criterion for metabolic syndrome based on the actual situation of Chinese patients, as well as both exclusionary and affirmative diagnostic criteria for metabolic-associated fatty liver disease. It is recommended that the preferred English term for metabolic-associated fatty liver disease is metabolic dysfunction-associated fatty liver disease (MAFLD), and MAFLD can be used interchangeably with MASLD (metabolic dysfunction-associated steatotic liver disease).
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. From the perspective of etiology, fatty liver disease, caused by obesity, diabetes, and metabolic syndrome, is a chronic non-communicable epidemic. However, at present, neither the World Health Organization nor developed countries in Europe and the United States, nor China, have treated fatty liver disease as a chronic disease for management, indicating that there remains a lot of challenging work to be done in the future. Fatty liver disease requires the involvement of multiple disciplines and the adoption of a comprehensive treatment approach from a holistic perspective. In 2018, the Endocrinology, Genetics, and Metabolism Group of the Chinese Medical Association's Pediatrics Branch and other pediatric-related societies released the "<i>Expert Consensus on Diagnosis and Treatment of Non-alcoholic Fatty Liver Disease in Children</i>." In 2021, the Endocrinology Branch of the Chinese Medical Association issued the "<i>Expert Consensus on the Management of Type 2 Diabetes Mellitus with Non-alcoholic Fatty Liver Disease in Chinese Adults</i>." In 2023, Chinese scholars and international scholars jointly wrote the "<i>2023 International Multidisciplinary Expert Consensus: Metabolic-Related Fatty Liver Disease and Cardiovascular Disease Risk</i>." These disciplinary guidelines provide a solid theoretical and practical foundation for the implementation of multidisciplinary and standardized diagnosis and treatment management of fatty liver disease in China. Since the publication of the "<i>Organization and Implementation Standards for the Center of Excellence in Fatty Liver Disease (COE)</i>" in 2017, there are now 130 hospitals that meet the requirements for standardized diagnosis and treatment of fatty liver disease. These centers actively organize educational activities for patients with fatty liver disease, advocate for precise health management, and raise patients' awareness of the harms of fatty liver disease. They conduct annual multi-center exchanges to share center operational experiences and disease management experiences. Under the premise of complying with standardized diagnosis and treatment for Chinese patients, they deeply explore the characteristics of regional populations, form practical experiences in the management of fatty liver disease with regional characteristics, and ultimately drive more clinical institutions to improve their capabilities in standardized diagnosis and treatment of fatty liver disease.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health- China has always paid attention to standardized disease science education for the public. In March 2019, the Hepatology Professional Committee of the Medical Science Popularization Branch of the Chinese Medical Doctor Association was officially established, aiming to call on more clinicians to join the popularization of hepatitis knowledge, improve the public's correct cognition of the disease, and achieve early attention and intervention. To better disseminate knowledge, Chinese scholars have compiled the "<i>Popular Science Edition of the Guidelines for Prevention and Treatment of Fatty Liver Disease in China (Second Edition)</i>." The development of information technology has made the dissemination of new media more convenient. Science popularization platforms represented by the "Liver Care Alliance" combine the latest academic

promoting environments.	research progress and translate it into popular science knowledge about fatty liver disease for the general public. March 18th of each year is China's National Liver Protection Day. Since 2001, a theme is selected every year, and various forms of liver-protecting science popularization activities are carried out across the country.
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	In 2022, the Expert Committee of the Special Fund for Fatty Liver Prevention and Treatment of the National Health Promotion Foundation released the "Brief Version of the Health Management Service Package for Metabolic-Related Fatty Liver Disease". This package focuses on the implementation scenarios of health management centers/health management medical departments in tertiary comprehensive hospitals, integrating appropriate health management technologies related to the prevention and treatment of metabolic-related fatty liver disease. Leveraging the "Fatty Liver Health Management Cloud Service Platform", it offers comprehensive full-process health management, including screening, evaluation, intervention, monitoring, and follow-up, as well as necessary specialist diagnosis and treatment and two-way referral services for the general population, high-risk groups for fatty liver disease, and patients with metabolic-related fatty liver disease.
To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. 5	Since 2016, the Central Committee of the Communist Party of China and the State Council have issued the "'Healthy China 2030' Plan Outline", which takes health priority as the primary principle. It emphasizes that health should be prioritized in a strategic position of development, based on national conditions. The Outline integrates the concept of promoting health into the entire process of formulating and implementing public policies, aiming to accelerate the formation of a healthy lifestyle, ecological environment, and economic and social development model, and achieve coordinated development between health and the economy and society. The content of the Outline on improving the medical and health service system includes strengthening the construction of continuous medical institutions such as chronic disease management, and proposes that the innovative supply model of medical and health services needs to establish a "three-in-one" major disease prevention and control mechanism comprising professional public health institutions, comprehensive and specialized hospitals, and primary medical and health institutions. In 2020, the Chinese government specifically issued an implementation plan for the prevention and control of childhood and adolescent obesity to reduce the risk of premature occurrence of chronic diseases such as obesity, cardiovascular and cerebrovascular diseases, and diabetes in adulthood. These prevention and control requirements have laid a good policy foundation for the subsequent promotion of fatty liver disease into chronic disease management. In 2019, the Fatty Liver and Alcoholic Liver Disease Group of the Chinese Medical Association's Hepatology Branch, the China Fatty Liver Center, and the China Liver Health Promotion Center jointly initiated a nationwide survey on the quality of life of patients with fatty liver disease. The purpose of the survey is to assess the current status of health-related quality of life among Chinese patients with non-alcoholic fatty liver disease (NAFLD), analyze the main risk factors affecting the quality of life of NAFLD patients, establish a foundation for long-term patient assessment, explore effective clinical interventions and patient support, discuss issues of patient management compliance and optimization of lifestyle interventions, and conduct reliability and validity assessments of the Chinese version of the Chronic Liver Disease Questionnaire - NAFLD-NASH version (CLDQ NAFLD-NASH). The research results have been published consecutively in journals such as Digestive Diseases and Sciences.
To monitor the trends and determinants of noncommunicable diseases and evaluate 6	To facilitate the integration of fatty liver disease into chronic disease management, it is imperative to refine data management practices such as disease monitoring. Currently, China lacks a standardized and unified data management platform for fatty liver disease. Following the release of the latest guidelines, while advocating for patient diagnosis and treatment management that is tailored to Chinese characteristics, we will further advance disease screening and assessment efforts. This includes conducting large-scale, long-term, real-world observational studies nationwide, as well as randomized controlled clinical trials of digital or

progress in their prevention and control.	pharmacological interventions for MAFLD involving multicenter, large-sample sizes. Additionally, we will establish a big data platform for dynamic cohort studies on MAFLD that facilitates resource sharing, leveraging the power of artificial intelligence and machine learning to enhance suitable diagnostic and therapeutic techniques.
<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.	At the National Congress on Health in 2016, President Xi Jinping emphasized the need to increase fundamental research on mental health issues, improve the popularization of mental health knowledge and psychological diseases, and standardize the development of mental health services such as psychotherapy and psychological counseling. Since then, multiple policies have been implemented to ensure and promote the special work on national mental health. Patients with fatty liver disease often suffer from obesity, metabolic syndrome, and other comorbidities. Chinese scholars have already discovered that mental health issues such as depression and anxiety are closely related to fatty liver disease. However, there is currently no large-scale research or management plan specifically focused on the mental health of patients with fatty liver disease. Future work in this area remains arduous and challenging.

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#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.	To promote best practice in the multidisciplinary care of patients with MASLD with the foundation of improved nutrition and physical activity. 1. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease Hepatology. 2023 May 1;77(5):1797-1835. doi: 10.1097/HEP.0000000000000323. Epub 2023 Mar 17.PMID: 36727674 2. Metabolic dysfunction-associated steatotic liver disease: Update and impact of new nomenclature on the American Association for the Study of Liver Diseases practice guidance on nonalcoholic fatty liver disease. Hepatology. 2024 May 1;79(5):1212-1219. doi: 10.1097/HEP.0000000000000670. Epub 2023 Nov 9.PMID: 38445559 3. EASL-EASD-EASO Clinical Practice Guidelines on the management of metabolic dysfunction-associated steatotic liver disease (MASLD): Executive Summary. Diabetologia. 2024 Jun 13. doi: 10.1007/s00125-024-06196-3. Online ahead of print.PMID: 38869512
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

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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. <i>India</i> became the first country globally to integrate <i>NAFLD</i> into the national non-communicable disease programme in 2021—a landmark initiative. All countries should adopt similar operational guidelines released by government of India. 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 The younger population should be targeted and initiatives should begin at school level to “catch ‘em young” and educational curricula in schools should have health education/programs and appropriate health indices should be monitored in schools to study and control 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. 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 All; countries should be encouraged to adopt the Indian policy of integrating NAFLD prevention/management with the NCD programs.
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.

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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. An Atlas which should be revised annually to be prepared which should highlight regional/countrywise riskfactors, prevalence, morbidity and mortality resulting from MASLD/MASH as well as governmental/state initiatives to control the disease.
*	<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

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#NCD-GAP objective c	Comments on key priority areasc
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. y	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.y	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. y	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 y
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. y	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. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote 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 v
6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic vconditions.
* <i>In addition:</i> To promote and protect mental health and well-being, including prevention and management of	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.

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

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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
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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	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.

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

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Web-based consultation: Informing key priorities before the next
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#NCD-GAP objective c	Comments on key priority areasc
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. y	I think that, we should make Family Physicians completely aware of the problems of NCD including steatotic liver disease (SLD) eg metabolic dysfunction-associated steatotic liver disease (MASLD), and metabolic dysfunction-associated steatohepatitis (MASH). As they are the first line of contact with the patients, they would be able to health educate the public and prevent these illnesses.
2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Ministries of Health should have national strategic plans to control these illnesses. Without a doubt, the WHO would have a major role in helping countries all around the world to set up those strategic plans and update them regularly while providing technical guidance to include NCDs beyond the 5x5 framework.
3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Health education on a continuous and regular basis is very important, especially in developing countries to raise public awareness about NCDs and therefore reduce their prevalence or prevent it.
4 To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-	WHO has to make sure that Family Medicine and Primary Health Care models of services are implemented in most countries. I think that only by developing such a concept of

	centred primary health care and universal health coverage. y	health provision, the countries could reduce or prevent NCDs
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Research is very important for the development of sciences. To promote the research behavior, its importance should be introduced very early to the health personnel (as early as to be taught and practiced in medical schools). Incentives and support have to be provided for the medical professionals to engage in research during their service provision. 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. y	v Public health divisions in the ministries of health have to be developed and equipped with expert personnel and infrastructures enabling them to monitor and control NCDs. Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice promptly; 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. *	Mental health is linked to the majority of health problems. And unless we maintain stable mental health we will not be able to prevent or control other illnesses. Hence we have 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.

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Graciela Elia Castro Narro

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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 liver diseases with special attention to steatotic liver disease, 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 or MASLD as a risk factor for cardiovascular diseases). 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
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	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

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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

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

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2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	- 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. - Cooperation with partners and donors is necessary.
3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	- 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. - Carry out field actions to research modifiable risk factors for non-communicable diseases and the underlying social determinants. - Obtain funding to carry out field studies.
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. ^y	- 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. - For our country, insist on strengthening grassroots community relays on the proper use of fibrosis tests.
5 To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	- Promote implementation research to understand effective integrated health services interventions in real-world settings (case of community relays for example); 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. y	- Have a monitoring & evaluation system to strengthen.y
* <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.

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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 ^c	Comments on key priority areas ^c
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. y	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) and the preventive aspect of alcohol-related harms in alcohol-associated liver disease (ALD). There have been a number of global initiatives to tackle the preventive aspects of liver disease in particular, where around 90% is preventable as highlighted in global Lancet Liver Commissions. Bhala N, Mellinger J, Asrani SK, Shah VH. Tackling the burden of preventable liver disease in the USA. Lancet Gastroenterol Hepatol. 2024 Jan;9(1):9-10. doi: 10.1016/S2468-1253(23)00361-8. Epub 2023 Nov 11. Bhala N, Ferguson JW, Rajoriya N, Newsome PN. Using global burden of hepatocellular cancer and liver cirrhosis as a driver to tackle preventable mortality and morbidity nationally and regionally. Hepatology. 2023 Apr 1;77(4):1078-1080.
2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	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 and ALD. 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 Similar work is required to consider a Framework Convention for Alcohol to promote multisectoral action as per WHO existing efforts but lack of implementation.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y 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 as part of burden metrics incl. obesity and alcohol as part of health promotio. Lancet NCD commissions and Bhala N, Ferguson JW, Rajoriya N, Newsome PN. Using global burden of hepatocellular cancer and liver cirrhosis as a driver to tackle preventable mortality and morbidity nationally and regionally. Hepatology. 2023 Apr 1;77(4):1078-1080.
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. y 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. y 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 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 Promoting and supporting national efforts in reliably determining alcohol-related harms that have increased as have Neeraj Bhala 1, Mohsan Subhani 2, Guruprasad P Aithal 2. Liver disease admissions in the UK are increasing, urgently needing local and national solutions. Lancet Gastroenterol Hepatol. 2023 Dec;8(12):1071. doi: 10.1016/S2468-1253(23)00334-5.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y 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. Trends are well established for GBD data on alcohol-related deaths, predominantly ALD – new nomenclature for steatotic liver diseases provides better definition for liver deaths incl. 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. 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, MASH and ALD. It highlights the importance for such a change,

	including discrimination and stigma found in previous 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

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**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 attain the nine voluntary global targets on NCDs. In addition, the sustainable development goal (SDG), target 3.4, calls for a reduction of 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 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	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis

	determinants through creation of health-promoting environments.	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

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)

#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

**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. Advocate for policies to reduce exposure to risk factors, taxes on unhealthy products (e.g., sugary beverages, tobacco, alcohol) and subsidies for healthy foods. To put a special focus on disparities/inequities. Encourage national programs and partnerships with NGOs and international organizations aimed at reducing poverty, improving education, and ensuring access to nutritional food, clean water, sanitation, and pollution-free environments. To guarantee an equitable health access, expand the geographical reach of primary health care services to underserved areas.
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. Raise the priority to ensure availability of essential medicines and continuously trained health workers for NCD management at the primary care level. 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.	Invest in research to understand the local and regional burden of NCDs; Promote implementation of 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. Encourage data recording on the incidence and prevalence of MASLD in children and adolescents. Prioritize educational and recreational intervention programs with lifestyle changes focusing on the pediatric population. 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 to enable comparability across different regions and countries. Propose guidelines for measuring multimorbidity, including incidence, prevalence and long term outcomes of 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 Increase public awareness about mental health issues through education and media campaigns to reduce stigma and discrimination. Stimulate the development of healthy environments at work, school, community and health center services. Enable patients to take an active role in their management, with a positive impact on their quality of life. Integrate mental health services (psychotherapy and psychiatric care) with the management of all other chronic diseases into primary care center.

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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)C

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 c	Comments on key priority areasc
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. y	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.y	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

	y
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y 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 y
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. y 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. y Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote 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_g_l_o_b_a_l_a_c_t_i_o_n_a_g_e_n_d_a_f_o_r_t_u_r_n_i_n_g_t_h_e_t_i_d_e_o_n.21.aspx 3. Defining comprehensive models of care for MASLD: https://www.nature.com/articles/s41575-021-00477-7 v
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y ; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet 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

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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)C

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 c	Comments on key priority areasc
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. y	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.y	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. y	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. y	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. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote 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
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* In addition: To promote and protect mental health and well-being, including prevention and management of	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.

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

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Fourth High-level Meeting of the UN General Assembly on the
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Web-based consultation: Informing key priorities before the next
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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.

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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:

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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
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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. Evaluate the effects of disruptive technologies and interventions (eg GLP1Ras) on all aspects of healthcare and policy
* <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

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Nicholas O. Davidson

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	In addition: To promote and protect mental health and * well-being, including prevention and management of	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.

Commented [MOU1]: Is there a way to strengthen this statement? Commercial determinants of health presumably includes societal pressures to market high fructose corn syrup and ultra processed food materials.

Commented [MOU2]: Can we include a statement on understanding cultural competencies and geographic variations in MASLD?

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

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<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

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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

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Luca Valenti

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)C

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 c	Comments on key priority areasc
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. y	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) with a special emphasis, but not limited to 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.y	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 in particular 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 y

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3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Accelerate work on the commercial determinants of health (dietary and physical activity and lifestyle-related), 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 among and within countries . y
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. y	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) and viceversa . 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 2. EASL-EASD-EASO clinical practice guidelines on MASLD https://www.journal-of-hepatology.eu/article/S0168-8278(24)00329-5/fulltext
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	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 y
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Establish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely manner; Set metrics or establish

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	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 steatotic 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

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Yoosoo Chang

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.	Integrating steatotic liver disease (SLD) eg metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH) into broader NCD prevention and management strategies is essential for mitigating their impact. These conditions are particularly significant due to their rising incidence and prevalence, which contribute substantially to the public health burden. Moreover, the presence of modifiable risk factors offers opportunities for prevention and reduction of both incidence and complications.
2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	If the WHO updates its strategic and technical guidance to encompass NCDs and broaden the scope to include SLDs, it will equip countries with clear guidance and robust support for adopting a holistic and comprehensive approach to the prevention and control of NCDs. Recognizing SLDs as predictors and effectively managing the increasing complications from the bi-directional relationship with other NCDs will be crucial components of this initiative. Ref> 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. Reduce exposure to harmful commercial influences through robust political economy analysis and policy-making processes with focus on focus on improving access to equitable healthy options and health-promoting environments at all level of society.
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 develop person-centred models and adopt a national-level screening system to significantly help address the complex interactions of highly prevalent multimorbidities (e.g., incorporating liver fibrosis testing in diabetes care). Ref> 1. Defining comprehensive models of care for MASLD: https://www.nature.com/articles/s41575-021-00477-7 2. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Care in Diabetes—2024 https://diabetesjournals.org/care/article/47/Supplement_1/S52/153956/4-Comprehensive-Medical-Evaluation-and-Assessment
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. Promote the benefits of multicomorbidity screening and care, including steatotic liver disease (SLD), in real-world settings. This approach ensures comprehensive healthcare delivery that addresses multiple chronic conditions simultaneously, improving patient outcomes and healthcare efficiency. Ref> 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
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. Set metrics for measuring multimorbidity, including liver disease, among populations with multiple common chronic conditions, focusing on developing cardio-liver-metabolic metrics. This initiative aims to standardize assessments and improve the management of complex health conditions across diverse patient groups.
*	<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. In Korea, where the terms "steatotic" and "fatty" share the same translation, it becomes crucial to carefully choose terminology that avoids stigma when translated to the country level. Efforts are needed to develop non-stigmatizing words that facilitate this movement, ensuring that changes in medical nomenclature effectively reduce discrimination and enhance patient care without contributing to negative perceptions.

	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

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Phunchai Charatcharoenwitthaya

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.	Advocate for a broader understanding of the impact of noncommunicable diseases (NCDs), including steatotic liver diseases like metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH), beyond the traditional 5x5 framework. Strengthen international cooperation and advocacy efforts to elevate the recognition of NCDs in terms of morbidity, mortality, and economic costs.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Urge the WHO to promptly update strategic and technical guidance, extending beyond the 5x5 framework. This ensures countries receive clear direction for implementing a holistic approach to NCD prevention and control, including steatotic liver diseases like MASLD and MASH. Addressing these aspects is crucial due to the interlinked nature of NCDs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate efforts to address commercial determinants of health, emphasizing political economy analysis and policy-making processes at all levels. Prioritize reducing health disparities and inequities, with a focus on vulnerable populations.
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 the development of person-centred care models that address the complex needs of multimorbidity rather than focusing on individual diseases. This includes implementing screening and testing strategies for conditions like liver fibrosis within diabetes care. Documenting and sharing best practices

		is essential for widespread adoption and effective health system strengthening.
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 identify effective integrated health service interventions in real-world settings. Encourage research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, and 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 timely use of monitoring data in informing policy and practice. Develop metrics or guidelines for measuring multimorbidity, including liver disease, among populations with multiple 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.	Recognize the close relationship between mental health and liver disease, including stigma and discrimination associated with body image and alcohol use.

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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)C

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 c	Comments on key priority areasc
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. y	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.y	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
	y

3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	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 y
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. y	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. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote 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 v
6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic vconditions.
* <i>In addition:</i> To promote and protect mental health and well-being, including prevention and management of	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.

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

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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

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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.
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) and novel research priorities including the development of novel biomarkers and models for personalized medicine. 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, both pre-clinical and clinically. 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

Prof. Khin Maung Win

**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). <u>SLD, MASLD and MASH are never considered as a health problem or at a very low priority in developing countries. It is a silent killer disease in such poor countries and it should be highlighted and strongly emphasised.</u>
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. <u>The public health personels who are going to carry out the NCD control programs are non-clinical and those who are managing the NCD cases are clinicians. Bridging of these two sets of persnnels should be a priority for strengthening of national resources for the country for the prevention and control of NCDs</u>

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. <u>To put a special focus on disparities/inequities the economic development of a country and there is not much of the room for international communities.</u>
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. <u>This will be a rather challenging task for the under-developed countries. Pilot trials should precede the actual implementation.</u>
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. <u>There should be a dedicated NCD research Institute or a Centre conducting NCD related research and other activities.</u>
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. <u>The NCD Institute or Centre mentioned above (no) should be responsible for all these tasks.</u>
★	<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.

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

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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.This is real as our University at Benha Egypt we started actually center of excellence No 05145 to study gut microbiome in fatty liver /Fatty Pancreas and heart Diseases
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 Yes completely agree

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. As per NO 2, we do 2 setting with the attendants peoples talk about nutrition and microbiome , as well as step 2 for stress examination score then 3 step fibroscan for fatty liver / fatty pancreas too . Any DM, heart diseases directed accordingly
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. We can let all the survices in a center like our we have at Benha University/ Center Of Excellence
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. Agree Completley
*	<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 simple scoring system we started at our center of excellence at Benha University , Egypt confirm the close association between MASLD and metal health , explantion is due to atherosclerosis which could be started firstly as mental disorder in MASLD patients.

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Charlotte Wernberg

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#	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.	Advocate for a greater understanding of how NCDs impact illness, death rates, and economic costs. Spread awareness that risk factors affecting the heart also affect liver health, leading to conditions like metabolic liver disease and alcohol-related liver disease. Recognize that these risk factors are a widespread issue across all societies, requiring joint efforts to improve the quality of food and alcohol industries.
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 a bi-directional relationship between NCDs. This offers a chance to provide guidance and support for a complete and well-rounded approach to preventing and controlling NCDs, including metabolic liver disease and alcohol-related liver disease.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate efforts to address the commercial factors that impact health by closely examining how politics and policies are made at all levels—national, regional, and global. Work to improve health by making alcohol less accessible through higher taxes and by enhancing the quality of food and opportunities for exercise. Pay special attention to reducing health disparities and inequalities.
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 creation of care models that focus on the whole person, rather than just one disease, to address the complex needs of people with multiple health conditions. This includes developing screening and testing strategies for multiple conditions, like testing

		for liver fibrosis in diabetes care. Document and share successful practices. Also, be mindful of the stigma associated with noncommunicable diseases, which can make people reluctant to seek healthcare.
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.

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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.
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-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.

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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 to include morbidities such as steatotic liver disease (SLD) eg metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH) that are intricately linked to diabetes, mental ill health, unhealthy diet and physical inactivity.
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 and to incorporate implementation science approaches to guide culturally appropriate strategies for scale and spread locally and globally.

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. To provide incentives to keep people out of hospitals and provide appropriate care in communities and place. At a practical level, this will involve developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care performed in the community not in hospital settings). Upskill the primary care workforce to confidently assess diet and exercise and prescribe tailored strategies to improve diet quality and increase physical activity with a sustainable approach. Enable implementation science methodologies to guide changes in health systems to shift to prevention and control of NCD including chronic liver disease.
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. Promote clinical trials to embed implementation outcomes through hybrid implementation - effectiveness designs.
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. Enable research programs that utilise data linkages of registries for efficient and effective approaches to answering research questions with big data.
*	<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. To recognise that mental ill health is highly prevalent in chronic liver disease with close linkages to poor diet quality and low physical activity.

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Professor Aleksander Krag

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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 a bi-directional relationship between NCDs. This offers a chance to provide guidance and support for a complete and well-rounded approach to preventing and controlling NCDs, including metabolic liver disease and alcohol-related liver disease.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate efforts to address the commercial factors that impact health by closely examining how politics and policies are made at all levels—national, regional, and global. Work to improve health by making alcohol less accessible through higher taxes and by enhancing the quality of food and opportunities for exercise. Pay special attention to reducing health disparities and inequalities.
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 creation of care models that focus on the whole person, rather than just one disease, to address the complex needs of people with multiple health conditions. This includes developing screening and testing strategies for multiple conditions, like testing

		for liver fibrosis in diabetes care. Document and share successful practices. Also, be mindful of the stigma associated with noncommunicable diseases, which can make people reluctant to seek healthcare.
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.
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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 and of course obesity which can occur with/without diabetes and are related to the other NCDs. 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	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

	through people-centred primary health care and universal health coverage.	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-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.

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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.
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.
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.

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
Aarhus University Hospital 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.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	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).
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	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.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	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 y
4c	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. y	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.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, personalised, or whole-of-society approaches.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic yconditions.
*	<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.

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Czech Society of Hepatology

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

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#	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.
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, what is crucial for people suffering from MASLD . At a practical level, this involved developing screening and testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes and obesity 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 .

June, 11th 2024

Prof. MUDr. Radan Bruha, CSc

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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

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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.

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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-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.

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.

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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.

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#	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.	• Ensure NCDs are a central component of national health strategies, aligning with broader health and development plans. • Encourage countries to develop and implement national NCD plans with clear targets, timelines, and monitoring mechanisms. • Foster cross-sector collaboration involving ministries beyond health (e.g., finance, education, agriculture, and environment) to address the social determinants of NCDs. • Advocate for regulations to control risk factors such as tobacco, alcohol, unhealthy diets, and physical inactivity. This includes taxation, marketing restrictions, and labeling laws. • Financing and resource allocation should focus on increased investment, innovative financing mechanisms and integration into universal health coverage. • Strengthen PHC systems to provide comprehensive NCD services, from prevention and early detection to chronic care and rehabilitation. • Enhance the skills and numbers of healthcare workers to manage NCDs effectively, including through training, task-shifting, and digital health tools. • Improve healthcare infrastructure and leverage technology for better NCD management, such as electronic health records and telemedicine. Launch and support global advocacy campaigns to raise awareness of NCDs and their impact on health and development.

		• Engage a broad range of stakeholders, including governments, international organizations, civil society, the private sector, and academia, in the fight against NCDs. • Empower communities to advocate for and implement local NCD prevention and control measures, ensuring their voices are heard in policy discussions. • Implement and scale up programs targeting the primary risk factors for NCDs (tobacco use, harmful alcohol use, unhealthy diets, and physical inactivity). • Promote healthy lifestyles through public awareness campaigns, education, and community-based initiatives. • Address the broader social and environmental factors contributing to NCDs, such as urbanization, pollution, and socioeconomic inequalities. Integrate NCD targets and indicators into the broader framework of the SDGs, highlighting their link to poverty reduction, economic growth, and sustainable development. • Strengthen advocacy for SDG target 3.4, which aims to reduce premature mortality from NCDs by one-third by 2030, and ensure its prominence 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.	WHO can focus on the following strategic actions: • Capacity Building by providing comprehensive technical support and training to build national expertise in NCD prevention and control. This includes the development of skills in epidemiology, health policy, program management, and clinical care. • Assist countries in mobilizing financial and technical resources for NCD programs, including how to leverage existing health financing mechanisms and explore new funding opportunities. • Health Systems Strengthening by supporting countries in integrating NCD services into primary health care and strengthening health systems to deliver these services effectively and equitably. • Aid countries in developing and implementing robust NCD policies and national action plans that align with global NCD targets and the Sustainable Development Goals (SDGs). • Encourage and support the establishment of strong governance frameworks for NCDs, including national NCD committees and intersectoral coordination mechanisms. • Promote the establishment of clear accountability mechanisms, including regular monitoring and evaluation of NCD strategies and public reporting of progress. • Promote and facilitate collaboration between sectors such as health, education, finance, agriculture, and urban planning to address the social determinants of NCDs.

		• Assist countries in ensuring that policies across different sectors do not inadvertently undermine NCD prevention and control efforts. • Develop and disseminate evidence-based guidelines and tools for NCD prevention, diagnosis, treatment, and care. • Provide guidance on developing and implementing effective policies and regulations to reduce NCD risk factors, such as tobacco control laws, alcohol policies, and nutritional standards. • Promote and support the adoption of innovative approaches to NCD prevention and control, including digital health technologies and new models of care.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Reducing modifiable risk factors for noncommunicable diseases (NCDs) and addressing their underlying social determinants requires creating environments that promote healthy lifestyles and reduce exposure to harmful behaviors and conditions. Here's how to achieve this: • Promoting Healthy Diets • Encouraging Physical Activity • Reducing Tobacco Use • Reducing Harmful Use of Alcohol • Addressing Underlying Social Determinants • Improving Mental Health and Wellbeing • Legislation and Regulation • Community Engagement and Advocacy • Building Resilient Health Systems • Using Technology and Innovation
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 the prevention and control of noncommunicable diseases (NCDs) and address their underlying social determinants, a comprehensive approach is needed. This includes integrating NCD services into people-centred primary health care (PHC) and ensuring they are part of universal health coverage (UHC). Key actions involve reinforcing PHC with training and infrastructure, expanding equitable access to NCD care, and reducing financial barriers. Multisectoral collaboration is crucial to address social determinants like education, housing, and urban planning, alongside community engagement and empowerment. Enhancing health system governance, fostering prevention through health promotion, and leveraging research and innovation for tailored solutions are also vital. By focusing on these areas, health systems can deliver effective, inclusive, and sustainable care to combat NCDs globally.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	To promote and support national capacity for high-quality research and development in the prevention and control of NCDs, it is essential to invest in robust infrastructure and build a skilled workforce. WHO should help Governments and institutions to establish dedicated research centers and foster collaborations with global and local partners, including academic institutions, healthcare providers, and industry. Funding should be allocated to support both fundamental and applied research, emphasizing innovations that are culturally and contextually relevant. Additionally, integrating research findings into policy-making and health practices ensures that advancements directly benefit public health outcomes,

		driving a continuous cycle of improvement and adaptation in NCD prevention and control.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	To monitor trends and determinants of NCDs and evaluate progress in their prevention and control, consider the following strategies: • Establish Robust Surveillance Systems: • Use Standardized Indicators: • Conduct Regular Health Surveys: • Support Longitudinal and Cohort Studies: • Build Capacity for Data Analysis: • Ensure Timely Reporting: • Evaluate Intervention Impact: • Engage Communities and Stakeholders: • Leverage Digital Health Technologies: • Apply Big Data and Machine Learning: • Foster Public-Private Partnerships: • Strengthen Health System Governance: • Promote Policy Coherence: • Integrate Findings into Policy and Practice: • Encourage Innovation in 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.	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.

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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

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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. WHO should invest in building national capacities for NCD prevention and control such as training healthcare professionals, developing robust health infrastructure, and enhancing the capabilities of health ministries.

		Promote the development of multisectoral partnerships that include government, private sector, civil society, and international organizations. Strengthen governance and leadership structures at the national level to oversee NCD prevention and control efforts.
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 Implement comprehensive behavior change communication strategies to raise awareness about
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. Invest in training healthcare workers to manage NCDs effectively, with a focus on multidisciplinary care teams.
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. Support the development and application of innovative technologies and interventions for NCD prevention and management such as telemedicine and digital health tools.
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.

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#	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.	Promoting global advocacy to recognize the extensive impact of noncommunicable diseases (NCDs) on morbidity, mortality, and economic burden, expanding beyond the traditional 5x5 framework. This includes raising awareness and integrating efforts to address steatotic liver diseases such as metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH) into global health initiatives.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	The WHO needs to urgently update its strategic and technical guidance to cover a wider spectrum of noncommunicable diseases (NCDs). This will ensure that countries receive clear and comprehensive support to implement holistic approaches for the prevention and control of NCDs, including steatotic liver diseases like metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH). Such an update is essential due to the intricate and reciprocal relationships among various NCDs, highlighting the necessity for integrated health strategies.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	It is important to put a special focus on inequities and cultural and economic disparities and 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.	It is now imperative to consider a 'tailored' approach to care in an effort to address the individual needs of unique patients versus a 'one size fits all' approach.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Encourage implementation research to identify effective integrated health service interventions in practical, real-world environments. Advocate for research focusing on multiple chronic conditions, including liver disease, employing holistic, person-centered, personalized, and whole-of-society approaches.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Develop dedicated feedback systems to ensure that data gathered through monitoring activities promptly influence policy and practice. Establish metrics or 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 there is data supporting the interrelationship between liver disease and mental health and behavioural support needs to be considered.

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

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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.

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#	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), metabolic dysfunction-associated steatohepatitis (MASH) and alcohol-related liver disease (ALD).
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 efforts on the commercial determinants of health by emphasizing political economy analysis and comprehending policy-making processes at national, regional, and global levels. Place a special emphasis on addressing disparities and 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.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Encourage implementation research to understand effective integrated health service interventions in real-world settings; support research that addresses multiple chronic conditions, including liver disease, through 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.	Create dedicated feedback mechanisms to ensure that data gathered from monitoring activities promptly inform policy and practice; develop metrics or establish guidelines for measuring multimorbidity, including liver disease, in 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.	Acknowledge that mental health is closely connected to liver disease, including through stigma and discrimination related to body image and/or association with alcohol 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

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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 starting early in the life, i.e. involving especially pediatricians and midwives/obstetricians . 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-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.
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. Make new anti-obesity drugs economically accessible to all.
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.

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

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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-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.
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. Coordination between clinical and basic researchers across institutes need to be focused specially in least developed and developing countries.
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.

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**Web-based consultation: Informing key priorities before the next High-level
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	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 Advocacy for MASLD/MASH: Elevate the importance of MASLD and MASH within global health agendas. Advocate for their inclusion in international health discussions, policies, and funding allocations. Integration into Development Goals: Ensure that MASLD and MASH are explicitly recognized in relevant global and regional development goals, such as those addressing chronic diseases, obesity, diabetes, and metabolic syndrome. Collaborative Networks: Promote international cooperation and the formation of networks dedicated to sharing best practices, research, and resources focused on the prevention and management of NAFLD and MASLD. The WHO can play a crucial role by providing leadership and technical guidance, facilitating international collaboration, and supporting Member States in integrating MASLD and MASH into their national health agendas.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	National Strategy Development: Encourage countries to develop and implement comprehensive national strategies specifically targeting MASLD and MASH, incorporating guidelines for diagnosis, management, and prevention. Capacity Building: Invest in training healthcare providers and building the necessary infrastructure to improve the detection, monitoring, and management of MASLD and MASH at the primary care level. Multisectoral Collaboration: Foster partnerships across sectors such as health, agriculture, education, and finance to create integrated approaches to address the lifestyle and metabolic factors contributing to MASLD and MASH. WHO can support Member States by providing capacity-building programs, technical support, and facilitating multisectoral collaboration to strengthen national responses to MASLD and MASH.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Lifestyle Interventions: Promote lifestyle interventions focusing on healthy diets, regular physical activity, and weight management to reduce the incidence and progression of MASLD and MASH. Social Determinants of Health: Address social determinants such as socioeconomic status, access to nutritious foods, and opportunities for physical activity, which play a critical role in the prevalence of MASH and MASLD. Public Health Campaigns: Launch public health campaigns to raise awareness about MASH and MASLD, emphasizing the importance of early detection and lifestyle changes to prevent disease progression. WHO can assist in developing and disseminating evidence-based guidelines and best practices for reducing risk factors and creating health-promoting environments, tailored to the needs of different regions and populations.
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.	Integrated Care Models: Develop integrated care models that incorporate the management of MASH and MASLD into primary and secondary healthcare services, ensuring continuity of care from diagnosis to treatment. Healthcare System Strengthening: Strengthen healthcare systems by enhancing the availability of diagnostic tools, treatment options, and specialist care for patients with MASH and MASLD. Patient-Centered Care: Promote patient-centered care approaches that involve patients in decision-

		making processes and provide comprehensive support for lifestyle modifications and disease management. WHO can provide technical assistance in designing integrated care models, strengthening healthcare infrastructure, and ensuring that health systems are equipped to manage MASH and MASLD effectively.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Research Funding: Allocate dedicated funding for research on MASH and MASLD to understand their etiology, progression, and effective prevention and treatment strategies. Collaborative Research Initiatives: Foster collaborative research initiatives that bring together experts from different fields to address the complex interactions between genetic, environmental, and lifestyle factors in MASH and MASLD. Translation of Research: Ensure that research findings are effectively translated into clinical practice and public health policies to improve the prevention, diagnosis, and management of MASH and MASLD. WHO can support research efforts by providing funding opportunities, fostering international research collaborations, and disseminating research findings to inform policy and practice.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Surveillance Systems: Develop robust surveillance systems to monitor the prevalence, incidence, and risk factors of MASH and MASLD at national and regional levels. Data Collection and Analysis: Standardize data collection and analysis methods to track trends and evaluate the effectiveness of interventions aimed at reducing the burden of MASH and MASLD. Regular Reporting: Establish mechanisms for regular reporting and dissemination of findings to inform policymakers, healthcare providers, and the public about progress in the prevention and control of MASH and MASLD. WHO can provide technical support for the development of surveillance systems, facilitate the standardization of data collection methods, and promote the use of data for policy-making and program improvement.

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Society on Liver Disease in Africa

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

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#	NCD-GAP objective	Comments on key priority areas
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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. To date, governments, national departments of health, non-governmental organisations, and international aid agencies in the WHO Africa region have concentrated on the triple infectious disease burden of malaria, HIV, and tuberculosis and have underestimated the health and economic impact of not addressing rising burden of 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 and in the WHO Africa region addressing the rising prevalence of obesity and type 2 diabetes, driven by the overlapping challenges of food insecurity, nutritional transition, and associated increased consumption of calorie-dense foods.
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 as well as breakdown Silos of healthcare practice, enabling efficient and patient-centred task-sharing at 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.	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. Promote equitable access to clinical trials for the new therapeutics targeting Diabetes, Obesity and Steatotic Liver disease.
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. Assist countries in setting up appropriate data capture systems and indicators of implementation similar to the WHO Africa Hepatitis Score Card.
*	<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. In the WHO Africa region

		few people have access to quality mental health care despite more than 116 million people already estimated to be living with mental health conditions pre-pandemic.

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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)^c

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2c To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	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.
3c To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	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 ^y
4c 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. ^y	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

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5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, personalised, or whole-of-society approaches.
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*	<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.

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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-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

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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.

# ^c NCD-GAP objective ^c	Comments on key priority areas ^c
1^c 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. ^y	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^c To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	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^c To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	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. To warn the food industry and food distributors about the health risks of ultra-processed foods, mainly in children and adolescents.

4c	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. y	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.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, personalised, or whole-of-society approaches.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic yconditions.
*	<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.

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

Christopher D Byrne

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

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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.	Obesity is having a marked impact on risk of, and development of poor mental health and also many NCDs. One such poorly acknowledged problem condition is steatotic liver disease which is caused by metabolic dysfunction (i.e. metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH)). This liver condition has both hepatic and extra-hepatic implications, increasing risk of poor mental health, major adverse liver outcomes and also type 2 diabetes, cardiovascular disease and cardiac failure, chronic kidney disease and certain cancers. It is crucial to advocate for this highly prevalent disease to increase global awareness of this very common global obesity-related liver condition.
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 include the prevention and control of steatotic liver disease and specifically MASLD and MASH that is linked to obesity and is associated with poor mental health. This is also critical given the bi-directional relationship between MASLD/MASH and conditions such as type 2 diabetes; where the presence of steatotic liver disease increases the risk of type 2 diabetes, and the presence of type 2 diabetes increases the development of and severity of liver disease.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social	To accelerate and facilitate work and links with Industry to improve health and treat disease outcomes with MASLD.

	determinants through creation of health-promoting environments.	To also focus on disparities/inequities in health caused by both regional differences and ethnicities in people with MASLD.
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 accelerate efforts to develop integrated health care between primary and secondary care providers, to tackle multimorbidity caused by MASLD. To improve primary care awareness of MASLD and the primary care-focussed early detection of severe liver disease in MASLD (e.g. liver fibrosis in high risk groups such as those people living with type 2 diabetes).
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	To promote research to understand effective integrated health service interventions in real-world settings, and to evaluate local cost-effectiveness. Promote identification of metabolic-dysfunction associated steatotic liver disease (MASLD) in high risk groups e.g. people living with type 2 diabetes and/or obesity.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	To ensure that data collection through monitoring informs policy and practice. To facilitate data collection and guideline development for assessing and monitoring multimorbidity in people with MASLD.
*	<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 acknowledge that poor mental health is closely related to steatotic liver disease linked to obesity (MASLD); and to advocate for better targeting and treatment of poor mental health to tackle obesity and co-morbidity condition linked to MASLD

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

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Using the table below,

FEEDBACK FROM Saudi Society for the Study of Liver Diseases and Transplantation (SASLT)

#	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), emphasizing their rising global prevalence. It is estimated that MASLD affects approximately 38% of the adult global population and 13% of children and adolescents, making it a critical public health issue requiring urgent international cooperation and effective advocacy strategies.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Urge the WHO to update its strategic and technical guidance to include a broader spectrum of NCDs, especially MASLD, and support countries in developing integrated care pathways and policies that reflect these conditions' complexity and socioeconomic impact, which is rapidly becoming the dominant liver disease worldwide and the leading indication for liver transplantation globally.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants by creating health-promoting environments.	Accelerate work on the commercial determinants of health, with a strong focus on political economy analysis and understanding of national, regional, and global policy-making processes.



#	NCD-GAP objective	Comments on key priority areas
		Implement policies that promote healthy lifestyles to combat the increasing prevalence of these liver diseases, particularly in rapidly urbanizing regions. Particular attention should be given to reducing disparities and in equities, particularly those exacerbating NCD risks.
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 care models that go beyond a single disease focus and consider the complex interactions of multimorbidity needs. At a practical level, this entailed developing multimorbidity screening and testing strategies (for example, liver fibrosis testing in diabetes care). This work should aim to identify and document best practices.
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 identify effective health service interventions in real-world settings. Support studies that approach chronic conditions holistically, focusing on integrated, person-centered strategies that address the broad spectrum of NCDs, including liver disease
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 promptly. Set metrics or establish guidelines for measuring multimorbidity among populations with multiple common chronic conditions, including liver disease.
*	<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.	Acknowledge and address the psychological impacts associated with chronic liver diseases such as MASLD and 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.

Respectfully yours,



Dr. Faisal Abaalkhail - President
Saudi Society for the Study of Liver Disease and Transplantation (SASLT)



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2 ^c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	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 reciprocal relationship between most NCDs.
3 ^c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	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 ^c	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. ^y	Expand efforts to analyse geographical and societal differences in legislative, corporate, and cultural constraints to prevention and control of NCDs (e.g., food industry, environmental protection, consumer protection, drug pricing, etc.)
5 ^c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. ^y	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.
6c	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.

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**Fourth High-level Meeting of the UN General Assembly on the
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**Web-based consultation: Informing key priorities before the next
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2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	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.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	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 y
4c	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. y	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.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, personalised, or whole-of-society approaches.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic yconditions.
*	<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.

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**Fourth High-level Meeting of the UN General Assembly on the
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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 chronic liver disease such as steatotic liver disease (SLD) eg metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH) <u>taking a special vision on South America countries like Brazil, a huge country with a high prevalence of MASLD.</u>
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 identify on an early phase, prevent and control of NCDs, including steatotic liver disease and specifically MASLD and MASH. This is critical given the bi-directional relationship between NCDs. <u>It is urgent to include MASLD on a national agenda of Government Public Health for the countries in South America, where the prevalence of MASLD is one of the highest in the world.</u>
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. Invite commercial branches to reduce price of healthy food and call to action on the ultra processed food industries through specific prizes like a “golden

		medal” for those with a health-based policy. Increase funding to create health areas for all populations, mainly those who live in low economic settings.
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 (<u>like Type 2 Diabetes, Obesity and MASLD</u>). 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. <u>Develop specific discussions including all scenarios in low and medium income countries which still need to implement awareness for the NCD.</u>
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. <u>To promote exchange in knowledge between high income and low-income countries</u>
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.

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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 relationship between type 2 diabetes, MASLD and cardiovascular disease.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Accelerate work on reduction of added caloric sweeteners in the food and beverage supply. To put a special focus on disparities/inequities and decrease targeting of lower income communities by sweetened beverage companies.
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 screening and

	through people-centred primary health care and universal health coverage.	testing strategies for multimorbidity (e.g., liver fibrosis testing in diabetes care). This work should aim to surface and document good practice and should include children and adolescents.
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.	Set metrics or establish guidelines for measuring MASLD in children, adolescents and adults and evaluate trends across communities.
*	<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.

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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).
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 SLD. This is critical given the bi-directional relationship between NCDs that frequently forget the liver, still a third of the global population are at risk for liver disease due to SLD.
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.

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.

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)C**

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 c	Comments on key priority areasc
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. y	Advocacy towards a better understanding of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework, including type 2 diabetes and steatotic liver disease (SLD) eg metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH), and that a significant proportion of NCDs can be prevented through lifestyle changes in supportive environments at individual, local, regional, national and international action.
2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	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 type 2 diabetes and 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. y	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 reducing disparities/inequities y
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. y	Accelerate efforts to develop person-centred models of care which go beyond a mono-disease focus, to look at complex interactions of multimorbidity needs, and that there are common management and prevention pathways, specifically lifestyle changes. At a practical level, this will involve 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. y	Promote implementation research to understand effective integrated health services interventions in real-world settings; Promote research that addresses both the prevention and management of multiple chronic conditions, including type 2 diabetes and 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

To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Establish common minimum datasets, common data definitions and 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 type 2 diabetes and 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 type 2 diabetes and 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

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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)C

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 c	Comments on key priority areasc
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. y	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.y	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

	y
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y 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 y
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. y 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. y Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote 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 v
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y ; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet metrics or establish guidelines for measuring multimorbidity, including liver

	disease, among populations with multiple common chronic conditions. To evaluate those cases with advanced liver disease in order to indicate the appropriate treatment (i.e. liver transplantation)
<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

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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)^c

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 ^c	Comments on key priority areas ^c
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. ^y	Advocacy should be expanded to highlight the comprehensive impact of noncommunicable diseases, such as steatotic liver disease (SLD) like metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH), beyond the traditional 5x5 framework.
2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	It is imperative for WHO to promptly update strategic and technical guidance to encompass noncommunicable diseases beyond the 5x5 framework, particularly emphasizing steatotic liver diseases like MASLD and MASH. Clear guidance and support are essential for a holistic approach to NCD prevention and control, given the bidirectional relationship with other NCDs. Reference to research priorities outlined in the article can further enhance guidance for addressing steatotic liver diseases effectively 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. ^y	Prioritize action on the commercial determinants of health by integrating political economy analysis into policy-making processes at all levels, with a specific emphasis on addressing disparities and inequities ^y

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. y 4	Enhance health systems by emphasizing people-centered primary health care and universal health coverage to effectively tackle noncommunicable diseases and address social determinants, promoting holistic prevention and control measures The following article reference comprehensive models of care for MASLD to help provide further guidance: https://www.nature.com/articles/s41575-021-00523-4
To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y 5	Advocate for implementation research on integrated health service interventions in real-world settings and promote holistic approaches for addressing multiple chronic conditions, including liver diseases like MASLD and MASH, through person-centered and society-wide strategies. The referenced articles offer valuable insights into research priorities, action agendas, and comprehensive models of care for steatotic liver diseases, enhancing guidance for effective responses. https://www.journal-of-hepatology.eu/article/S0168-8278(23)00323-9/fulltext https://www.nature.com/articles/s41575-021-00477-7
To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y 6	Establish robust monitoring systems to track noncommunicable disease trends and determinants, enabling comprehensive evaluation of prevention and control efforts to drive progress towards improving public health outcomesy
<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 interconnection between mental health and liver disease, addressing stigma and discrimination related to body image and alcohol association. The referenced articles advocating for nomenclature change in steatotic liver diseases underscores the importance of mitigating discrimination and stigma prevalent in previous terminologies, fostering a more inclusive approach to liver disease discourse. https://www.journal-of-hepatology.eu/article/S0168-8278(23)00418-X/fulltext https://journals.lww.com/hep/fulltext/2023/12000/a_multisociety_delphi_consensus_statement_on_new.28.aspx

Smile Train

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 management	Smile Train, the world's largest cleft-focused organization, in alignment with the global stakeholders of the World Hearing Forum, urges

of mental health conditions, as a vital component of achieving SDG target 3.4.	Member States and the WHO Director General to prioritize hearing loss within the Fourth High-level Meeting of the UN General Assembly on the prevention and control of Noncommunicable Diseases (NCDs) and the UN General Assembly's High level declaration on NCDs Unaddressed hearing loss is the third largest cause of years lived with disability globally. Over 1.5 billion people currently experience some degree of hearing loss, which could grow to 2.5 billion by 2050. If unaddressed, hearing loss can negatively impact many aspects of life: communication; the development of language and speech in children; cognition; education; employment; mental health; and interpersonal relationships. Hearing loss can cause low self-esteem, is often associated with stigma, and can significantly impact the families and communication partners of those living with the condition. Evidence-based and cost-effective public health measures can prevent and treat many causes of permanent hearing loss, including congenital anomalies such as cleft lip and cleft palate. Children born with clefts (1 in 700 births globally) have a significantly increased risk of hearing loss, as compared to their peers. All cleft-affected individuals require specialized ear and hearing care, and more than 50% of these individuals require surgical intervention to prevent permanent, long-term hearing loss. Inclusion of hearing loss within the next political declaration on NCDs, with a particular emphasis on the prevention and treatment of hearing loss in vulnerable populations including those born with clefts, is essential to accelerate the global NCD response for prevention and control from 2025.

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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.	Engage with Global and Member States policymakers to recognize steatotic liver disease (SLD) eg metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH) as components of the noncommunicable diseases
2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Build coalitions among the WHO, academic institutions and patients associations to support the recognition of SLD as NCD beyond the 5x5 framework. WHO strategic and technical guidances are necessary for the Member States to act for the prevention and control of SLD (specifically MASLD and MASH) as part of NCD burden. Advocate for the inclusion of SLDs in the National Health Strategies and action plans. Updated References on action priorities: 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.	Reduce Inequities in the risk factors distribution, addressing the Social Determinants of Health and specifically of the Commercial Determinants of Health promoting policies that positively impact healthy behaviours .

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. Understand the role of the Social Determinants of Health and address it in developing multimorbidity screening and testing strategies according to the patients' need (e.g diagnosis of liver fibrosis in patients with diabetes or obesity). The following article could provide further guidance on the comprehensive models of care for MASLD to help: 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.	Invest in research that evaluate the clinical, economic and societal burden of SLD addressing multiple chronic conditions, including liver disease at National Level in order to promote evidence based holistic, and person-centred, or approaches beneficial for the whole society.. The research and action priorities, as well as models of care, to help provide further guidance with specific regards to steatotic liver disease and specifically MASLD and MASH are reported as follows . 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.	Identify the determinants of increasing trends of non communicable diseases at each specific country level addressing structural, intermediary and commercial determinants of health as well as differences in health care system. Set metrics for measuring multimorbidity, including liver disease, among populations with multiple common chronic conditions. Monitor and evaluate progress following specific policy actions. ensuring that data collected 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.	Address Mental health as closely related to liver disease including through stigma and discrimination due to body image and/or an association with alcohol use. Discrimination and stigma were the main challenges to be avoided to describe the spectrum of liver diseases as reported in the reference below. 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 2. How to stop stigma: implementing The Lancet Commission on ending stigma and discrimination in mental health DOI:https://doi.org/10.1016/S2215-0366(23)00374-7

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

Consulta en línea: primera fase (del 1 al 26 de mayo del 2024)

Observaciones generales sobre las áreas prioritarias clave en el informe del Director General de la OMS

Instrucciones

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

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

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

#	Objetivo del plan de acción mundial	Observaciones sobre las áreas prioritarias clave
1c	Otorgar más prioridad a la prevención y el control de las ENT en las agendas mundial, regional y nacional y en los objetivos de desarrollo acordados internacionalmente, mediante el fortalecimiento de la promoción y la cooperación internacional.	- Promover el intercambio de experiencias exitosas en la prevención de ENT. - Fortalecer y apoyar las instancias regulatorias de los entes rectores en materia de regulación y control. - Creación de fondos de financiamiento para la ejecución de intervenciones orientadas a la prevención y control de las ENT.
2c	Reforzar la capacidad, el liderazgo, la gobernanza, la acción multisectorial y las alianzas para acelerar la respuesta de los países en materia de prevención y control de las ENT.	- Promover la institución de unidades a cargo de las ENT en las instituciones rectoras y de servicios de salud, así como los institutos de salud pública de modo que estas puedan articular acciones intersectoriales y alianzas público-privadas. - Instituir unidades o departamentos de promoción de la salud para la validación y su socialización de intervenciones exitosas tendientes a prevenir las ENT

#	Objetivo del plan de acción mundial	Observaciones sobre las áreas prioritarias clave
3c	Reducir la exposición a factores de riesgo modificables de las ENT y los determinantes sociales subyacentes mediante la creación de entornos que fomenten la salud.	- Apoyar a los países en la promulgación de legislación en materia de salud pública que permita reducir la exposición de la población a factores de riesgo modificables de las ENT. - Promover y apoyar la regulación de los alimentos que se ofrece a la población. - Fortalecer la capacidad de abogacía de los entes rectores ante la empresa privada. - Implementar estrategias para la aplicación de esta legislación nueva en materia de salud pública, generando los mecanismos para su pronta implementación de acuerdo con el contexto nacional. - Promover en la población de cada país la actividad física cotidiana y de forma rutinaria especialmente en los centros educativos, como una estrategia para combatir el sedentarismo. - Asegurar las condiciones de seguridad que permitan contar con entornos propicios para el desarrollo de actividad física y socialización, con énfasis en los grupos sociales más vulnerables. - Priorizar la atención de las inequidades relacionadas con los derechos a la educación de calidad, a la mejor alimentación y salud integral. - Financiamiento a campañas de educación y promoción de la salud tendientes a informar a la población sobre la prevención de las ENT.
4c	Fortalecer y reorientar los sistemas de salud para abordar la prevención y control de las enfermedades no transmisibles y los determinantes sociales subyacentes mediante una atención primaria centrada en las personas y la cobertura universal.	- Fortalecer la curricula universitaria de modo que los profesionales que conforman los equipos de atención primaria (enfermeras – médicos – técnicos) cuenten con los conocimientos requeridos para la prevención y el control de las ENT. - Promover la dotación de recurso humano suficiente y de acuerdo con la población adscrita de modo que los profesionales del equipo puedan dedicar tiempo suficiente a las actividades de prevención. - Fortalecer los mecanismos de referencia y contra referencia con los niveles secundario y terciario de manera que se dé la atención oportuna.
5c	Fomentar y apoyar la capacidad nacional de investigación y desarrollo de calidad en relación con la prevención y el control de las ENT.	- Apoyar a los países con las metodologías más novedosas para la medición periódica de las ENT. - Promover el desarrollo y financiar la medición periódica, mediante encuestas de las ENT. - Fortalecer los institutos de salud pública para la investigación y medición de las ENT y sus determinantes.

#	Objetivo del plan de acción mundial	Observaciones sobre las áreas prioritarias clave
		- Fortalecer la interoperabilidad de ellos distintos sistemas de salud en los países para el intercambio de datos e información relativa a las ENT. - Fortalecer a los institutos de salud pública para la transferencia del conocimiento generado en la prevención de las ENT a la población mediante medios digitales de fácil utilización. - Promover el uso de los conocimientos científicos generados para la formulación de políticas públicas orientadas a la prevención y control de las ENT en contexto nacional.
6c	Vigilar la evolución y los determinantes de las ENT y evaluar los progresos hacia su prevención y control.	- Promover la medición periódica de las ENT y sus determinantes mediante encuestas y otras metodologías.
*	<i>Objetivo adicional:</i> Promover la salud mental y el bienestar como un componente fundamental para alcanzar la meta 3.4 de los ODS.	- Promover la medición periódica de los problemas de salud mental y sus determinantes mediante encuestas y otras metodologías. - Facilitar intervenciones exitosas entre países. - Priorizar la atención de las inequidades en materia de salud mental.

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

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

Consulta en línea: primera fase (del 1 al 26 de mayo del 2024)

Observaciones generales sobre las áreas prioritarias clave en el informe del Director General de la OMS

Instrucciones

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

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

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

#	Objetivo del plan de acción mundial	Observaciones sobre las áreas prioritarias clave
1	Otorgar más prioridad a la prevención y el control de las ENT en las agendas mundial, regional y nacional y en los objetivos de desarrollo acordados internacionalmente, mediante el fortalecimiento de la promoción y la cooperación internacional.	Sugerimos priorizar la prevención y control del sobrepeso y la obesidad, hipertensión arterial y diabetes mellitus
2	Reforzar la capacidad, el liderazgo, la gobernanza, la acción multisectorial y las alianzas para acelerar la respuesta de los países en materia de prevención y control de las ENT.	Sugerimos mostrar ejemplos de iniciativas exitosas y las lecciones aprendidas en aspectos de gobernanza, acción gubernamental y alianzas
3	Reducir la exposición a factores de riesgo modificables de las ENT y los determinantes sociales subyacentes mediante la creación de entornos que fomenten la salud.	Sugerimos priorizar las acciones para reducir el sobrepeso y obesidad y mejorar la actividad física y alimentación saludable
4	Fortalecer y reorientar los sistemas de salud para abordar la prevención y control de las enfermedades transmisibles y los determinantes sociales subyacentes mediante una atención primaria centrada en las personas y la cobertura universal.	Sugerimos fortalecer el rol de los agentes comunitarios de la salud en la prevención de las enfermedades no transmisibles y el abordaje de los determinantes sociales

5	Fomentar y apoyar la capacidad nacional de investigación y desarrollo de calidad en relación con la prevención y el control de las ENT.	Sugerimos priorizar investigaciones que evalúen la efectividad de intervenciones para el control de las enfermedades no transmisibles
6	Vigilar la evolución y los determinantes de las ENT y evaluar los progresos hacia su prevención y control.	Sugerimos priorizar el fortalecimiento de los sistemas de monitoreo de los indicadores de progreso
*	<i>Objetivo adicional:</i> Promover la salud mental y el bienestar como un componente fundamental para alcanzar la meta 3.4 de los ODS.	

Por favor, envíe el formulario completado a OnTheRoadTo2025@who.int entre el 1 y el 26 de mayo del 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.	Include questions about hearing (difficulty hearing/complaints) in primary care, in a standardized protocol for all basic health units. For people who have difficulty hearing and/or complain, apply specific standardized questionnaires to guide behavior. Furthermore, create hearing screening programs for age groups with a higher prevalence of hearing loss, with the support of public policies. In Brazil, we already have the following programs: - newborns – universal neonatal hearing screening; - preschool and school children – we do not have them; - teenagers – we do not have them; - adults exposed to otoagressors agents – we have legislation that provides for audiological evaluation and a hearing conservation program for adults exposed to noise who have formal employment contracts in medium and large companies. Other otoagressors, small companies and informal workers do not have hearing monitoring programs and hearing conservation programs. - elderly people with or without risk factors for hearing loss (for example: cardiovascular and metabolic diseases) – we do not have them.

		Furthermore, it is necessary to create a universal national database that includes test results and the flow of referrals to specialized care.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Creation of specific standardized protocols for each age group, including the most prevalent risk factors in the population, which include prevention, screening, diagnosis and rehabilitation actions, with well-defined referral flows. Furthermore, training of health professionals is necessary for the proper use of these protocols, as well as registration in a database for longitudinal follow-up. Control mechanisms to verify the appropriate use of these protocols and registration in a database are necessary, with a view to restructuring the programs, if applicable.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Include continuing education programs for health agents to introduce focus groups that address target groups of educational campaigns aimed at promoting hearing health and preventing hearing loss, with an interdisciplinary approach.
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.	Introduction of control mechanisms to verify adherence to referral for diagnosis/treatment/rehabilitation. To this end, there is a need to create monitoring protocols in primary care so that community agents and family doctors can monitor the individual's flow through the health network, providing guidance again if necessary. For this monitoring, the database with information relating to hearing health is essential.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	It is necessary to include information relating to hearing health in a national database, where all health units have access. This database must include information relating to hearing health. For this process to be efficient, it is necessary to create and strengthen training to properly fill the database, as well as database control measures. These actions could generate indicators to support public policies for hearing health.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Creation of specific quality indicators for each age group (and causal agent of hearing loss) to assist in program management, as well as to support the strengthening of public policies aimed at promoting hearing health, preventing hearing loss and rehabilitation .

★	<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*.

Submission from FORUT, Norway:

#	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 achieve this objective, it is critical to support LMICs and civil society in these countries to be active participants in international coalitions and advocacy campaigns. There is room to be more inclusive of CSOs globally without sacrificing participation in online meetings because of time zone limitations. Regional consultations should be regular. For cooperation and advocacy, it is vital to consider and manage the commercial conflict of interest of entities that claim to be stakeholders, both in the private sector and their front organisations.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Multisectoral action and partnerships between governments and civil society are needed. Health ministries need to go beyond its silo and engage other ministries. The government should steer such action with a comprehensive and clear public health agenda, without the influence of health harmful industries.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	WHO should support governments in their efforts to regulate health harmful products and the underlying social, commercial and economic determinants of health, such as the alcohol industry.

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.	Prevention and control of NCDs should be a priority for strengthening health systems' capacity for universal health coverage. Prevention should start by tackling the commercial determinants of health. WHO DG Dr Tedros emphasized the need for action on the economic and commercial determinants of health to achieve universal health coverage. These should be clearly reflected in the process towards the UNHLM.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Developing national capacity for research and development should go hand in hand with translating knowledge into actionable interventions and evidence-based policies.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Current monitoring and surveillance of NCDs and the policies for their prevention and control remain inadequate. The WHO should support governments toward allocating resources for regular monitoring and evaluation of any progress in NCD prevention and control.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	It is critical to promote mental health and well-being for a more wholistic approach to NCD prevention and control. While there is some progress, it remains a neglected health problem.

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.	NCDs are the leading cause of death worldwide and account for nearly \$2 billion in annual expenditures (NDC Alliance, et. al., 2023). According to estimates, NCDs are responsible for the premature death (between ages 30 and 69) of 17 million people annually, and by 2030, three out of four deaths will be caused by these conditions (PAHO, 2022; NDC Alliance, et. al., 2023). NCDs impact the quality and life expectancy of individuals living with these conditions and cause collateral damage to caregivers (NDC Alliance, et. al., 2023). NCDs have a more severe impact on low- and middle-income countries (Malta, et. al., 2017; WHO, 2010; FórumCCNTs, 2021). In such nations, 85% (eighty-five percent) of premature deaths are caused by these chronic diseases (FórumCCNTs, 2021). It is estimated that between 2011 and 2025, these countries will incur costs of approximately \$7 trillion due to NCDs (Malta, et. al., 2017; WHO, 2010). However, despite their high health and socioeconomic burden, these conditions are still underestimated in poorer countries (Fórum CCNTs, 2021). According to the World Health Organization (WHO), investing at least 1 dollar per person per year in the prevention and treatment of NCDs could prevent approximately 7 million deaths by 2030 and result in an

economic growth of \$350 million in just over a decade ([WHO, 2021](#); [FórumCCNTs, 2023](#)).

Therefore, national governments should adopt monitoring measures and preventive actions to reverse the serious public health crisis caused by NCDs ([NDC Alliance, et. al., 2023](#); [Silva, et. al., 2021](#)). In this regard, investments in Primary Health Care (PHC), which comprises the first level of health care and encompasses a set of health actions, whether individual or collective, aiming to promote, protect, prevent illnesses, diagnose, treat, rehabilitate, reduce harm, and maintain health, with the goal of providing comprehensive care to achieve positive health outcomes for entire communities, are extremely relevant. This ensures universal access without distinction of age, gender, region of residence, or socioeconomic status (education, income) ([Brazil, 2024](#); [FórumCCNTs, 2023](#)). National governments should equip and train primary care professionals for the proper diagnosis and management of NCDs ([FórumCCNTs, 2023](#)).

A compelling example of the need to promote PHC can be found in chronic cardiovascular diseases ([NCD-RisC, 2021](#)). In low- and middle-income countries, where focus is more on acute health conditions and little investment is made in prevention, diagnosis, and treatment, it was found that in 2019, only 10% (ten percent) of people living with hypertension achieved blood pressure control ([NCD-RisC, 2021](#)). This contrasts with high-income countries, which have greater investments in primary care, where it was observed that 30-40% (thirty to forty percent) and up to 60% (sixty percent) have proper hypertension control ([NCD-RisC, 2021](#)).

Furthermore, it should be noted that according to researchers, only 20% (twenty percent) to 30% (thirty percent) of an individual's life expectancy is determined by genetic and environmental factors ([Araújo, et. al., 2022](#)). In this regard, social, environmental, behavioral, political, and societal factors are much more relevant for the prevention of such conditions than genetic factors ([American College of Lifestyle Medicine, 2024](#)). In light of this, national governments should dedicate efforts and resources to promote preventive care, especially actions that include programs for healthy eating, encouragement of regular physical activity, campaigns to reduce tobacco, alcohol,

processed foods, and toxic substances consumption, stress management strategies, improvement of sleep and mental health, and social connections ([FórumCCNTs, 2023](#); [Faria, et. al., 2023](#)).

Research indicates that regular physical activity, combined with healthy habits, reduces the risk of developing NCDs ([Santos, 2022](#)). Conversely, improving sleep quality, often overlooked, also proves relevant in preventing the development or exacerbation of chronic conditions ([Barone, et. al., 2023](#); [Anothaisintawee, et. al., 2016](#); [Faria, et. al., 2023](#)). According to researchers, sleep disorders are more prevalent in individuals with hypertension, obesity, diabetes, and cardiovascular diseases (CVD) ([Barone, et. al., 2023](#)). Sufficient sleep duration has a protective relationship to prevent noncommunicable chronic conditions and therefore should be considered alongside traditional risk factors for the development of NCDs ([Anothaisintawee, et. al., 2016](#); [Faria, et. al., 2023](#)). In addition to these pillars, another significant factor in reducing the risk of NCDs, especially increased cardiovascular mortality, is the proper monitoring of mental health disorders ([Faria, et. al., 2023](#)). A study conducted by Interheart with 30,000 participants from 52 countries identified that psychosocial factors such as stress and depression are among the three most important risk factors associated with cardiovascular diseases ([Faria, et. al., 2023](#)). Similarly, researchers in Brazil indicate that individuals with mental disorders represent one-third of all cases of NCDs ([Araújo; Torrenté, 2023](#)).

Similarly, the majority of deaths from NCDs could also be prevented through the use of "Best Buy" interventions, which have already been tested and proven successful by the WHO ([FórumCCNTs, 2021](#)). These interventions include economic measures to reduce harmful tobacco and alcohol consumption, actions to improve the population's diet, and incentives for regular physical activity ([FórumCCNTs, 2021](#)). Another area of priority action for national governments is health literacy ([FórumCCNTs, 2022](#)). Adequate knowledge is a critical determining factor, as individuals need to know how to prevent diseases, as well as how to access and navigate the healthcare system to achieve good health outcomes ([The Lancet, 2022](#); [WHO, 2016](#)). According to the WHO, health literacy should be understood as a social practice, embedded in the culture of communities, through political organizational management, in order to impact the

		decisions made by individuals to change or maintain healthy behaviors (FórumCCNTS, 2022; WHO, 2016). In light of the aforementioned reasons, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) highlights investment in PHC the development of programs to encourage the adoption of healthy habits, and the implementation of campaigns to reduce tobacco, alcohol, processed foods, and toxic substances consumption as priority areas for NCD prevention. Additionally, adopting stress management strategies, improving sleep and mental health, fostering social connections, and vaccination against HPV, hepatitis B, among other vaccines, are emphasized. Furthermore, national government efforts should also focus on health literacy.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	When it comes to health actions, especially for the prevention and control of NCDs/NCCs, sharing knowledge, experiences, means of influence, economic resources, and social participation are fundamental for planning and implementing measures (Cunill-Grau, 2014; FórumCCNTs, 2023). The WHO itself points out that an environment in which people are empowered to speak gives the population knowledge and power over their own health and life, which is fundamental to realizing the right to health (WHO, 2021). In this sense, it becomes indispensable for national governments to encourage and invest in actions that promote the listening and involvement of people with NCDs, in order to avoid the perpetuation of harmful practices and allow the sharing of knowledge within this community, to adapt priorities, programs, and actions that are viable and appropriate for the target population (WHO, 2023; WHO, 2021). Furthermore, it is important to bear in mind that NCDs have a strong correlation with social determinants of health, demonstrating that it is a complex phenomenon involving not only risk and protective factors but also economic, social, political, and cultural elements (Brazil, 2021). Therefore, policies and programs for the prevention and care of noncommunicable chronic conditions (NCCs) require government coordination to establish partnerships that transcend the health sector (Brazil, 2021). Thus, public management must integrate with the market and the third sector in order to achieve the goals proposed by the WHO, managing public health policies with other policies such as education, transportation, social assistance, and public safety (Brazil, 2021).

		In this context, it is demonstrated that when it comes to health, especially NCDs/NCCs, intersectoral and multistakeholder actions, which include partnerships and collaborations with the public, private, and third sectors, always involving PWLE and academia, are of great relevance and allow the construction of a network of social commitment, in which partners gather around an issue, plan and carry out integrated and articulated actions (Garcia, et. al., 2014). The created bond enables shared management, leading to debates and the formulation of measures and actions that are relevant for improving the population's quality of life through health promotion (Garcia, et. al., 2014). In this regard, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) indicates that intersectoral and multistakeholder actions, integrating knowledge, experiences, means of influence, and economic resources, with the participation of the public, private, and third sectors, always involving PWLE and academia, for the development of public policies and programs, are more effective for promoting the health of people with NCDs/NCCs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Nation-states must strive to promote fiscal and commercial actions to discourage the consumption of products harmful to the population's health, especially those that are proven risk factors for the development of NCDs/NCCs (FórumCCNTs, 2020). However, such measures are a significant challenge for nations, given the strength of the producing industries and their rapid and effective capture of consumers (Vital Strategies, 2017). In this context, countries need to develop strong regulations to consolidate solid public policies that effectively promote the protection of their population's health (Vital Strategies, 2017). Additionally, it is necessary to prohibit the participation of multinational companies that produce ultra-processed foods, alcoholic beverages, and tobacco in the formulation of public policies or actions for the prevention of NCDs/NCCs (Vital Strategies, 2017). Finally, but not least, the prevention of NCDs/NCCs should be related to independent research and evidence that do not have limiting commitments on their development (Vital Strategies, 2017). Another relevant strategy that should be adopted by countries involves fiscal measures (FórumCCNTs, 2023). In this regard, one of the main actions is the need to increase taxes on products harmful to health and eliminate tax

		benefits related to the production and commercialization of such products to discourage their consumption (FórumCCNTs, 2023). Conversely, healthy foods should be offered fiscal incentives and subsidies to increase the population's access to such foods (FórumCCNTs, 2023). Additionally, it is necessary to adopt specific taxes on products that harm health and the environment, such as pesticides and fossil fuels (FórumCCNTs, 2023). In view of this, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) indicates that a fundamental strategy for the prevention of NCCs/NCDs is the adoption of commercial and fiscal measures aimed at discouraging the consumption of products harmful to the population's 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.	Currently, the world is experiencing an epidemic of NCCs, which has a significant impact on individuals, families, and communities, as well as placing a burden on healthcare systems (Malta, et. al., 2017). Researchers point out that NCCs/NCDs more frequently affect low-income populations (Malta, et al., 2017). This can be explained by the fact that such populations are more vulnerable and are more exposed to risk factors (Malta, et. al., 2017), coupled with the fact that they have less access to healthcare services and consequently to health promotion and prevention practices (Malta, et. al., 2017). Additionally, according to the World Health Organization (WHO), NCCs/NCDs exacerbate the poverty situation within families due to the need for higher spending on condition care and seeking services (WHO, 2010). Therefore, it is necessary to adopt actions that promote equal access to healthcare services, as well as to technologies and quality care (FórumCCNTs, 2023; Malta, et. al., 2017). The prevention, care, and treatment of NCCs/NCDs involve not only health actions but also addressing social determinants, with public policies focusing on poverty reduction and social inequalities (Malta, et. al., 2017). In light of this, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) emphasizes the need for national governments to encourage and promote public policies for equal and universal access of individuals to healthcare services and technologies, as well as access to skilled professionals in PHC.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	NCCs/NCDs constantly pose new challenges for healthcare managers and decision-makers, as well as for national governments, since public policies and governmental measures adopted directly impact the prevention, development, and complications of such conditions (Malta,

		et. al., 2006). NCCs/NCDs represent a significant impact on countries' public budgets, and if not prevented and managed adequately, they begin to demand high-complexity healthcare assistance, increasing expenses (Malta, et. al., 2006). In this context, in order to prevent costs from becoming higher and excessively impacting the national public budget, it is up to governments to promote actions funding research, surveillance, prevention, health promotion, and advocacy for healthy living, through the implementation of intra and intersectoral public policies and the development of partnerships with public and private entities (Malta, et. al., 2006; FórumCCNTs, 2023). Furthermore, it is worth noting that ongoing quality monitoring allows the country to assess the magnitude and spatiotemporal distribution of NCCs/NCDs, related risk factors, and healthcare provided to individuals living with these conditions (Stopa, et. al., 2022). In this sense, it is necessary for National States to invest in improving the coverage and quality of secondary databases derived from information systems and to encourage the conduct of health surveys for the collection of primary data for the planning of public policies and programs aimed at promoting healthy behaviors and reducing harmful health habits (Stopa, et. al., 2022). Additionally, such data enables the customization of healthcare according to the needs of individuals living with NCCs/NCDs (Stopa, et. al., 2022). In light of this, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) emphasizes the need for national governments to invest in research, surveillance, prevention, health promotion, and advocacy for healthy living, as well as the development of quality monitoring, to enable the development of public policies for effective prevention and care of NCCs/NCDs.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	NCCs/NCDs account for 71% (seventy-one percent) of global mortality, totaling 41 million deaths (WHO, 2018). It is noteworthy that of this total, 15 million correspond to premature deaths, i.e., individuals under 70 (seventy) years of age, and approximately 12 million occur in low- or middle-income countries (WHO, 2018). The steep rise in NCCs is directly related to the exponential increase in modifiable risk factors, such as smoking, excessive alcohol consumption, obesity, physical inactivity, and inadequate diet (Brazil, 2021). In addition to these factors, social determinants, particularly low socioeconomic status, act as strong contributors to premature deaths from NCCs/NCDs (Silva, et. al., 2021). Furthermore, global economic crises and the implementation of austerity economic policies impact governmental social actions, the quality of services

		available to the population, indicators, and the healthcare system, leading to increased poverty and inequality, exacerbating an already critical situation (Paes-Sousa, et. al., 2019). In order to change this scenario, it is essential to have proper monitoring of trends and risk factors to promote the reorientation of healthcare services, PHC, and work processes to adapt according to the needs of people living with noncommunicable chronic conditions and reduce harmful practices that do not contribute to reducing NCCs within the National State (Silva, et. al., 2021). Therefore, investment in time series analyses is relevant (Silva, et. al., 2021). Similarly, integrated actions involving the government, civil society, healthcare institutions, and partnerships with institutions such as IHME/GBD, JDRF/T1index, Vital Strategies/COVITEL, for the development of education and research are indispensable to ensure continuous evaluation of whether the measures adopted are having an effect in the field of prevention and in reducing NCCs/NCDs (Silva, et. al., 2021). In light of this, the Intersectoral Forum of NCCs/NCDs in Brazil (FórumCCNTs) understands that the progress of National States in the management and reduction of NCCs necessarily involves monitoring trends, which should be done through historical series and integrated actions for teaching and research development.
★	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: Informing key priorities before the next High-level meeting on NCDs (Phase I: 1 May–17 June 2024)

MASLD is the most widespread liver disease with an estimated 38% of the global adult population being diagnosed with the disease and 13% of children and adolescents. This disease shares common metabolic risk factors with obesity, diabetes type 2, and cardiovascular disease. The burden of MASLD is expected to grow in the coming decades with wide-ranging implications for public health and health systems, yet countries are ill-prepared to face this challenge.

The European Association for the Study of the Liver (EASL) strongly urges the World Health Organisation (WHO) to consider the below for immediate integration into international NCD policy and discourse.

#	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.	

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)^c

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.

# ^c NCD-GAP objective ^c	Comments on key priority areas ^c
1c 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. ^y	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).
2c To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	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.
3c To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	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 ^y
4c 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. ^y	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.

5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Erromote implementation research to understand effective integrated health services interventions in real-world settingsPErromote research that addresses multiple chronic conditions, including liver disease, using holistic, person-centred, personalised, or whole-of-society approaches.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet 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.

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*.

Submission from the Global Alcohol Policy Alliance:

#	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 is crucially important. To achieve this objective, it is essential to support LMICs and civil society in these countries to be part of international coalitions and advocacy efforts. Inclusiveness also depends on the efforts made to include CSO globally, taking into account their time zones when conducting online meetings. When cooperation is concerned it is necessary to take due consideration of the commercial conflict of interest involved with many parties that claim to be stakeholders but have clear vested interests which prevent support for evidence-based policies. Such conflicts are found in both the private sector and their public relations organisations.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Multisectoral action is needed. Ministries of health can not solve this alone and other ministries and government sector need to be engaged with a clear public health objective. Government sectors which are aligned with commercial interests promoting the risk factors for NCDs require exposure to the health and wellbeing costs of such promotion.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Governments need support from WHO to take bold action to regulate health harming products which create NCD risk factors. While tobacco has been addressed, the promotion of new nicotine and

		alcohol products, food systems and failure to support active transport are all in urgent need of reform.
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.	Reaching UHC is not possible if we only look at the treatment capacity. Steps need to be taken to reduce the burden on health systems through active interventions to control risk factors and take action on the commercial determinants of health. This was pointed out clearly by DG Dr Tedros in his comments in <i>The Lancet: Achieving health for all</i> requires action on the economic and commercial determinants of health (2023) and <i>Beating NCDs</i> can help deliver universal health coverage (2017). These points need to be reflected in the process towards the UNHLM.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	National research capacity is important, together with a system to translate research knowledge into action. However, calls for research should never be allowed to slow the implementation of effective policies where a strong body of evidence already exists.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Monitoring is presently demonstrating that progress is slow, and action needs to be stepped up.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Mental health is vital and is one of the neglected health problems that needs to be addressed.

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 reportC

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*.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	For 2025, I would like to add the term “Legislation” to complete the objective, - It’s important to develop and prioritize a “Standard NCD Law” for reducing the production of NCD-causing harmful products and services that cover a variety of areas (such as processed foods, dye, and protection for factory workers under the high-risk of long-term health hazards, effective alternatives to sin tax, etc.). - The legislation will be a legal guiding framework for a responsible mechanism to be applied across industries and public health promotion to prevent and control NCDs. An updated extension of resolution EM/RC59/R.2 for all other regions is necessary. - This can also imply the inclusion of the implementation of Food safety and security mechanisms, especially in low and lower-middle-income countries. This should be the first key priority for urgent action.

2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	The inclusion of micro/local-level leadership and lived experience expertise and leadership is suggested. Widespread training and capacity-building programs will increase the number of local-level, multisectoral leaders for better governance practice and community advocacy to prevent and control NCDs. Identifying essential/required skills in NCD awareness and with increased capacity and skills these local-level leaders will enable WHO to reach and engage stakeholders as well as people with lived experience faster, and meaningfully. y
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Early intervention for reducing risk is important. • Considering pediatric NCDs, health behaviors and other biopsychosocial determinants are important for long-term healthy state. y • y
4c	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. y	I commend it as a second key priority with the inclusion of quality monitoring. Implying; • People-centred and Trauma-informed practice should be incorporated to maintain quality and safety. • Affordable early screening programs/campaigns at the primary care/ community clinics should be available (especially for low and lower-middle income settings) Recognize health system challenges as opportunities.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	For 2025, the objective can clearly state how to promote and support research and development. “To promote and support national capacity for high-quality multidisciplinary-participatory research and development for the prevention and control of noncommunicable diseases through investment and other technical and logistical resources”
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	NCD Surveillance should be continued. Among nine targets, addition can be reducing the intake of NCD-causing processed foods including the indicators (additional) for reducing climate-related long-term health problems, stress, chronic isolation, suicide rate, and mental health-related problems.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Highly appreciated. My suggested version would be “To promote mental health and well-being across all ages and (socio-economic) levels as a vital component of achieving SDG target 3.4”

*	Additional: <i>“To develop and implement effective national/regional population outreach plan to promote NCDs and Mental Health literacy and practice through Digital Technologies as a sustainable solution to prevent and control NCDs”</i>	I suggest this specific objective as it’s potentially effective to reach the mass population through social media platforms. It can provide creative outlets to promote a healthy lifestyle, healthy behavior, and awareness regarding NCDs. It is accessible and affordable.

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

17th June 2024

Re: Fourth high-level meeting of the UN General Assembly on the Prevention and Control of NCDs

The Gastroenterological Society of Australia Liver Faculty welcomes the opportunity for consultation to inform the WHO key priorities for NCDs.

We provided feedback towards each NCD Gap objective as follows:

#	NCD-GAP objective	Comments on key priority areas
1	<i>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>	Greater appreciation of the impact of NCDs (in morbidity, mortality, and economic costs) beyond the 5x5 framework are needed globally, particularly the global impact of Chronic Liver Disease, including steatotic liver disease (SLD), metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH).
2	<i>To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.</i>	We believe the WHO has an important window of opportunity to update strategic and technical guidance to include NCDs beyond the 5x5 framework. This will catalyse and support countries to deliver a holistic and comprehensive approach to the prevention and control of NCDs, including chronic liver disease. Given the very high global burden and interdependence between metabolic disorders such as cardiovascular disease, type 2 diabetes and MASLD, a specific focus on MASLD is vital.
3	<i>To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.</i>	Greater priority for research and action addressing the commercial determinants of health is urgently needed, with a strong focus on political economy analysis and understanding of policy-making processes, at the national, regional, and global level. Improving food security is paramount to address MASLD as a key cause and co-factor in chronic liver disease and primary liver cancer.
4	<i>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>	We call for greater support for non-siloed, person-centred models of care which go beyond a mono-disease focus. 30-40% of all people with chronic liver disease and primary liver cancer have more than one liver disease risk factor. At a practical level, for chronic liver disease this involved leveraging existing siloed disease screening models for various chronic diseases, such as MASLD evaluation and liver fibrosis assessment integrated into diabetes models of care).



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5	<i>To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.</i>	We call for greater promotion and support for implementation research that addresses multiple chronic conditions through holistic, person-centred, and whole-of-society approaches.
6	<i>To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.</i>	We support dedicated data monitoring and surveillance systems to measure progress towards NCD targets. Evaluation systems for the effectiveness and acceptability of public health interventions among diverse populations should be established.
*	<i>In addition: To promote and protect mental health and well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.</i>	We support greater visibility and promotion of the strong link between poor mental health and NCDs, including chronic liver disease and primary liver cancer.

Yours sincerely,

On behalf of the GESA Liver Faculty
Associate Professor Jessica Howell MBBS(Hons) FRACP PhD MSc(Epi) PGradDip(PH) FGESA
Chair, GESA Liver Faculty Australia

**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 ongoing political will required for countries to implement, resource and sustain their NCD (Non-Communicable Diseases) commitments will require the full engagement of and support of local and national civil society at all stages of policy planning and execution. Among the many strengths of civil society advocacy is that it can bring the voices of people who will be most affected by policies directly to decision-makers. As described by the World Economic Forum, “Non-governmental organizations (NGOs), labor leaders, faith-based organizations, religious leaders and other civil society representatives play a critical and diverse set of roles in societal development.... Recently, a renewed focus on the essential contribution of civil society to a resilient global system alongside government and business has emerged.” (World Economic Forum. <i>The Future Role of Civil Society</i>. January 2013.) Civil society’s role includes helping governments to “make...policy and legal changes to institutionalize domestic watchdog institutions,” “adopt specific policies,” “enact and rescind legislation” and “amend long-standing constitutional provisions” (Swiney, Chrystie Flourney, JD, MA, MPhil. <i>The Associational Counter-Revolution</i>. Delaware: Vernon Press. 2022. Page 24.)

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Civil society plays a crucial role in shaping policies that affect public health. By amplifying the voices of those most impacted, including through NGOs, faith-based groups, and grassroots movements, civil society ensures that government policies address community needs effectively. This involvement ranges from advocating for institutional reforms and specific policy changes to monitoring policy impacts and fostering accountability among decision-makers. Effective public health advocacy not only influences policy decisions but also holds leaders accountable for prioritizing health and well-being. (GHAJ. The Missing Link: The role of advocacy in achieving equitable, sustainable and effective health outcomes 2024). This approach involves restructuring governance and financing processes to address power imbalances and elevate local priorities, which often diverges from traditional practices. It also recognizes local knowledge and ensures equitable access to resources and decision-making power for communities. To support this capacity at the local level, funders, cooperation agencies and governments should increase funding for local initiatives, improve the accessibility and flexibility of funding mechanisms, and adapt governance structures to empower local actors in planning and implementing adaptation strategies. It is therefore essential that WHO incorporate effective civil society mechanisms to ensure meaningful participation. This should include not only nominal representation, but also the active participation of civil society, indigenous peoples, Afro-descendant communities, LGBTQ organizations, and diverse social movements, without conflicts of interest, in critical discussions, roundtables of experts, and the formulation of policy guidelines. These groups should be part of high-level decision-making processes on access to health, food, water and other rights. It is crucial to create pluralistic participation scenarios and integrate young people into these movements, as they are increasingly affected by non-communicable diseases resulting from the severe impacts of the agro-industrial food system and environmental pollution, among other factors.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	To both reduce modifiable risk factors and simultaneously create health-promoting environments, there is a need to address the commercial determinants of health — “the private sector activities that affect people’s health, directly or indirectly, positively or negatively.” (World Health Organization. “Commercial determinants of health.” March 21, 2023. https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health.) Urgent policy opportunities with potential for large-scale impact include: • <u>Full and universal adoption and implementation of the Framework Convention on Tobacco Control’s MPOWER guidelines</u>, which will be necessary to reach WHO’s “Healthier Population” billion target by addressing commercial determinants of health and their impact on non-communicable diseases. • <u>Sweetened beverage taxation</u>. Excessive sugar consumption, including SBs with sugar and/or non-sugar sweeteners, is a key contributor to a global health crisis of diet-related non-communicable diseases (NCDs) that claims approximately 184,000 lives annually. • <u>Amplify the work on ultra-processed product (UPP) taxes</u> to strengthen the efforts against malnutrition, obesity and diabetes, and other impacts of UPP consumption. The World Health Organization has highlighted that, even though there is limited evidence, it “suggests that such taxes can reduce purchases and consumption of taxed foods, encourage product reformulation, generate revenue that can be used for health purposes and increase awareness of healthy eating. • <u>Marketing restrictions on ultra-processed products and beverages, and healthy school food environments</u>. Children suffer the most from nutritional deficiencies, emphasizing the critical need for early intervention. By embedding healthy eating habits within school food environments, we can plant seeds for lifelong wellness and fortify resilience against chronic diseases. Evidence has shown that incorporating healthy eating habits early in life tends to inform long-term behaviors and reduce the risks of developing non-communicable diseases (NCDs), in adulthood. • <u>Restrictions on trans fatty acids</u>. More than 278 000 deaths each year globally can be attributed to intake of industrially produced trans fatty acid (TFA). WHO recommends

		capping industrially produced TFA at 2 grams per 100 grams of total fat and banning partially hydrogenated oil. • <u>Breastfeeding policies</u>: This is crucial for the health and well-being of both mothers and children. It reduces the risk of illness, boosts cognitive development, and can lead to higher educational and economic outcomes. The WHO recommends exclusive breastfeeding for the first six months and continued breastfeeding for up to two years or more. Meeting these guidelines could save more than 820,000 children a year and prevent 20,000 cases of breast cancer (Victoria G, et al. Lancet Global Health, vol. 3, no. 4, 2015). Only 40% of infants are exclusively breastfed for the first six months, below the 2030 target of 70%. Inadequate breastfeeding contributes to significant child mortality. Workplace barriers and inadequate parental leave are major barriers. In addition to the massive and unregulated role of commercial infant formula companies, including but not limited to massive and aggressive marketing of these products, according to UNICEF and PAHO (2022), “the marketing of breastmilk substitutes diminishes the perceived value of breastfeeding and undermines women's confidence in their ability to breastfeed. Marketing plays on expectations and fears around feeding and positions formula milk as a better alternative to breast milk”. • Policies to favor the access to nutritious food: In 2011, Olivier de Schutter, the Special Rapporteur on the right to food, asserted that states should protect the right to adequate food by mitigating the negative impacts of the current food system on public health. He proposed that taxing unhealthy food and providing subsidies for healthy diets could be a cost-effective measure benefiting the entire population. This approach was supported in 2016 by the then Special Rapporteur, who noted successful cases where tax revenues were allocated to health and nutrition projects.
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.	Domestic resource mobilization will be necessary to tackle the growing burden of NCDs. Adequate health budgets enable countries to ensure that their health systems are sustainable, equitable and effective country-owned. • The Task Force on Fiscal Policy for Health (2019) found that “excise taxes on tobacco,

		alcohol, and sugary beverages are essential to reaching the targets set by the Sustainable Development Goals related to ensuring healthy lives, ending poverty, and promoting full and productive employment,” both because they can generate revenue for health coverage and because they can reduce the health costs and economic losses associated with the growing burden of NCDs. • The WHO identifies taxes on SSBs as a cost-effective intervention for combating overweight and obesity. The Special Rapporteur on the right to health also supports this type of taxation, noting that excise taxes on harmful goods, including alcohol, junk food, and tobacco can generate funds for health care and be earmarked for health spending. Additionally, such taxes can reduce the consumption of unhealthy products by increasing their price, thus promoting overall public health. Further, the funds collected from SSB taxes can be used to fund a part of a universal healthcare program, alongside other excise taxes collected. Doing so can make the policy more equitable. • The policy agenda should also prioritize policies that ensure access to healthy, culturally appropriate food for everyone. It should promote equitable food systems benefiting all, especially vulnerable groups at higher risk of food insecurity and related health issues. Changing diets and food systems is also crucial for tackling childhood stunting, malnutrition, and the growing challenges of climate change.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	• Governments and international agencies must allocate economic and technical resources to ensure that public policies are based on unbiased scientific evidence, free from conflicts of interest. It is crucial to protect scientific and academic integrity from corporate interference, which could be understood as corporate capture of knowledge. This term describes how corporations in the agri-food sector, including producers of ultra-processed products, seek to control the production, use and dissemination of knowledge to serve their economic, ideological and political agendas. Their tactics include discrediting unbiased scientific research, promoting a narrow view of knowledge based solely on science and technology, undermining regulatory initiatives

		that address health and environmental impacts, and reinforcing patriarchal and colonial knowledge systems (FIAN Colombia. Alimentar en vez de hambrear. Quinto informe sobre la situación del derecho a la alimentación y nutrición adecuadas en Colombia/2024. Bogotá. 2024. In edition, to be published). Industry and its academic allies manipulate evidence to misrepresent the effects of their products, co-opt scientific experts, and selectively use data to advance their interests while undermining public health policies (GHAI). • For NCD interventions, regulations to protect the policy design from vested interests are essential to ensure transparent processes that follow the highest public health standards for the population, based on the best available and independent evidence relevant for local contexts. All measures considered must be developed based on the best available scientific evidence, under independent monitoring and accountability regimes.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	In terms of the evaluation of progress in prevention and control of NCDs and their determinants, once policies are enacted, regulations should detail procedures, allocate resources, and assign responsibilities for effective implementation, fostering public awareness and compliance. To support this process, actions should include understanding implementation details, promoting successes, collecting data on health impacts, monitoring budget allocations, and sustaining public engagement through effective communication. These efforts are essential for achieving policy goals and improving public health outcomes (GHAI. Advocacy Action Guide Four Phases to Health Policy Success. 2023) Strengthening monitoring, sustainability and demand processes is critical to driving improvements in NCDs. These processes should include the ability to adapt policies based on changing environments, consumption patterns and new industry strategies. An example is the need to include new tobacco products, such as e-cigarettes and heat-not-burn tobacco products, in tobacco restrictions. Similarly, taxes on sweetened beverages should include beverages sweetened with non-sugar sweeteners, some of which are beginning to show evidence of health risks and are not adequate substitutes to sugar-sweetened beverages from a health perspective. In addition, marketing restrictions must address the digital environment, which is increasingly used for highly exploitative commercial practices targeting vulnerable

		populations such as children and adolescents. Monitoring requires: strong political commitment; advocacy from the highest level of leadership at international organizations; effective coordination of programs and policy strategies; effective communication strategies; dedicated and adequate human and financial resources and long-term financing; use of data free of conflict-of-interest to design contextualized interventions and to track progress continuously, in order to fill gaps 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.	Research has consistently shown a strong link between diets high in processed and ultra-processed foods and an increased risk of depression and anxiety. In addition, the prevalence of online junk food marketing has been associated with obesity-related outcomes in children and adolescents, including increased consumption of unhealthy foods and changes in body weight. Evidence suggests that exposure to food advertising influences both children and adults in their food preferences, eating behaviours, and overall dietary norms. Online media consumption, especially among children, has been linked to higher rates of parental requests for junk food, increased purchases of unhealthy foods, and decreased consumption of fruits and vegetables. In addition, neurological studies have shown that images of high-fat, high-sugar foods trigger stronger dopamine responses and increased activity in the brain's reward areas, potentially leading to cravings and increased food intake. These findings underscore the need for effective regulation of online junk food advertising as part of a comprehensive approach to reducing obesity and improving mental health. Therefore, regulating ultra-processed products via marketing restrictions, taxes, and other policies may have important impacts on the promotion and protection of mental health and wellbeing.

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)C

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 c	Comments on key priority areasc
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. y	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.y	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
	y

3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	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 y
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. y	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. y	Eromote implementation research to understand effective integrated health services interventions in real-world settingsPEromote 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 v
6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	; stablish dedicated feedback mechanisms to ensure that data collected through monitoring activities inform policy and practice in a timely mannerPSet metrics or establish guidelines for measuring multimorbidity, including liver disease, among populations with multiple common chronic vconditions.
* <i>In addition:</i> To promote and protect mental health and well-being, including prevention and management of	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.

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

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Global Coalition of Parents of children who are Deaf or Hard of Hearing

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.	Including and supporting individuals with lived experience (i.e. individuals who are deaf or hard of hearing and families of children who are DHH) and their representative organisations to be involved in the process of cooperation and advocacy will ensure that their needs are recognised in the development of national agendas and goals.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	• While strengthening capacity of different sectors, parents of DHH children and deaf people must be included in the planning process as they can play a significant role through their lived experiences. • Recognition that leadership and capacity-building of people with lived experience needs to be appropriately funded and resourced for true partnerships to develop.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	• Addressing the real risk of language deprivation in children who are DHH through timely, accessible and affordable language stimulation (spoken and/or signed) is an important consideration for health-promoting environments. • Development and implementation of newborn hearing screening programs can mitigate the lifelong consequences of delayed diagnosis of deafness and place hearing health at the forefront of national priorities. • The emotional well-being of parents (particularly mothers) of DHH children must also be

		considered for improved child outcomes. Emotional well-being of mothers is critical for building confidence and capacity of the family to successfully raise their deaf child. Addressing the stigma of hearing loss for both individuals who are DHH and their families, which obstructs their willingness to seek timely early detection and intervention.
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 must also be family-centred, recognising the critical role that families can play in mitigating the adverse consequences of hearing loss when appropriately supported¹. - Affordable and equitable early detection of hearing loss, early intervention, and device fitting must be included within universal health coverage pathways in every country to positively address the social determinants of health traditionally experienced by deaf individuals (inadequate early childhood and school education, under- or unemployment, social isolation and poverty). - Strengthen the capacity of individuals who are DHH, their families and support organisations within primary healthcare networks to assist in shaping and improving the society and systems in which they live. - Train the workforce in deaf awareness and sign language to reach families with deaf members and tackle the barriers they experience in daily living.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- Research must include areas like identification and intervention for babies and children who are DHH particularly in the LMICs. - Attention to research addressing language deprivation for DHH children and the rights of the deaf child to develop age-appropriate language and literacy in the settings where they live from the outset. - Research which is co-designed with individuals with lived experience to ensure the translation of findings make a difference in the real world. - Robust co-designed research on genetic testing, genome sequencing and gene therapy and ethical considerations of same.

¹ Moeller, MP et al., Family-Centered Early Intervention Deaf/Hard of Hearing (FCEI-DHH): Foundation Principles, *The Journal of Deaf Studies and Deaf Education*, Volume 29, Issue SI, February 2024, Pages SI53–SI63, <https://doi.org/10.1093/deafed/enad037>

		• Research that considers a social model of disability. • Robust research that reports and addresses the negative findings, e.g. trials that have not progressed.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	• Evaluation of progress of children with hearing loss by assessing their language acquisition, expressive language, opportunities to learn sign language and their emotional wellbeing. • Evaluation of the efficacy of programs and systems that support children with hearing loss and their families.
*	<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 mental health and well-being of mothers of children with disability is prioritised • Appreciate that language deprivation impacts deaf children's ability to comprehend and express themselves, impacting their emotional wellbeing and affecting their mental health in the long term. • Advocate and promote the right to language for every deaf child and ensure that every deaf child has exposure to a language rich environment to protect from adverse mental health outcomes.

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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)^c

Directions

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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 ^c	Comments on key priority areas ^c
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. ^y	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).
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3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	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. y 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
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★	<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.

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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.	<u>Meaningful involvement and social participation</u> People living with NCDs and mental health conditions are the important partner. International cooperation and advocacy should be promoted in a way that they are at the center. <u>Planetary health</u> The development goal of health often overlooks environmental impacts. However, with the growing discussion of planetary health, it has become clear that health, especially NCDs, is inextricably linked to the environmental crisis we face today, and that mitigating these impacts will also help reduce NCDs.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	<u>Meaningful involvement and social participation</u> When creating the multisectoral action and partnerships, meaningful involvement of people living with NCDs and wider citizens should be institutionalized. <u>Planetary health</u> Reducing the impact of the environment on health requires action at all levels.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	<u>Planetary health</u> Policy options should include controls on the production of fossil fuels, and purchase of plastics and other harmful chemicals.

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>Integrated care</u> Integration and continuity of care need to be addressed by multidisciplinary, multisectoral and people-centred approach through PHC. <u>Planetary health</u> Activities in nature-rich environments have been shown to prevent and improve NCDs and mental health. These studies should be actively pursued and applied to medical practice, including policies that encourage physicians to promote planetary health prescriptions.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	<u>Patient and public involvement</u> In research in NCDs should be promoted with strong partnerships between researchers and people living with NCDs. <u>Planetary health</u> Environmental factors, such as pollution and climate change, which are thought to exacerbate NCDs, should be included in research.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	<u>Meaningful involvement and social participation</u> People living with NCDs should be centred throughout evaluative processes of progress in NCD prevention and control.
★	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	<u>Meaningful involvement and social participation</u> Due to the subjective nature of mental health and well-being, promoting them requires strong partnerships with people living with NCDs.

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)^c

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.

# ^c	NCD-GAP objective ^c	Comments on key priority areas ^c
1 ^c	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. ^y	Promote a deeper comprehension of the impact of noncommunicable diseases (NCDs) on morbidity, mortality, and economic burden. Raise awareness that risk factors influencing cardiovascular health and type 2 diabetes similarly affect liver health, resulting in conditions such as metabolic liver disease and alcohol-related liver disease. Acknowledge that these risk factors are prevalent across all societies and necessitate collaborative efforts to enhance the quality of the food and alcohol industries.
2 ^c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	There is an imperative need for the WHO to promptly revise the strategic and technical guidance to encompass noncommunicable diseases (NCDs). This revision is crucial due to the bidirectional relationship between various NCDs. IT will provide countries with clear direction and support for implementing a holistic and comprehensive approach to NCD prevention and control, including steatotic liver diseases such as MASLD and MASH. ^y
3 ^c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	Accelerate efforts to address the commercial factors that impact health by closely examining how politics and policies are made at all levels—national, regional, and global. Work to improve health by making alcohol less accessible through higher taxes and by enhancing the quality of food and opportunities for exercise. Pay special attention to reducing health disparities and inequalities.

4c	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. y	Accelerate creation of care models that focus on the whole person, rather than just one disease, to address the complex needs of people with multiple health conditions. This includes developing screening and testing strategies for multiple conditions, like testing for liver fibrosis in diabetes care. Document and share successful practices. Also, be mindful of the stigma associated with noncommunicable diseases, which can make people reluctant to seek healthcare.y
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	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.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	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.

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

International Federation on Ageing

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 reported by the WHO World Report on Hearing, globally, more than 1.5 billion people experience some degree of hearing loss, which translates to about 1 in 5 people, worldwide. By 2050, this number is anticipated to grow by 60%, to 2.5 billion, which means that 1 in 4 people will experience hearing complications. Addressing hearing loss among older adults is not just about individual health but also about promoting healthy ageing, enhancing social inclusion, reducing economic burdens, and advancing equity and access to healthcare services. By integrating hearing care into global, regional, and national agendas, the International Federation on Ageing (IFA) is calling to improve the prevention and control of noncommunicable diseases and improve the overall well-being of older adults worldwide.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Hearing and ear care services are crucial to include in the national, multisectoral efforts in noncommunicable disease prevention and control. By strengthening national capacity, leadership, governance, and partnerships, countries can accelerate their response to the growing burden of hearing loss and its impacts among older populations. Investing in hearing and ear care services for older adults is essential to meet the healthcare needs of this

		growing demographic, and approaches must be met to increase cross-sectoral collaborations.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Hearing loss among older adults is not solely a medical issue but also intersects with various social determinants of health. Ensuring adequate hearing services can mitigate social isolation, promote active engagement in social activities, and enhance overall well-being. Untreated hearing loss has been linked to cognitive decline and dementia. Providing comprehensive hearing services, including early detection and intervention, can help prevent or delay cognitive declines. Furthermore, by integrating hearing care into primary healthcare settings, implementing age-friendly policies, and raising awareness about the importance of hearing health, governments can foster environments that prioritize preventive care, support healthy ageing, and reduce the prevalence of modifiable risk factors for noncommunicable diseases.
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.	By emphasizing preventive care through accessible and affordable hearing and ear care services, health systems can reduce the burden of noncommunicable diseases and improve population health outcomes. Including hearing and ear care within universal health coverage frameworks enables equitable access to essential services, regardless of individuals' socio-economic status, or location. By covering hearing assessments, treatments, and assistive devices, health systems can promote health equity and reduce disparities in hearing health outcomes.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Addressing age-related hearing loss also increases the understanding of its links with cognitive decline and poor mental health outcomes. Investing in research on hearing health enhances our ability to develop effective interventions and policies, promoting healthy ageing and reducing the burden of noncommunicable diseases. This integration fosters collaboration, generates evidence for advocacy, and ultimately improves health outcomes for older populations.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Offering regular hearing screenings and assessments, allows for the early detection of hearing loss and can provide insights into additional associated risk factors of hearing loss.

		By monitoring the trends and determinants of hearing loss, through the collection of comprehensive data and analysis, hearing services inform evidence-based strategies, improve health outcomes, and contribute to the overall understanding of noncommunicable diseases and their impact on public health.
*	<i>In addition: To promote and protect mental health and well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.</i>	Hearing and ear care services play a crucial role in promoting and protecting mental health and well-being. Untreated hearing loss has been linked to cognitive decline, dementia, and poor mental health outcomes. Hearing loss can lead to difficulties in communication, which may result in social isolation, loneliness, and reduced participation in social activities. The impact of hearing loss on mental health conditions is compounded for older adults who are already at an increased risk of experiencing social isolation. By providing hearing and ear care services regularly, early hearing loss can be detected, and individuals with hearing loss can improve their communication abilities, maintain social connections, and enhance their overall social and emotional well-being.

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



**The International Food & Beverage Alliance Recommendations
on Key Priority Areas in the WHO Director-General’s Report,
“Preparation for the Fourth High-level Meeting of the General Assembly on the Prevention and
Control of Non-communicable Diseases”**

The International Food & Beverage Alliance welcomes the opportunity to provide comments to help inform recommendations to be included in the WHO Director-General’s Report, “Preparation for the Fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases”, to the World Health Assembly 2025.

The WHO *Global NCD Action Plan 2013-2030* recognizes that an effective response to achieving the goal of reducing premature mortality by one-third by 2030 requires a whole-of-society approach and engagement of all stakeholders. We are optimistic about the ability to work collaboratively and in unity to contribute “in shaping a world free of the avoidable burden of NCDs”. In the few remaining years to 2030, we all still have a lot of work to do. To accelerate and scale up action on NCDs, IFBA suggests the following recommendations and looks forward to our continued engagement in the consultations.

#	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 advocacy efforts: Continued and cross-collaborative efforts aimed at raising awareness and engaging all stakeholders will further the agenda of ensuring NCDs remain a priority for governments and the global health community. The private sector is an essential partner in advocacy efforts dedicated to helping raise the profile of NCDs. IFBA and its members have collaborated with governments, health care professionals, NGOs and civil society around the world in community-based programmes and public education campaigns to promote nutrition literacy and healthy, lifestyles and raise consumer awareness of healthy diets and physical activity as key components of NCD prevention. We welcome increased opportunities for meaningful participation in building coalitions and alliances to reduce the burden 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.	Accelerate multisectoral collaboration: Achieving the voluntary global targets for NCDs in all countries around the world will depend on a stronger commitment and concerted effort to develop and implement collaborations and public-private partnerships. Since IFBA's founding in 2008, members have been working with WHO and Member States and sharing their knowledge and expertise to help advance positive public health outcomes. We believe public-private partnerships represent not only the most cost-effective way to address global health challenges, but are, in fact, the only way to tackle complex global issues. We know from experience that public-private partnerships work and good partnerships deliver positive change. For example, we have worked successfully with governments around the world to reduce salt, saturated fats and sugar. Our collaboration with WHO and RESOLVE to Save Lives to eliminate industrially produced trans fat from the global food supply has been recognized as a good model of public-private collaboration. We know much more can be achieved with a focus on increasing the opportunities for multistakeholder engagement and are committed to do our part. We recommend WHO promote and support engagement with the private sector by providing examples of successful collaborations to assist Member States in applying one of the overarching enabling actions of Objective 2: "Develop and implement a national multisectoral policy and plan for the prevention and control of NCDs through multi-stakeholder engagement." Create an enabling environment for private sector engagement: The private sector is a key contributor to efforts to reduce NCDs. The 2018 UN <i>Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs</i> reaffirmed the importance of engagement with the private sector in order to reach SDG 3.4 target on NCDs and IFBA and its members have implemented a set of actions in support of this goal. We strive to work

		collaboratively with governments and the public health community to do more. In doing so, it is critical that Member States see industry as a willing and effective partner. We can do much to encourage and support national NCDs response, but we must find productive ways of working together. Achieving fruitful collaborations requires a systematic approach, an alignment of goals and objectives, clearly defined roles and responsibilities, an agreed set of actions and an enabling environment led by governments. Governments must take the lead in order to articulate and implement comprehensive strategies for their national priorities and circumstances. We recommend WHO provide guidance to Member States, with reference to the WHO <i>Framework of Engagement with Non-State Actors (FENSA)</i> and with due regard to managing conflicts of interest, on how to foster and implement effective collaborations with the private sector.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Encourage adoption of nutrient- and food-based dietary guidelines: The overarching/enabling actions of updated Appendix 3 on “Unhealthy diet” includes a call to Member States to develop and implement national nutrient- and food-based dietary guidelines. We fully support this recommendation. These guidelines, adopted by many countries worldwide, are well-established, science-based and rely on an assessment of the nutritious value of foods and beverages and the role they play in a healthy, balanced diet. We recommend WHO reiterate the recommendation to Member States to develop and implement nutrient- and food-based dietary guidelines and follow the WHO/FAO guidance, <i>Sustainable healthy diets: guiding principles, 2019</i>. Ensure all interventions are evidence-based: We believe that all interventions and guidance tools recommended by WHO in the WHO <i>Global NCD Action Plan 2013-2030</i> and updated Appendix 3 must be based on the latest science and robust evidence of likely effectiveness. All stakeholders need guidance that is

	strongly grounded in evidence and all interventions must be designed to achieve cost-effective, measured positive health outcomes. Recommendations based on limited or inconsistent evidence risk promoting policies that are ineffective and can lead to unintended consequences that undermine the objective. We recommend WHO support further research to close the evidence gaps before making policy recommendations. IFBA and its members remain at the disposal of the WHO and Member States to provide evidence, insights and perspectives on issues relevant to our industry, as deemed appropriate. Expand research and policy options on marketing to children: We all share a goal of ensuring that children are protected from harmful advertising and marketing practices. IFBA recognizes the need for responsible marketing practices, in particular, as regards children and abides by its <i>Global Responsible Marketing Policy</i>, which is aligned with WHO’s 2010 <i>Set of recommendations on the marketing of foods and non-alcoholic beverages to children</i>, and formally recognizes industry self-regulation as a policy option. IFBA’s approach has led to positive changes in the foods that are marketed to children which are, overall, now lower in fat, sugar and salt and provide more whole grains, non-fat dairy, fruits and vegetables, while many other foods are no longer marketed to children at all. Member States with strong traditions of advertising self-regulation and voluntary industry initiatives have demonstrated substantial reductions in children’s exposure to ads for products high in fat, sugar and salt. Advertising self-regulation is cost-effective, measurable and adaptable for country-specific situations. We recommend WHO include self-regulation and co-regulation as among the policy options for consideration by Member States. We also recommend WHO support research to better understand the relationship between marketing and health-related outcomes in children, including how marketing can be leveraged for health promotion, as

		well as empirical research to better understand the impact of different policies to restrict food marketing to children. Increase advocacy efforts to support healthy diets: Behaviour change is fundamental to consumers' adoption of healthier diets. However, successfully changing consumer behaviour is difficult to achieve as it requires a whole-of-society approach. We believe public-private partnerships among Member States, civil society and business, beyond the food and beverage sector and including the media industry and tech companies are critical to developing comprehensive strategies aimed at improving nutrition education and literacy and implementing media campaigns aimed at raising awareness and motivating new behaviours. IFBA members have a wealth of expertise in nutrition science, market research, marketing and consumer insights. We are committed to sharing our expertise and participating in collaborative efforts to help achieve this intervention.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control	Strengthen monitoring and evaluation. A coordinated and systematic process for monitoring and evaluating the impact of NCD interventions provides the foundation for advocacy, policy development and national, regional and global action. Currently, there is a lack of robust, measurable data and data collection processes and uniform tracking systems across countries. Efforts should be directed at mobilizing the resources and capacity necessary to support a data-driven system to identify the most impactful interventions. In order to provide a complete landscape of NCD interventions, we recommend that reporting and evaluation mechanisms also extend to initiatives undertaken by the private sector.

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.	Recognition and integration of oral health in all the relevant policies and public health programmes as part of the broader NCD and UHC agenda s, as stated in the WHA 74.5 resolution (May 2021) and in action 10 of the global oral health action plan.
*	In addition: To promote and protect mental health and well-being, including prevention and	

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

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)C**

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.

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#	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.	Healthy Ageing and Prevention Index - Data from our global Index, which ranks 153 countries on six longevity metrics finds that: - Countries that are better adapted to longevity had HPV included in their national immunization programme. - Since 2018 reductions in the prevalence of tobacco use has plateaued at around 20% globally. - Findings: https://ilcuk.org.uk/preventionindex/what-drives-healthy-ageing/ - Prevention Index: https://ilcuk.org.uk/preventionindex/ Economic case for investing in the prevention and control of NCDs - If we increase preventative health spend by just 0.1 percentage points it could unlock an additional 9% of spending every year and an additional 10 hours of volunteering by people aged 60 or over. - Full report: https://ilcuk.org.uk/global-longevity-dividend/ - G20 countries alone face a loss of 1.02 trillion USD every year in yearly productivity loss among those aged 50-64 as a result of poor health attributed to preventable conditions. 994 billion USD of this total amount can be attributed to preventable NCDs. - Breakdown of data by conditions: https://ilcuk.org.uk/a-window-of-opportunity-delivering-prevention-in-an-ageing-world/ ILC's programme of work on life course immunisation - Evidence shows that immunisation can play a significant role in preventing secondary conditions and NCDs that result from vaccine-preventable

		disease. We know that immunisation is one of the most cost-effective and valuable interventions that we have. We know that: - o Every \$1 spent on adult immunisation generates a \$19 socioeconomic return which goes beyond healthcare spend – it includes productivity gains by individuals and their caregivers who might otherwise have been unwell, and economic benefits for society as a result. [OHE] - o Every \$1 invested in childhood vaccines in low- and middle-income countries can deliver returns of up to \$44. [Source] - o Every \$1 invested in preventative health, such as tobacco control measures, could deliver upwards of \$175 in socioeconomic value. [Source] - o Every \$1 invested in vaccine production and development could generate up to \$35 in socioeconomic returns. [Source] • Program findings: https://ilcuk.org.uk/lci-cost-effectiveness/
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Healthy Ageing and Prevention Coalition • The coalition is a group of global advocates for prevention coming together under a shared vision to improve population health by investing in preventative health. The membership comprises of leading individual experts, organisations (such as charities), academia, government and industry with a vested interest in healthy ageing, longevity and prevention. • We want all global citizens to have the equal opportunity to age healthily and for individuals, society and decision makers to realise the benefits that come with longevity. We are committed to elevating the importance of prevention across the life course among governments and leading policy makers and to influencing change at the global and national level, to ensure prevention is at the heart of health policy. • See membership: https://ilcuk.org.uk/preventionindex/join-the-coalition/ Adult Immunisation partnerships • ILC’s Adult Immunisation programme has explored the health, economic and social benefits of immunisation for over 15 years. • ILC has partnered with other organisations across Europe to promote our research and advocate collectively on the prevention and control of VPDs, including: - o Steering Group on Influenza Vaccination (EU) - o Coalition for Life Course Immunisation (WHO/Europe & EU) - o Active Citizenship Network (Italy) • Website: adultimmunisation.com
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Healthy Ageing and Prevention Index findings on malnutrition • Overweight and obesity are affecting high ranked countries on our Index and undernourishment is affecting low ranked countries. Some countries in the middle are facing a “double burden”. • See findings: https://ilcuk.org.uk/preventionindex/what-drives-healthy-ageing/ Improving detection and treatment of Structural Heart Disease • Research finds that inequalities are hampering progress.

		- Across 11 European countries, women are less likely to regularly receive a heart check with a stethoscope by their GP than men (24.2% women receive heart checks vs. 31.3% men). - Also in the UK, valvular heart disease is twice as likely to go undiagnosed in the most deprived socio-economic groups than the most affluent ones. - Finally, across 57 countries including Europe Central Asian and North Africa, mitral valve disease is nearly five times as high in middle income countries as in high income countries. - ILC research: https://ilcuk.org.uk/holding-us-back/ - More broadly, ageism plays a significant role in suboptimal detection and treatment. This impacts healthcare professionals who are less likely to detect it or suggest treatment options and individuals who are less likely to present to their GP as they presume symptoms are a consequence of ageing. - More information: https://ilcuk.org.uk/the-invisible-epidemic/
4c	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. y	Healthy Ageing and Prevention Index analysis - Governments that invest in Universal Health Coverage, greater access to doctors, and spend more of their health budgets on prevention than on cure, all perform better on our Index. - See findings: https://ilcuk.org.uk/preventionindex/what-drives-healthy-ageing/ - Further ILC analysis also finds that we tend to see the highest healthy life expectancy in countries where the state pays for a greater share of health spending. - See findings: https://ilcuk.org.uk/preventionindex/what-drives-healthy-ageing/ Doctor's Orders – ILC report on medication adherence - Supporting medication adherence is vital to ensuring people can live well and be able to live the kind of life they want including contributing to society and the economy. - Almost 50% of medicines are taken incorrectly. And the cost of non-adherence ranges from 100 billion USD to 290 billion USD in the US. 125 EUR billion across Europe. - There are five dimensions of adherence which act as barriers, including social/economic factors, health system factors, condition-related factors, patient-related factors and therapy-related factors. - Final report: https://ilcuk.org.uk/doctors-orders/ Hitting new heights - Given that 25% of European adults are living with two or more chronic conditions, the case for vaccination has become vital since the COVID-19 pandemic. - Preventing ill-health among Europeans living with comorbidities and NCDs is critical given their health vulnerabilities. - In this report, we recommend that: - Vaccination information must be improved: better data-sharing on vaccination uptake and tailored information for specific chronic conditions is needed across Europe

		- o Local engagement is needed to encourage uptake: HCPs, local organisations and charities need to work together to empower people with chronic conditions to get vaccinated - o Barriers to access must be removed: making vaccination free of charge, as well as improving accessibility, is vital to ensure equal access to routine vaccination • Report: https://ilcuk.org.uk/hitting-new-heights-report/
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Trial and Error: Supporting age diversity in clinical trials • We know that age cohorts in clinical trials are often significantly younger than the groups taking prescription medications in practice. Over recent decades we have seen an increase in initiatives to improve inclusion of underrepresented groups, particularly with regards to gender and race. However, we have not seen enough progress on age diversity to match this. • This report brings together evidence from a range of stakeholders across Europe and North America, to identify the barriers to age diversity in trials. The report offers actionable recommendations to a range of stakeholders to support change across the clinical trials sector. • The key issues were the (perceived) cost of including older groups; bias towards ‘clean’ data sets; continuing arbitrary exclusions from trials on the basis of age; and the practicalities of delivering age-diverse trials. • Final report: https://ilcuk.org.uk/trial-and-error/ Pneumococcal Vaccination Atlas • A bespoke data source showcasing pneumococcal vaccination coverage and recommendations across Europe. Data has been gathered from various sources to produce a better picture of what pneumococcal vaccination currently looks like in 42 European countries. • Website: https://pneumoniaatlas.org/
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Healthy Ageing and Prevention Index – changes between 2019 and 2022 across 153 countries • We are living 8 months less – decrease from 73.1 years in 2019 to 72.5 years in 2022. • We spend 7 fewer months in good health – decrease from 63.6 years in 2019 to 63 years in 2022. • We are less environmentally sustainable. Performance has dropped 10% mainly due to deteriorating air quality and rapidly rising green house gas emission. • Inequalities have also widened life expectancy and healthy life expectancy. There is a 27-year gap in life span (life expectancy) between the top and bottom 10 countries: one year more than in 2019. • There is a 24-year gap in health span (healthy life expectancy) between the top and bottom 10 countries: one year more in 2019. • Happiness levels have remained unchanged with an average of 5.14 out of 10. • We work the same number of years (30.6 years) and we’re richer. We make \$500/year more than we did in 2019. But income inequalities between the top and bottom 25% of countries have widened by 6.5% or \$1,000 per person. In 2019 the average per capita income for the top 25% of countries was \$17,560. This increased to \$18,540 in 2022. Over the same time period per capita income for the bottom 25% of countries decreased from \$1,560 to \$1,490.

		• However, in the last two decades, inequalities in lifespan have shrunk by 3.5 years between the top half and the bottom half of the Index. • Biggest movers on our Index include Botswana who has moved 24 spots from rank 109 to 85; Nepal has seen the biggest improvement in life span improving 0.9 years. Bangladesh has seen the biggest improvement in health span, improving 1.8 years; Serbia has seen the biggest improvement in work span improving by 2.2 years; Ireland has seen the biggest improvement in income, improving \$22K; India has seen the biggest improvement in happiness, improving 1.4 points; and Afghanistan has seen the biggest improvement in environmental performance improving 18.1 points. • Index Insights: https://ilcuk.org.uk/preventionindex/index-insights/ • What drives healthy ageing? https://ilcuk.org.uk/preventionindex/what-drives-healthy-ageing/
★	<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 matters • A global project exploring: 1. The social and economic costs and implications of acute mental health conditions. 2. Stigma surrounding mental health and the differences across generations and the life course. 3. The current services and care provisions on mental health and how to best democratise access. • This project aims to drive policy debate among global policymakers to take bolder actions on mental health to improve health and wellbeing across the life course. • We have looked at five countries (China, Germany, Japan, UK and US), as well as hosted events in Brussels alongside the Belgian Presidency of the EU, and Geneva alongside WHA77. • Programme page: https://ilcuk.org.uk/mental-health-matters/

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

Indian National Association for 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.	Priority for Liver related NCDs, 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.	Clear guidance and support for comprehensive approach to the prevention and control of Liver related NCDs e.g. MASLD and MASH.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	To understand policy-making processes, at the national, regional, and global level for Liver related NCDs e. g. MASLD and 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.	Developing screening and testing strategies for hepatic steatosis/fibrosis inpatients with metabolic syndrome in general and type 2 diabetes mellitus in particular.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote integrated health services, interventions and research that addresses multiple chronic conditions, including liver disease, say MASLD, 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.	Set metrics or establish guidelines for measuring multimorbidity, including liver disease say MASLD, among populations with multiple metabolic co-morbidities.

★	<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 (MASLD) including stigma and discrimination due to 'fatty' and 'alcohol'.

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

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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 reportC

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*.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	NCD prevention and control must be integrated in broader health and development policies. Several key global trends in recent years are driving up the prevalence of NCDs: urbanization, ageing population and changing in lifestyle. Moreover, countries should use international cooperation to help implement best practices and promote sharing of resources. For example, NCD strategies could be aligned with international frameworks such as the Sustainable Development Goals, particularly SDG 3.4. Partnerships with civil society and with the private sector will also strengthen advocacy. Examples include WHO’s Global Hearts Initiative, a multi-stakeholder collaboration to advance cardiovascular health.

		Finally, NCDs have a significant economic impact that can be used to strengthen the political commitment: they strain health-system capacities and are a major cause of lost workforce productivity. Efforts are required to embed NCD targets in national health agendas to reduce unnecessary resource strain on their healthcare systems.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Robust national governance structures and leadership could help improve national capacities for the prevention of NCDs. In order to accelerate progress, countries are encouraged to develop national NCD action plans with clear, measurable targets for implementation and adequate resources. For example, Thailand recently established a National NCD Committee that coordinates multi-sectoral actions. Partnerships among relevant sectors, including health, education, finance, can also be cultivated to address the social determinants of NCDs. Indeed, NCD prevention could be integrated into existing services such as maternal and child health programmes that reach large numbers of people. Continuous training programs for health professionals can additionally expand capacity for effective implementation. Digital health technologies can be harnessed for surveillance and management to follow a larger number of people who might develop NCDs. Countries can also collaborate with each other in different regions to achieve the 2030 targets. For example, WHO has developed a South-East Asia Regional NCD Action Plan that countries in that region can leverage to share knowledge, experience, and resources.y
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	The reduction of modifiable NCD risk factors depends on creating an environment that promotes healthy lifestyles. This can come from policies that restrict tobacco or alcohol use, promote healthy diets, and encourage physical activity. Indeed, rates of global obesity have increased more than two-fold since 1990 to 890 million, and overweight to 2.5 billion, primarily due to poor dietary options and sedentary lifestyles. In some countries like Polynesia and Micronesia, obesity affects 60%+ of women. Fiscal policies, such as taxes on sugary drinks like soda and subsidies for healthy foods, can also be adopted at the country level. Moreover, urban environments that support walking and increase

green spaces are also important. Public awareness campaigns, such as the WHO's REPLACE initiative to stop global use and production of trans fats, can also help reduce modifiable NCD risks.

Finally, social determinants of health – such as education or income inequality – can be more readily addressed through targeted policy responses. For instance, since 2005, the World Health Organization (WHO) has had a Commission on Social Determinants of Health, which is working to mitigate the risk for NCDs by tackling health inequalities. Its advocacy via the Health in All Policies (HiAP) program demonstrates how these global organizations can support health in policymaking across various domains, from education to housing to transportation, to address health equity.

Indeed, this approach has been implemented in Finland, which in the 1990s developed a HiAP strategy to incorporate health considerations into all policy areas. This reportedly increased health outcomes and decreased health disparities. Finland can be seen as a model for how to program HiAP in LMICs to reduce the global burden of NCDs.

For instance, the BRAC Health Nutrition and Population Program in Bangladesh has implemented comprehensive health interventions that have included social determinants of health, such as education and income-generating participatory programs, leading to widespread improvements in health outcomes. The success of the BRAC program, which combines effective healthcare delivery with social and economic support, is well-documented and can be replicated in other LMICs. NGOs such as Partners in Health (PIH) can adopt healthcare programs that relieve societal burdens by making high-quality education and low-cost housing more accessible. Organizations like the African Medical and Research Foundation (AMREF Health Africa) can focus on strengthening health systems and providing community education to improve healthcare access in LMICs.

Academic institutions, such as the University of Cape Town's School of Public Health, can conduct research on best practices for developing implementation strategies for policymakers. The private sector, through corporate responsibility programs, can provide financial support to community health projects. For example, the Kenyan mobile health

		platform M-TIBA has engaged private industry to crowd-source affordable access to healthcare for underserved populations. Municipal governments in LMICs can address social determinants locally by enacting policies such as affordable housing, developing safe places to walk and play, and providing other benefits. The Healthy Walk initiative in Chennai, India demonstrates how improved health can result from identifying walkways and engaging public officials to walk with the public on the first Sunday of each month.
4c	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. y	Health systems should be reoriented so that attention to NCD prevention and management is integrated into people-centred primary health care (PHC) and universal health coverage. PHC provides an entry point for early detection of NCDs and continuity of management. In some countries such as Rwanda, experiential learning shows that NCDs can be scaled up by extending access to care for these conditions through community health worker programs. Investment in health infrastructure can also facilitate access to diagnostic facilities, digital health records and other technologies. Indeed, strengthening supply chains for medications and technologies can enable them to reach the frontlines of primary care and provide equitable access at an affordable cost. A life-course approach to health ensures that risks for NCDs are addressed during early childhood, adolescence, among women in the perinatal period, and across the life stages into old age. People need access to NCD services, with the goal of everyone gaining financial protection through inclusion in universal health coverage schemes. Patients should also be encouraged to engage in their own care. In this spirit, health systems could enable more patient centered approaches through patient advocacy and education or peer support groups. These efforts can help improve adherence to treatment plans and improve outcomes.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Research and development efforts can be directed to generate evidence to guide NCD control efforts. National research agendas aligned with the global priority areas on NCDs, especially on high-burden NCDs across high-risk populations or regions, need to be formulated. Research infrastructure and capacity building for researchers also need investment. Big data and recent advancements in genomics and precision

		medicine approaches represent new avenues for NCD management. Research networks bring together many perspectives to share knowledge and develop unique interdisciplinary solutions. An example of such collaborative research is the Global Alliance for Chronic Diseases. Governments need to develop incentives for public-private partnerships and a legal and policy environment that facilitates driving RD efforts. Data collected through research can be generated locally and help inform contextually responsive interventions. For example, culture-relevant cues to eat well can incorporate findings about diet and eating behaviors.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	More robust NCD control depends on strong monitoring and evaluation systems that can track trends and help leaders adjust policies as needed. To improve surveillance, countries should develop robust surveillance systems that can track incidence, prevalence, and risk factors. Using digital health technologies and data analytics can increase real-time monitoring and reporting. Recent trends, for example, have seen an increased use of mobile health applications to alleviate NCD management. Using these and other digital technologies offers a growing source of data for surveillance. Setting up functional national health information systems that integrate data across sectors can capture a more holistic picture of NCD trends. Implementing regular evaluations of NCD programs using standardized indicators can also enhance programmatic accountability. Well-conceived evaluation frameworks, such as the standardized indicators developed by WHO, help track results, inform policy adjustments, and enhance program accountability. Community engagement efforts must be led by citizens to also monitor efforts. Citizen science is now facilitating data collection and could be used to strengthen information sharing and empower populations. Different countries can share their data using global platforms such as the WHO Global Monitoring Framework. All these initiatives can enhance global benchmarking and help countries be accountable to fellow states.y
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	SDG Target 3.4 explicitly acknowledges the need to promote mental health and wellbeing and calls upon governments to scale up support for mental health

	care provision in general health-care settings, to reduce stigma, and to promote human-rights-based approaches. Moreover, mental health conditions are on the rise, with rates exacerbated by the recent COVID-19 pandemic. Community-based mental health programs can help at the grassroots level, and should be accompanied by supportive policies that focus on schools and the workplace. The WHO's Mental Health Gap Action Program (mhGAP) provides similar possibilities for scalable packages of care in low-resource settings. Moreover, social determinants of mental health such as poverty and social exclusion need to be addressed to reduce the risk associated with mental health problems. Investing in mental health research to determine local needs and improve care is a critical ingredient toward progress. Collaboration can also include civil society and the private sector, which can be mobilized to increase resources and innovation in mental health care worldwide.

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)^c

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.	Prevention and screening are important parts of primary healthcare. Early identification of risk factors and brief interventions should be part of primary healthcare consultations. To ensure accessibility for all screening, prevention interventions, early identification of risk factors and brief intervention should be integrated in universal healthcare coverage. The role of the private sector should be considered, and public-private partnership should be reinforced. Make the private sector aware of their responsibility in the development of NCDs and the consequences of NCDs on their productivity could accelerate action.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	A small country size makes collaboration with other government departments like agriculture, finance, education, environment, easier but every ministry has its own agenda. Educating the public sector of the importance of health in all policies and evidence-based policies could have a positive effect on the collaboration. Best practice: We are chairing an interministerial committee (Eat healthy, move more) to coordinate actions with several ministries. For other risk factor prevention programmes, other ministries are members of the steering committee or different working groups. NGOs can play an important role in reducing social inequalities and providing health promotion to people with a low socio-economic background. Governments can provide funding and develop health education programmes for NGOs (professionals and clients). A focus should be on programmes for parents (1000 first days of life) Best practice: We support local projects to promote a balanced diet and regular physical activity with council and financing. (Label GIMB) The same programme contributed to the implementation of easy cooking recipes and cooking classes for people with a low socio-economic background (projet épiceries sociales)

		Other objectives for future action: • Educate the private sector on the importance of health promotion • Use systems thinking in the development of policies • Invest in children's health literacy • Create funds for prevention through taxes (ex.sugartax)
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Tobacco – Best practice Smoking is prohibited in some settings like schools and playgrounds No smoking challenge for the youth (15 – 25 Y) : https://sante.public.lu/fr/campagnes/2023/tabac-2023.html Public procurement – Best practice Guidelines for healthy food in school canteens and free meals for 0-12 year olds Alcohol – Best practice Information campaigns like the No alcohol week: https://sante.public.lu/fr/campagnes/2024/3edition-semaine-alcool-2024.html Other objectives for future action: • Integrate heated tobacco products and nicotine-only products in all tobacco prevention actions • Promote every day physical activity that can be build into habits of everyday life easily (biking to school, to work, parcs, playgrounds, nudges in buildings,) • Restrict Alcohol consumption by reducing accessibility: drinking age, selling hours, marketing restrictions for children and adolescents • Developing more actions for the denormalization of the perception of tobacco, alcohol, and ultra processed food • Restrict marketing for food and drinks high in sugar, salt and saturated fat aimed at children and adolescents on an international level to facilitate inclusion of online marketing and social medias influences
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.	Luxembourg has universal health coverage, including organised screening programmes (breast cancer, colorectal cancer) but some prevention measures are not reimbursed or only under certain conditions. Private health mutual funds are more and more integrating these preventive measures in their reimbursement scheme. Best practice: Tobacco cessation programme and consultation with dietitians (under certain conditions) and psychologist/psychotherapist are reimbursed by social security. Organised screening programmes for breast cancer and colorectal cancer are being adapted in 2024 by modifying the target age for screening to 45-74 years: adapted to the recommendations of the European Commission of September 2022. Other actions/objectives for future action: • Social prescription like prescribing physical activity • Include early detection of risk factors and brief interventions in primary health care and include in universal health coverage • Implicate all healthcare professionals • Train health care professionals for early detection of risk factors and brief interventions • Finance behavioural family therapy for children with obesity • Integrate treatment for overweight in children in 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.	Monitor at macro level (ex. EHIS, HBSC) but also include regular monitoring of specific actions
*	<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.	Train healthcare professionals to avoid stigmatisation in the healthcare sector, especially for people with obesity

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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

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#	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 and stakeholders should prioritize integrating NCD prevention and control into global health security agendas. Urgent advocacy is needed to highlight the critical impact of NCDs and ensure they are a central focus in international health policies. This can be linked to the right to health • Countries must ensure that NCDs are explicitly included in national and regional preparedness and response plans. This inclusion will facilitate swift and coordinated action during health crises, ensuring that resources are allocated to protect individuals with NCDs. • It is imperative to advocate for increased international funding dedicated to NCDs and mental health conditions. This funding should be flexible and sustained to support comprehensive promotion, prevention, recovery and control measures.
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 leadership and governance frameworks to effectively manage NCD promotion, prevention, recovery and control. This requires clear mandates, roles, coordination and accountability mechanisms within both health and other sectors such as public health. • Foster partnerships across sectors to address determinants of health and mental health conditions including social, political and physical

		factors that influence NCD outcomes. Engaging education, housing, and transportation sectors can drive multisectoral action and accelerate progress in NCD management. • Invest in capacity building focusing on se skills and responses relevant to treatment and prevention of NCD and mental health conditions.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	• Implement urgent policy measures to create environments that promote healthy conditions for healthy behaviors and reduce risk factors for NCDs. This includes legislation on tobacco control, alcohol and cannabis regulation, and promoting access to green space. • Develop and deploy effective interventions addressing risk factors for NCDs/ MHCs to prevent such conditions ensuring more targeted approaches to more vulnerable groups. Need to ensure coordination with different agencies addressing different risk factors. Also need to ensure promotion of protective factors and environments to promote mental wellbeing which can also prevents certain NCDs and MHCs • Actively involve communities in developing and implementing strategies to address risk factors for NCDs and MHCs using evidence-based interventions. Empowering local populations ensures that interventions are culturally appropriate and effective.
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.	• Reinforce primary health care systems to manage and prevent NCDs effectively. This includes maintaining access to essential medications and services through integrated care models. • Prioritize investments to achieve universal health coverage that includes comprehensive NCD and mental health services. Reducing financial barriers to care is essential to ensure continuous access during crises. • Build resilient health systems capable of adapting to increased demands during emergencies. This involves enhancing infrastructure, supply chains, and health information systems to maintain quality care. • Also important that health systems work with other systems such as public health in a coordinated way in order to scale up of prevention of NCDs and MHCs. This requires appropriate surveillance to monitor size of need and progress

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	• Support and accelerate research on the on NCDs and mental health. Funding should be directed towards understanding about how to scale up existing effective interventions to treat and prevent NCDs including MHCs. . • Promote the development and deployment of integrative solutions, such as telehealth and mobile health applications, to support improved coverage of promotion, prevention, recovery and control of NCDs including MHCs . • Establish rapid knowledge-sharing platforms to disseminate research findings and best practices. This will inform policy and population scale implementation. . .
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	• Strengthen surveillance systems to monitor trends and determinants of NCDs and mental health. These systems should provide real-time data to support decision-making and resource allocation. • Develop robust evaluation frameworks to assess the effectiveness of interventions and policies for NCDs and mental health conditions. Continuous evaluation will improve future preparedness and response strategies. • Ensure that NCD and mental health data are integrated into broader health information systems. Comprehensive data collection and analysis will enhance understanding and management of these conditions during crises.
*	<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 services into NCD prevention and control strategies. • Implement prevention and promotion measures to protect mental health and well-being during emergencies. Addressing factors such as stress, isolation, and economic hardship is crucial. • Strengthen community and social support systems to offer psychological first aid and ongoing mental health support during and after health emergencies. Ensuring robust support networks can mitigate the long-term impact of emergencies on mental health.

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International Epilepsy Advocate

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 reportC

Directions

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#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	In country like India there is lot of social stigma about non-communicable diseases. In my point of view we should work on capacity building for awareness purposes so that more people can speak about it.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	We have to coordinate with both Central and State government, organizations working specifically on NCD, NGOs, community engagement to accelerate country response for the prevention and control of NCD.y
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Along with spreading awareness we have to train ASHA, Anganwadi workers as maximum population is residing in Tier-2, Tier-3 cities and villages to reduce modifiable risk factors for NCD.y y y
4c	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. y	India Requires a comprehensive and multi-faceted approach of investment in primary health care, development of health workforce, strengthening of health systems, financial protection along with preventive measures 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
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	India requires a coordinated effort involving various stakeholders to promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. We have to work on research infrastructure, capacity building, multi-disciplinary approach, knowledge translation and policy impact.y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Monitoring the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control requires comprehensive and systemic approach of surveillance system, health information system, health surveys, routine reporting and motinering.y
★	<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.

The International Society of Nephrology (ISN) extends its sincere appreciation to the WHO for the comprehensive and forward-thinking GAP. We commend the WHO for its leadership and commitment to addressing the global burden of NCDs including kidney diseases, which pose significant challenges to public health and socioeconomic development worldwide. The ISN is particularly grateful for the opportunity to provide feedback on this critical document. We recognize the importance of a multisectoral approach and the integration of NCD prevention and control into broader health and development agendas. We highlight the need for the inclusion of kidney disease-specific issues within the action plan, given the significant burden of acute kidney injury (AKI) and chronic kidney disease (CKD) and their close links to other major NCDs such as diabetes and hypertension. The burden of CKD is growing worldwide, more so in the low-resource parts of the world that are least equipped to deal with this growing burden. The ISN has documented the burden of CKD and the capacity of different countries/jurisdictions to address this burden in the [Global Kidney Health Atlas](#) and past advocacy papers – see [here](#), [here](#), [here](#) and [here](#).

The ISN looks forward to continued collaboration with the WHO and other stakeholders to implement the strategies outlined in the action plan, ensuring that kidney disease receives the attention it deserves within the global NCD framework. Together, we can make significant strides in reducing the burden of NCDs and improving the health and well-being of populations worldwide.

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.

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 emphasis on integrating NCD prevention and control into broader development agendas is commendable. This approach ensures that NCDs are not seen in isolation but as part of a holistic development strategy. While the plan highlights the need for international cooperation, it could benefit from more specific strategies on how to engage non-health sectors effectively. Clearer guidelines on forming partnerships with sectors like agriculture, education, environment, energy and urban planning would enhance multisectoral collaboration. Additionally, the plan should address kidney disease more explicitly, given its significant burden (10% of the world population has CKD) and its link to other NCDs like diabetes, hypertension and cardiovascular disease. Links with adaptation to environment change, a major future driver of NCDs and CKD. Recommendations: Develop a detailed framework for engaging non-health sectors, including specific roles and responsibilities. Additionally, establish a monitoring mechanism to track the effectiveness of these partnerships.

Include kidney disease in the development goals and international cooperation efforts, highlighting its impact and the need for integrated prevention and management strategies.
2. To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.
The focus on building national capacity and leadership is crucial for sustainable NCD prevention and control and consistent with the ISN capacity building mission and initiatives. The plan's call for multisectoral action and partnerships is also a strong point. The plan could provide more concrete examples of successful multisectoral actions and partnerships from different countries. This would offer practical insights and encourage replication. Additionally, it should emphasize the importance of addressing kidney disease, which often results from or exacerbates other NCDs and are often neglected in national NCD plans. Recommendations: Include case studies and best practices from countries that have successfully implemented multisectoral approaches. Provide technical assistance and resources to countries with limited capacity to foster such collaborations. Highlight the need for integrated kidney disease management within national NCD programs. It should also recognize and include acute kidney injury (AKI) as a major driver of future CKD.
3. To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.
The ISN believes that addressing modifiable risk factors and social determinants is fundamental to NCD prevention. The plan's comprehensive approach, including legislative, regulatory, and fiscal measures, is well-conceived. The plan could be more explicit about the role of community engagement in creating health-promoting environments. Community involvement is critical for the success of interventions aimed at reducing risk factors. Additionally, it should address the specific risk factors for kidney disease, including not only hypertension and diabetes but also specific factors like infection, pollution, heat stress, use of indigenous medicines, pesticide exposure, low birth weight etc. and promote early detection and management. Recommendations: Strengthen the focus on community engagement by providing guidelines on how to involve communities in the design and implementation of interventions. Highlight the importance of culturally appropriate strategies to ensure community buy-in and sustainability by managing risk factors for NCDs including kidney disease and promote strategies for early detection and management.
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 ISN welcomes the emphasis on people-centered primary health care and universal health coverage (UHC) which aligns well with global health priorities. This approach ensures that NCD prevention and control are integrated into the broader health system. The plan could provide more detailed strategies on how to integrate NCD services into existing health systems, particularly in low-resource settings. There is also a need for more focus on the training and retention of health workers. Kidney disease detection and management (both AKI and CKD) should be explicitly included in these strategies. Recommendations: Develop specific guidelines for integrating NCD services into primary health care, with a focus on low-resource settings. Provide support for the training and retention of health workers, supporting them with the use of technology tools including incentives for those working in underserved areas. Ensure that kidney disease management is part of the integrated NCD services.
5. To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.
The ISN strongly supports the initiative of promoting research and development which is essential for evidence-based NCD prevention and control. The ISN believes that the plan's call for increased investment in research is a positive step. The plan could benefit from more specific strategies to support research in LMICs. There is also a need for mechanisms to ensure that research findings are translated into policy and practice (implementation research developed in collaboration with local stakeholders and sensitive to local resources). Research on kidney disease, including definition of disease burden, and identification of locally unique risk factors for AKI and CKD should be prioritized given its significant burden and link to other NCDs.

Recommendations: Promote and establish funding mechanisms specifically for NCD research in LMICs. Create platforms for knowledge exchange and ensure that research findings are disseminated to policymakers and practitioners. Encourage partnerships between academic institutions and health ministries to facilitate the translation of research into practice. Prioritize research on kidney disease and its integration into broader NCD research agendas.
6. To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.
Monitoring and evaluation are critical for assessing the effectiveness of NCD interventions. The plan's comprehensive monitoring framework with 25 indicators and 9 voluntary global targets is a strong feature and aligned with the ISN call for all healthcare system to develop registries to monitor burden of disease and track progress. The plan could provide more guidance on how countries can develop and implement their monitoring systems, particularly in resource-limited settings. There is also a need for capacity-building in data collection and analysis. Kidney disease should be included in the monitoring framework to ensure comprehensive tracking of NCDs. Recommendations: Offer technical assistance and capacity-building programs to help countries develop and implement robust monitoring systems. Provide tools and resources for data collection and analysis and establish a global platform for sharing data and best practices. Include kidney disease in the monitoring framework with specific targets and tracked alongside other major NCDs. The ISN can support these efforts through knowledge sharing and Share-RR initiative that supports development of kidney disease registries in low-resource settings.
In addition: To promote and protect mental health and well-being, including prevention and management of mental health conditions, as a vital component of achieving SDG target 3.4.
The inclusion of this objective recognizes the important links between mental health and NCDs, highlighting its importance for a comprehensive NCD response. The objective could provide more specific guidance on evidence-based interventions and policies for mental health promotion, and strategies to address social determinants, stigma, and human rights issues impacting mental health in those with other NCDs. The link between mental health and kidney disease, particularly the psychological impact of CKD, should be addressed. Recommendations: Develop a comprehensive set of policy options and cost-effective interventions for mental health, similar to what is provided for NCDs in Appendix 3; outline strategies to integrate mental health services into NCD prevention and care at the primary health care level through task-sharing approaches; provide guidance on multi-sectoral actions (e.g. education, labor, social protection) to promote mental health and address psychosocial determinants and highlight the need for policies and laws to protect human rights, fight stigma, and promote inclusion of persons with mental disorders. Address the psychological impact of CKD and integrate mental health support into kidney disease management programs.

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

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

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*.

# ^c NCD-GAP objective ^c		Comments on key priority areas ^c
1 ^c	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. ^y	Cancer affects more than 400,000 children each year and is life-threatening. Overall survival can be as low as <20% in LMICs where most of the world's children live. The WHO Global Initiative for Childhood Cancer integrated with the NCD Alliance global action plan (GAP) will drive Member States to prioritise this vulnerable population. Indeed, childhood cancer is already one of the 14 specific cancer interventions identified in the WHO-CHOICE analysis [CA11, Appendix 3 of NCD GAP]. Childhood cancer interventions are cost-effective, strengthen overall health systems for NCD care delivery and can be used as a progress marker for cancer and the NCD agenda. Member States should ensure national cancer control plans specifically include the needs of children and adolescents with cancer – and emphasise the importance of resourcing implementation and progress monitoring through surveillance.
2 ^c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	Progress in implementing the WHO's Global Initiative for Childhood Cancer (GICC) has been an exemplar in many countries of the effectiveness of multi-sectoral action to achieve a specific target, namely doubling of

survival to at least 60% by 2030 and alleviation of suffering for all).

As childhood cancers are not preventable, early diagnosis is key to improving survival and reducing morbidity. For example, in Kenya, the National Retinoblastoma Programme was instigated as a partnership between World Eye Cancer Hope, healthcare professionals, community and government leaders to successfully institute early detection and treatment of childhood eye cancer. There are many other examples of regional and national initiatives (in Ghana, PAHO and others) to strengthen primary care for earlier recognition of serious NCDs occurring in childhood, such as cancer, and more rapid and appropriate referral for onward diagnosis and management. Efforts in this area align with WHO's recommendations to member states to strengthen primary care as part of achieving UHC.

However, early diagnosis is only part of the solution - better survival will only be achieved if there are the appropriately trained, multi-disciplinary teams and services included under UHC to diagnose and treat each child and ensure completion of planned treatment. Childhood cancer survivors are an asset to any society. The positive health economics arguments for ensuring access to appropriately trained teams with adequate infrastructure, essential diagnostics and essential anti-cancer and supportive care medicines have been well made many times to ensure optimal survival rates for children and young people with cancer. These are the reasons why childhood cancer is included as a WHO Choice under the NCD Cancer listing.

The multi-disciplinary health care professional societies (such as The International Society of Paediatric Oncology (SIOP), the International Society of Paediatric Surgical Oncology (IPSO), the Paediatric Radiation Oncology Society (PROS) work together with childhood cancer parents and survivor organisations (such as Childhood Cancer International (CCI) – to support governments and mobilise wider civil society to fully implement the GICC for the benefit of children and young people with cancer worldwide.

Inclusion in a clinical trial or study aiming to optimise treatment and survival is viewed as 'best practice' for newly diagnosed patients with cancer. To this end, SIOP and partners are investing in a programme to build clinical research capacity in LMICs ([PARC](#)). to

		enable local leaders to generate clinical evidence to prioritise needs and monitor outcomes. These efforts from professionals and civil society require commitment from governments for sustainable clinical research in NCDs in LMICs.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Childhood cancer is not currently preventable but early diagnosis is key to successful treatment and better lifelong outcomes. This specific consideration needs to be recognised. As survival rates increase with improved access to diagnostics and multi-modal treatment, health promotion among childhood cancer survivors is now a global priority. Whereas this group has a higher risk of health complications compared to general population, these can be successfully managed or prevented with timely intervention. The aim is for childhood cancer survivors to enjoy quality of life and be thriving members of society and their nation's economy in adulthood. y
4c	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. y	Integrating childhood cancer/child NCD services across the care continuum under UHC is crucial. This includes diagnostic procedures and investigation, medicines, nutritional assessment and support as well as social support to protect families from catastrophic health expenditure and 'treatment abandonment', which is costly to society and the individual. Access to medicines is key in multi-modal childhood cancer treatment. Therefore, the inclusion of NCD-specific drugs in child-appropriate formulations in the WHO essential medicines list and their provision by governments is critical. In primary healthcare, early diagnosis, integration of NCD early recognition training for the primary care workforce and enabling rapid and appropriate referral are key. To underpin childhood cancer care, there is a need for a multi-disciplinary workforce trained in the specifics of childhood cancers, including people-centred care best practices worldwide.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	High quality cancer registration includes more than just counting cases (incidence), although that is an essential firststep. If information on treatments and outcomes are also collected in facility-based cancer registries/high quality clinical registries, then this facilitates research to determine variation and inequalities in access and outcomes. The majority of

		childhood cancers occur in LMICs. However, there is limited population-based childhood cancer data from LMICs. Therefore, the focus should be on establishing dedicated population-based childhood cancer (PBCCR) registries in LMIC that collect high-resolution data, like the recently initiated Chennai PBCCR in India. PBCCR data is vital for policy level decision making for allocation for resources for childhood cancer detection and management. A complementary approach to cancer intelligence can utilise the growing number of national networks of specialist healthcare facilities for children and young people's cancers emerging in many countries. These national professional-society driven networks are ideally placed to coordinate collection of high quality, standardised data on a national or multi-national regional basis. Childhood cancers are rare diseases, thus investing in workforce and health service infrastructure will enable national and regional clinical research and trials that have proven to be successful in treatment and cure for this vulnerable population and directly support Member State cancer control planning. Ensure that NCD research includes rare diseases and the specific needs of children/adolescents, as typified by childhood cancer for which there is the current WHO global initiative.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Boosting surveillance of childhood cancer is another critical priority to underpin progress measurement in line with the WHO GICC and national targets. Capacity building, workforce training and resource allocation to childhood cancer registration and research on social determinants of health are key.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Ongoing psychosocial support to families, patients and survivors must be part of the multi-disciplinary approach—a hallmark of childhood cancer care. Survivors of childhood cancer are a particularly vulnerable population for mental health challenges and a rapidly increasing group worldwide. Mental health surveillance and intervention/support as needed are critical for this population to maintain well-being throughout adulthood.

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

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*.

#c NCD-GAP objective c		Comments on key priority areasc
1c	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. y	Cancer affects more than 400,000 children each year and is life-threatening. Overall survival can be as low as <20% in LMICs where most of the world's children live. The WHO Global Initiative for Childhood Cancer (GICC) integrated with the NCD Global Action Plan (GAP) will drive Member States to prioritise this vulnerable population. Indeed, childhood cancer is already one of the 14 specific cancer interventions identified in the WHO-CHOICE analysis [CA11, Appendix 3 of NCD GAP].
		Childhood cancer interventions are cost-effective, strengthen overall health systems for NCD care delivery and can be used as a progress marker for cancer and the NCD agenda.
		Member States should ensure national cancer control plans specifically include the needs of children and adolescents with cancer – and emphasise the importance of resourcing implementation and progress monitoring through surveillance.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Progress in implementing the WHO's GICC has been exemplar in many countries of the effectiveness of multi-sectoral action to achieve a specific target, namely doubling of survival to at least 60% by 2030 and alleviation of suffering for all).

As childhood cancers are not preventable, early diagnosis is key to improving survival and reducing morbidity. For example, in Kenya, the National Retinoblastoma Programme was instigated as a partnership between World Eye Cancer Hope, healthcare professionals, community and government leaders to successfully institute early detection and treatment of childhood eye cancer. There are many other examples of regional and national initiatives (in Ghana, PAHO and others) to strengthen primary care for earlier recognition of serious NCDs occurring in childhood, such as cancer, and more rapid and appropriate referral for onward diagnosis and management. Efforts in this area align with WHO's recommendations to member states to strengthen primary care as part of achieving UHC.

However, early diagnosis is only part of the solution - better survival will only be achieved if there are the appropriately trained, multi-disciplinary teams, services and products included under UHC to diagnose and treat each child and ensure completion of planned treatment.

Childhood cancer survivors are an asset to any society. In addition to the rights-based approach, the positive health economics arguments for ensuring access to appropriately trained teams with adequate infrastructure, essential diagnostics and essential anti-cancer and supportive care medicines have been well made many times to ensure optimal survival rates for children and young people with cancer. These are the reasons why childhood cancer is included as a WHO Choice under the NCD Cancer listing.

The multi-disciplinary health care professional societies (such as The International Society of Paediatric Oncology (SIOP), the International Society of Paediatric Surgical Oncology (IPSO), the Paediatric Radiation Oncology Society (PROS)) work together with childhood cancer parents and survivor organisations (such as Childhood Cancer International (CCI)) – to support governments and mobilise wider civil society to fully implement the GICC for the benefit of children and young people with cancer worldwide.

Inclusion in a clinical trial or study aiming to optimise treatment and survival is viewed as 'best practice' for newly diagnosed childhood cancer patients. To this end, SIOP and partners are investing in a programme

		to build clinical research capacity in LMICs (PARC) to enable local leaders to generate clinical evidence to prioritise needs and monitor outcomes. These efforts from professionals and civil society require commitment from governments for sustainable clinical research in NCDs in LMICs.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Childhood cancer is not currently preventable but early diagnosis is key to successful treatment and better lifelong outcomes. This specific consideration needs to be recognised. As survival rates increase with improved access to diagnostics and multi-modal treatment, health promotion among childhood cancer survivors is now a global priority. This group is known to have a higher risk of health complications, and thus should be followed up for late side effects such as cardiotoxicity, fertility issues, ototoxicity, nephrotoxicity, second malignancies etc., depending on the tumour and treatment they have received. Survivors should be reminded of the benefit of healthy nutrition, avoiding smoking, and exercise. The aim is for childhood cancer survivors to enjoy quality of life and be thriving members of society and their nation's economy in adulthood. y
4c	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. y	Integrating childhood cancer/child NCD services and products across the care continuum under UHC is crucial. This includes diagnostic procedures and investigation, medicines, nutritional assessment and support as well as social support to protect families from catastrophic health expenditure and 'treatment abandonment', which is costly to society and the individual. Access to medicines is key in multi-modal childhood cancer treatment. Therefore, the inclusion of NCD-specific drugs in child-appropriate formulations in the WHO essential medicines list and their provision by governments is critical. In primary healthcare, early diagnosis, integration of NCD early recognition training for the primary care workforce and enabling rapid and appropriate referral are key. To underpin childhood cancer care, there is a need for a multi-disciplinary workforce trained in the specifics

		of childhood cancers, including people-centred care best practices worldwide.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	High quality cancer registration includes more than just counting cases (incidence), although that is an essential first step. If information on treatments and outcomes are also collected in facility-based cancer registries/high quality clinical registries, then this facilitates research to determine variation and inequalities in access and outcomes. The majority of childhood cancers occur in LMICs. However, there is limited population-based childhood cancer data from LMICs. Therefore, the focus should be on establishing dedicated population-based childhood cancer (PBCCR) registries in LMIC that collect high-resolution data, like the recently initiated Chennai PBCCR in India. PBCCR data is vital for policy level decision making for allocation for resources for childhood cancer detection and management. A complementary approach to cancer intelligence can utilise the growing number of national or regional networks of specialist healthcare facilities for children and young people's cancers emerging in many countries and regions. These national professional-society driven networks are ideally placed to coordinate collection of high quality, standardised data on a national or multi-national regional basis and should be supported by governments. Childhood cancers are rare diseases, thus investing in workforce and health service infrastructure will enable national and regional clinical research and trials that have proven to be successful in treatment and cure for this vulnerable population and directly support Member State cancer control planning. y Ensure that NCD research includes rare diseases and the specific needs of children/adolescents, as typified by childhood cancer for which there is the current WHO global initiative (GICC). y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Boosting surveillance of childhood cancer is a critical priority to underpin progress measurement in line with the WHO GICC and national targets. Capacity building, workforce training and resource allocation to childhood cancer registration and research on social determinants of health are key. y

★	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Ongoing psychosocial support to families, patients and survivors must be part of the multi-disciplinary approach—a hallmark of childhood cancer care. Survivors of childhood cancer are a particularly vulnerable population for mental health challenges and a rapidly increasing group worldwide. Mental health surveillance and intervention/support as needed are critical for this population to maintain well-being throughout adulthood.

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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^c

Directions

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#c	NCD-GAP objective c	Comments on key priority areas ^c
1c	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. y	Focus on determinants of health, specifically NCDs, is needed. This includes addressing commercial determinants of health. The current trade agreements need to be considered while addressing the NCD burden. There is a need to revise market influences to reduce disparity and inequity. In terms of monitoring, there is need to highlight the DALYs caused by NCDs in each and every setting. These can be further broken according to the various diseases that make up the NCDs
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Multisectoral integration and partnership can be challenging but necessary. For instance, the food industry's influence on the market and its opposition starkly exists. Also, private-public partnerships will take things forward for surveillance and NCD management (1). Hence strong leadership and interests for NCD are a must to provide clear policy guidelines and achieve results close to the target. NCDs should be included in the mainstream training and education curricula of healthcare professionals. Governments should have work place policies aimed at deliberately preventing NCDsy
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Taking into account globalization and global and regional economic agreements, regulation of health-harming products has become more needed.

		Aside from global and regional trade regulations, countries also need to push for, make and enforce laws aimed at preventing NCDs; like banning smoking in certain age groups, introducing taxes for certain foods notorious for causing NCDs, etc There is a need for nutritional labels and awareness campaigns about the products. Individual choice and demand-supply logic hold for modifiable factors which can corrected by creating awareness of healthy local dishes and homemade foods (2). Approaches of self-regulation, and PPP have to be implemented and monitored to address the plurality of clinical practice. Campaigns such as ‘people behind the pack’ to identify the role of individuals consuming tobacco will help create space for micro factors. These will uncover the macro and meso discussions playing in the background(3). y
4c	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. y	Government, regulators and health care professional organizations need to agree on task redistribution including to patients/patient advocacy groups, to increase access to health promotion and all levels of prevention of NCDs. Training will need to be instituted as well as necessary equipment put in place. Major attention has to be given to finance and earmarked budget.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Each country’s health systems research agenda setting should consciously include NCDs and drivers. Countries need to come up with country specific data on what constitutes obesity, hypertension in their own contexts; and what effective therapeutics are available through encouraging research within the borders/populations of the countries. Monitoring data can then be used to identify any gaps, tailor responses and measure appropriateness of interventions and success. Evidence can be generated to support guidelines and protocol development for strengthening the health system
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	All countries should consider implementing electronic health records systems with centralised repositories to ensure quality health data, including on NCDs. y
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Creation of internationally and nationally recognized context-relevant vlogs on mental recognition and demystification, especially in the African context. This can be done by associating with some social media influencers, educating and training them on key elements to communicate to the ir audience, to

		change the perception of mental health which is seen as a taboo or as madness in these communities. This will help improve health seeking behaviors. -Second, by promoting establishment of mental health units at the primary health care units and having at least 1 or 2 trained personnel for follow up or referral to specialists.

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

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**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^c

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*.

#c NCD-GAP objective c		Comments on key priority areas ^c
1c	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. y	Noncommunicable diseases (NCDs) make up a significant part of the world's health issues, especially in low- and middle-income countries (LMICs). Education can potentially go a long way in raising awareness and promoting prevention. Therefore, Ivy League Mentoring advocates for educational institutions to implement NCD education programs into their curricula, as well as for community organizations and NGOs to incorporate NCD education into their programs.
		Such partnerships could involve local health departments and international health organizations like the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), which have established guidelines for schools worldwide to develop curricula aimed at addressing local health issues through student education. For example, the WHO has an active program called School Health Programs that can inform educators about how to implement health-education programs within existing school curricula. The curricula in these programs can, in turn, be focused on the prevention and management of NCDs by teaching students about risk factors, prevention strategies, and healthy behaviors.

		Community engagement is key to their success. For instance, the "Healthy Schools Program" by the Alliance for a Healthier Generation in the United States has helped to establish healthier school environments and facilitate the spreading of educational resources and support. Schools in LMICs can organize health fairs, community workshops, and information campaigns around NCDs. In Kenya, the "School-Based Deworming Program" demonstrates the possible impact of school programs on health issues and could be tweaked for an NCD focus, using schools as a starting point for awareness. Education can also be prioritized by engaging local media such as radio and TV stations can also help spread these messages. The "Tanzania Media Fund" has used media to influence health-behavior changes with some success, which provides an example of what can be done. Community leaders and local celebrities such as religious leaders and local celebrities can also help spread information using identities people believe and trust. Organizations such as the GACD can support and provide extra resources to these efforts.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Building national capacity and leadership will also require investing in training the health workers of tomorrow. Partners In Health (PIH) and the Clinton Health Access Initiative (CHAI) are only two of the many organizations that have tried to build locally relevant models. For example, as part of their community health worker training programs, Partners In Health has established such an approach in Rwanda and Haiti. Educational organizations in LMIC countries can likewise initiate programs like these, adapted to local needs. The curriculum for these LMIC community health worker training programs should aim to affect the following changes. Health workers should gain the competence to attend to NCD prevention and response. It's important to provide training on how to integrate mental health services at the primary care level, detect and manage the most frequent mental health disorders, and promote mental well-being. Moreover, the use of AI and digital health tools can greatly extend the reach of health systems in LMICs. For example, the "Babyl Health" initiative in Rwanda provides AI-driven telemedicine coupled with remote specialist care, diagnostic

		support, treatment advice, and patient monitoring using smartphones. Educational institutions in partnership with tech companies such as Google and Microsoft can also create tailored health education and monitoring platforms for LMICs. Public-private partnerships can help fund development and rollout. Organizations such as the Bill & Melinda Gates Foundation or the Global Fund can provide financial and technical support, as can training of healthcare workers, which should promote digital literacy and the clinical use of AI to maximize its impact. This will entail collaboration between policymakers, universities, research and healthcare organizations, and diaspora and private sector technology companies to ensure that health worker graduates from LMIC universities are adequately trained to provide quality care and stave off NCDs. In this way, health systems will be reinforced through an emphasis on mental health and well-being, ensuring that everyone has access to high-quality, sustainable, and equitable primary health care.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	There is an urgent need to reduce modifiable risk factors for NCDs in LMICs through community-based interventions in order to tackle the social determinants of health. School-based and community programs could play a key role in this endeavor by including health education in the school curriculum and in community activities. One such model is the "EPODE International Network" model to prevent childhood obesity that uses community-based intervention programs that promote healthy eating and physical activity. This initiative, originally set up in France, has now expanded to Belgium, Chile, China, Germany, India, and South Africa, showcasing that low- and middle-income countries (LMICs) have the potential to adapt developed-world approaches. We can involve local health departments to help LMIC schools address locally-relevant NCD issues. These messages can be aired through local media such as radio and television stations, with collaboration from local media outlets becoming essential. A good example is the "Tanzania Media Fund" that has successfully utilized media to influence certain public health behaviors, hence

		setting a precedent. It will also be important to engage influential community members such as religious leaders and local celebrities as key actors in addition to having clinicians and other professionals. Such efforts can be enhanced by the involvement of AI and digital health tools like mHealth, a health initiative in Kenya leveraging mobile technology to deliver education and services to remote populations. Schools can partner with private enterprises like Google and Microsoft to develop mobile applications and websites to deliver educational content on NCDs that can be delivered to even remote areas. On another note, schools can work closely with local governments to structure our cities and towns in ways that make physical activity more available by providing unique policies and creating green spaces, walkable streetscapes, and cycleways. Examples of similar environmental programs include School Gardens for the Underprivileged from The Seed of Life Foundation, which offers lessons on agriculture, nutrition and physical activity to improve healthy dietary consumption. Moreover, the Khelo India Program in India promoted physical activity at the school level. They have been investing in sports infrastructure at schools and also conduct school level sports competition to inculcate interest in sports among students. Indeed, encouraging young students to participate in more in outside physical activity can serve as a long-term strategy to reduce the risk of non-communicable diseases arising from sedentary lifestyles in the decades to come. Indeed, involving students and communities in this endeavor could be a valuable strategy to raise a generation of empowered people committed to lowering the burden of NCDs in LMICs globally.
4c	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. y	Shifting health systems in LMICs to provide care to those with NCDs implies moving away from fragmented healthcare facilities to people-centered integrated PHC. Consider the Health Extension Program (HEP) in Ethiopia, a government-led initiative extending primary health services to the community level by deploying community health workers to localities trained to provide primary care services at the community, supporting referrals and creating links with more sophisticated

		care. More specifically, the HEP ministerial order requires the system to integrate and coordinate NCD and traditional medicines within primary health services. UHC is essential. National governments should establish robust health financing mechanisms that provide strong financial risk protection and equitable access to selected NCD services. Ghana's NHIS is a scalable model for affording essential services to people suffering from NCDs and lowering patients' out-of-pocket expenditures. Digital health solutions such as EHRs and AI for clinical decision support will become essential parts of good care. In revamping governance to enable UHC, it's important to consider decentralized power-sharing that is inefficient in institutional capacities and logistics, such as redundant infrastructure costs. Finally, the ability to analyze the data will be crucial. Shared purpose, the right incentives for decision-making, and leadership of agencies will need to be optimized. Robust information systems and registries – integrated health and NCD information systems such as Botswana's Integrated Patient Management System – will be needed to better coordinate and manage NCD care. Health workers receive continuous professional development training to support their ability to care for NCDs. Partnerships between the health system and academic institutions can support this effort in developing and delivering such training modules. NCDs require a multidisciplinary approach to care. Nurses, nutritionists, physiotherapists, and social workers can help address the manifold needs of NCD patients.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Continuing significant high-quality R&D would lead to better ways of preventing, managing, and improving the outcomes of NCDs by strengthening research infrastructures and promoting substantial international collaborations, for example, the South African Medical Research Council (SAMRC). Collaboration with competitive science networks (e.g., the recently established Global Alliance for Chronic Diseases) to build in-house capacity and promote dissemination; partnerships with high-income country institutions to support technology transfer and training; and national health budgets

		(or international donors and philanthropic organizations) to fund NCD research. The power of research can be strengthened by combining AI and big data analytics. Using AI-generated health data for analysis can find NCD trends and risk factors to treatment outcomes when it comes to disease patterns. Identifying partners among tech companies can help with further research development and dissemination. Created by establishing collaborations between communities and researchers, a community-based participatory research approach ensures that research is relevant to local needs and contexts, and that it embeds within a given community. When communities influence what research questions are asked and how, both researchers and research become more relevant and useful, and thus more stakeholder-friendly. By following a community-oriented primary-care model, which involves identifying the most common health issues of a community, the Kenya Medical Research Institute (KEMRI) has greatly improved its research programs. Such collaboration can be revealed by looking at the Kenya-US National NCD Research Center of Excellence, a consortium that links KEMRI, the University of Nairobi, and five US institutions. Robust infrastructures of researching NCDs in Africa are essential in strengthening NCD prevention and control in these African countries.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	Robust surveillance systems and ingenious data-collection methods are necessary to monitor NCD trends and determinants in LMICs. The South African National Cancer Registry collects information on incidence, prevalence, outcomes, and trends of NCDs from hospital clinics and global research databases, for example. Hospital and clinic data is to be amalgamated into national electronic health records in order to make data analysis possible. The same can be accomplished by employing mHealth surveillance tools, where a mobile operator might be used to increase data collection – like the Tanzania National eHealth Strategy, which employs mobile technology to collect different types of data collected by the Ministry of Health and can be applied to NCD surveillance for

		monitoring of changing trends of NCDs and the monitored patient populations in real-time. Using AI and machine learning techniques, it is possible to interrogate data further to discover subtler trends in NCD and its determinants. Working with data science institutes and tech companies could lead to developing state-of-the-art analytics platforms. Routine surveillance data and progress reports could be made public, increasing transparency and accountability. Community-based involvement in surveillance improves data representativeness. Delegating NCD surveillance activities to community health workers, who act as mediators between communities and healthcare systems, expands the coverage of surveillance programs, especially in low-and lower-middle-income countries. The community-based surveillance network that was established during the Ebola outbreak in Sierra Leone showed how communities can contribute to the collection of information for health.
★	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Primary care could include mental health educational initiatives such as the Nigeria Mental Health Gap Action Program (mhGAP) where non-specialist healthcare providers are trained to provide services for mental health problems (and adapted to LMICs for NCDs). Along this same line of education-based health interventions, programs helping teach people to become more active can help prevent the burden of NCDs in LMICs. For instance, the "Exercise for Health," a program developed in Uganda, is an example of a community-based physical activity intervention that serves as a vehicle for delivering social support and reducing the stigma surrounding mental health problems. Digital health platforms can promote mental health and expand access to care; mobile apps and telepsychiatry, such as the Kenya-based service "mDaktari," can deliver care without physical proximity to a doctor, often built using partnerships with large tech companies. Social determinants of mental health (poverty, unemployment, education, etc.) require partnerships with the housing, education, and employment sectors.

		Examples include South Africa's SRD grant, which provided financial support during the COVID-19 pandemic, and how engagement on social determinants improved well-being among those with mental health conditions. Embedding mental health systems innovatively promotes the attainment of mental health and contributes to tackling NCD targets in the SDGs and country programs. Transformative actions exist to promote mental health equity in low- and middle-income countries, including in Africa.

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

Jameel Arts & Health Lab

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 arts-based advocacy to raise the priority accorded to the prevention and control of NCDs. Encourage the use of arts to communicate the importance of NCD prevention and control in both local and global contexts, thereby bolstering advocacy efforts through compelling visual and performing arts that resonate culturally and emotionally with diverse populations. A common theme could be adopted around which artists could communicate globally to the public on the need to avoid risk factors through various forms of media including music, film, poetry, performance, and visual arts.

2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Encourage multisectoral partnerships between the cultural and health sector to accelerate country response for the prevention and control of NCDs. A broad range of innovative arts-based interventions have been used to address NCDs and their risk factors throughout the life-course and the continuum of care. Engagement in the arts have been demonstrated to provide non-invasive, low-risk options within integrated patient-centred health care and public health. National collaboration between culture (including museums, libraries, dance organizations, singing groups, etc.), creative arts therapy associations, and health agencies should be encouraged to realize the potential of the arts organizations, arts therapists, and artists in the prevention and control of NCDs. Expand Arts and Health programs globally. Develop capacity and promote knowledge exchange in relation to arts and health initiatives, particularly in the Global Majority. This would require establishing collaborative networks to promote dialogue and share best practices internationally. This will require equity in partnerships between healthcare professionals and artists.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Recognise cultural/arts engagement as a health behaviour. According to longitudinal research carried out in the UK, engaging in arts and culture in later life reduces the risk of developing age-related disability by 20%, chronic pain by 25% and increases the odds of ageing healthily by 84%. These effects are as strong as physical activity. Promote health-enhancing environments through opportunities for arts engagement. Design health, education, and public spaces that incorporate artistic elements known, for instance, to reduce stress, promote mental health, and reduce air pollution. Enhance arts opportunities within education. Incorporate arts and creativity into education to promote brain health and resilience throughout the life course, thereby encouraging healthy ageing. Also, establish arts based and culturally informed practice modules within the existing training of healthcare professionals, both for the wellbeing and skills development of personnel and to raise awareness of the value of the arts within health.
4	To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through	Develop community referral mechanisms. Community referral mechanisms, such as social prescribing, can help to link arts interventions (including creative arts

	people-centred primary health care and universal health coverage.	therapies and arts activities with or without a therapeutic intent) to NCD prevention and control. Focus on creating sustainable partnerships that leverage local artistic traditions to promote health and aim to make these interventions accessible across all demographics, including underrepresented and disadvantaged populations. An example of an evidence informed arts-based approach relevant to NCDs is “Singing for Lung Health” which has been adapted across the world. Arts in Universal Health Coverage Advocate for the inclusion of creative arts therapies in universal health coverage plans, ensuring they are recognized and reimbursed as legitimate therapeutic interventions.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Foster transdisciplinary research Encourage research that combines insights from macro-factors such as pollution and climate change with micro-level analysis on brain health and well-being, including studies on the efficacy of arts interventions in various health contexts. Invest in arts-based research initiatives. Support initiatives that explore innovative arts-based approaches to NCD prevention and control, particularly those that can be easily adapted across different cultural contexts. Amplify findings across member-states.

6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Develop Arts-Integrated Evaluation Metrics. Create evaluation metrics that specifically assess the impact of arts engagement on health outcomes, facilitating better integration of these programs into national health monitoring systems. Establish a global survey on arts in health, tracking participants from various countries to monitor their arts engagement trends and how this engagement might help prevent illnesses, manage symptoms, and promote wellbeing.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Link arts to economic and innovation Strategies. Connect the promotion of mental health and well-being with broader economic policies by highlighting the role of arts in enhancing brain capital and core human skills such as experiential expansion and enrichment, emotional self-regulation, and executive functioning.

Karen Ho

**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^c

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.

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# ^c NCD-GAP objective ^c		Comments on key priority areas ^c
1c	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 a neurologist, I believe that brain health, including mental health are underlooked areas of focus. Stroke, epilepsy, dementia are amongst the most prevalent neurologic disorders that cause significant disability and premature death <u>globally</u>. International cooperation – often hampered by other geopolitical concerns. The health agenda must be harmonized with the high-level plan for international cooperation (i.e. not only involving the WHO, but other bodies like the Security Council and the UN General Assembly). - Foreign aid through private donor organizations and/or governmental funding to support development goals. - Donation of essential medicines and medical equipment. - Sharing of knowledge – e.g. epidemiologic data to assist with research and development of therapeutics, and to drive innovation. - Learning through example – e.g. successful healthcare initiatives in other jurisdictions that can serve as case studies. - International cooperation at the level of policy – e.g. international treaties that protect the environment have a significant impact on developing nations that lack the resources to mitigate against common threats (e.g. climate change). This is often overlooked in the realm of public health. All of these impact the overall health of a population, including brain health.

		Advocacy – through grassroots organizations in partnership with government and/or private enterprise. Local advocacy is ideal to build local capacity and governance.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Governments – even in developed nations – are unlikely to be able to deliver on the action plan without partnerships. Grassroots organizations can play an instrumental role in execution and delivery of outcomes, but they must be recognized as valuable team players. Grassroots forces can be very effective at organizing and mobilizing communities, and should be empowered with resources (e.g. sufficient funding). There is also a role for private enterprises to support the action plan (e.g. funding, collaboration for R&D, etc.)
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	This is extremely important and impactful across the entire human life cycle. Preventive health = cost-effective public health <u>Infancy and childhood stages: key NCD issues include malnutrition, neglect due to poor maternal health</u> - In addition to improving vaccination rates (e.g. improved access, education), and micro-nutrient and macro-nutrient supplementation (e.g. such as a breakfast and lunch program at schools). - Prioritize maternal health with access to community resources to ensure proper care and attention to the child. - Childhood neglect significantly increases rates of depression/suicide later on in life. <u>Young adulthood: mental illness, physical injuries, other high-risk behaviours, loss of education, obesity</u> For this group, the social aspect – belonging – is a very important driver of behaviours. - Promote regular physical activity (e.g. part of school curriculum). Design communities that promote cycling, walking, etc. - Promote healthy eating and healthy body image in schools. - Socialize – community gatherings and meals – focus on traditional foods and practices. - Reduce access to weapons, guns, drugs –e.g. through socialization/ad campaigns - Safer sex education; access to contraception. - Encourage young people to volunteer, to develop a sense of social responsibility. Build into the school curriculum (e.g. requirement for graduating). Helps to build social connection to community. <u>Adulthood: Decent work and wage, housing, healthcare, personal development, psychosocial/spiritual</u> - Access to safe, affordable housing – also fosters community and cohesion (people settle in one dwelling rather than become itinerant). - Accessible and affordable healthcare – including medicines. - Safe working conditions – e.g. physical injuries contribute to significant loss of productivity and independence, depression and can have ripple effects for an entire family.

		- Social safety net – through government policy, but also through the community-at-large. Community members care for each other if there is a sense of connectedness. - Connection: amongst neighbours, colleagues, community at large. Engendered through all of the above. <u>Older age: malnutrition, social isolation, poverty/loss of material support, psychosocial/spiritual</u> - Community is critical to supporting the elderly – through their own families, but also through organized community living. (e.g. government subsidies for these types of communal living) - Free access to healthcare - At the same time, promote/socialize the “healthy senior” – who is physically active, socially engaged in their community and respected as an elder. - Promote mentorship of youth by elders
4c	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 healthcare is ideally centred within the communities where people live, and decentralized from hospitals. As such, primary care is delivered through community health clinics, mobile health clinics, and possibly enabled by technology such as virtual care and AI-powered technologies. These can help distribute care to as many as possible, irrespective of geography. Nurses, midwives, physicians, physician assistants, student doctors, therapists, etc. are all key actors. Disease surveillance (e.g. case reporting and data collection) is also a part of primary care, and which is ideally mediated by these healthcare personnel at the frontlines and by public health authorities. Health promotion at the community level is integrated within this model where these clinics are embedded into the community. For example, nurses are going to local schools to educate students, or visiting patients’ homes or communal residential institutions to deliver care in some cases.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Public-private partnerships can be very effective in driving R&D, but there are potentially many issues to work through – e.g. intellectual property, drug pricing, etc. These partnerships could also potentially be with foreign actors (e.g. foreign-owned private enterprises). Also, is it more cost-effective to invest in “low tech” solutions such as promoting healthy practices than in R&D and novel technologies? That may vary between countries.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	See under #4 above. This extends beyond the local and national level. Diseases and determinants cross borders – e.g. media influence, larger economic forces that impact the cost of healthy food, poverty and displacement as a result of natural disasters, etc. Thus, this involves coordination at the level of the UN and international cooperation.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Promoting mental health and well-being not only involves resources to allow diagnosis and treatment by trained professionals. There are preventive measures as well. Studies have repeatedly shown that a sense of social connection – belonging – is protective against depression. Studies are also showing a strong connection between environmental influences and mental health (e.g. healthy foods – healthy gut microbiome can influence mental health).

		As such, investing in creating healthy communities that are socially connected and cohesive, with affordable safe housing, healthy foods, accessible healthcare, decent work, etc. ultimately support mental health and well-being.

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

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

Directions

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#c NCD-GAP objective c	Comments on key priority areasc
1c 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. y	Advocate for a greater understanding of how NCDs impact illness, death rates, and economic costs. Spread awareness that common lifestyle factors associated with cardiometabolic risk <i>also</i> affect liver health, leading to conditions like Metabolic dysfunction-Associated Steatotic Liver Disease (MASLD) and Alcohol-related Liver Disease (ALD), as well as the overlapping condition, MetALD. This progressively leading to liver fibrosis and cirrhosis. Recognize that these risk factors are a widespread issue across all sociodemographic layers and ages, <i>including</i> children; requiring joint efforts to improve quality and regulations of food and alcohol industries, as well as increase public awareness.
2c To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	There is a bi-directional relationship between NCDs. This offers a chance to provide guidance and support for a complete and well-rounded approach to preventing and controlling NCDs, including MASLD, MetALD and ALD.y
3c To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Accelerate efforts to address the commercial factors that impact health by closely examining how politics and policies are made at all levels—national, regional, and global. Work to improve health by making alcohol less accessible through higher taxes and by enhancing the quality of food and the opportunities for exercise. Increasing awareness of lifestyle factors affecting health at an early age. Pay special attention to reducing health disparities and inequalities.

4c	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. y	Accelerate creation of care models that focus on the whole person, rather than just one disease, to address the complex needs of people with multiple health conditions. This includes developing screening and testing strategies for multiple conditions, like testing for liver fibrosis in diabetes care, or other settings housing people at risk. Document and share successful practices. Also, be mindful of the stigma associated with MASLD, MetALD, and ALD, which can make people reluctant to seek healthcare, making it necessary for the healthcare system to be the proactive party.y
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	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.
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	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.

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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)^c

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.

# ^c NCD-GAP objective ^c	Comments on key priority areas ^c
1 ^c 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. ^y	Oral health is intrinsically linked to overall health and well-being and is associated with a range of NCDs. The burden of oral diseases, which are among the most common and preventable NCDs, is often overlooked. These conditions share common risk factors with other NCDs, such as tobacco use, unhealthy diets (particularly those rich in sugar), and alcohol consumption, underscoring the need for a comprehensive, multisectoral approach to prevention and care. Furthermore, emerging evidence suggest that poor oral health may exacerbate the severity of other NCDs, impacting quality of life. Integrating oral health into the broader NCD agenda is a cost-effective strategy that will strengthen health systems. It is crucial that the WHO Global Strategy for Oral Health aligns with the NCD and universal health coverage agendas, ensuring that oral health is recognised as an integral part of promoting and maintaining general health.
2 ^c To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	^y
3 ^c To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	^y ^y ^y

4c	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. y	
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	y
*	<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.

#c	NCD-GAP objective c	Comments on key priority areas
1c	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. y	Establish mechanisms with secretarial and financing support for cooperation activities. 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).
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Promote universal health coverage that includes preventive and comprehensive services for NCDs and mental health, ensuring that financial barriers do not hinder access to care; Enhance social support systems to address the underlying social determinants that impact NCDs and mental health, focusing on vulnerable populations. 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. For example, MASLD is a risk factor for and worsens the prognosis of cardiovascular disease and diabetes,

		while these two diseases are a risk for and worsen the prognosis of MASLD .Guidance on this from WHO is of importance to the hundreds of millions of people living with 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
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Enact “health-in-all” policies that create healthy environments in schools, workplaces, and communities, such as smoke-free zones, healthy food options, and physical activity spaces; Incorporate social prescribing, green space prescribing, and appropriate nutritional prescribing into routine clinical care through motivational interviewing. 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.
4c	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. y	Set standards for the interoperability of health information systems to effectively monitor multimorbidity; strengthen health information systems such that that they support effective management of health-related quality of life and/or long-term well-being 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
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	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
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	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>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.	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

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Further, given my background in HIV research and the earlier focus of my team on infectious disease, please also consider the following:

SLD and HIV

Steatotic liver disease (SLD) and metabolic-associated steatotic liver disease (MASLD) have become increasingly recognized as significant health issues among people living with HIV (PLHIV). The prevalence of MASLD among PLHIV is 38%.[1] Chronic inflammation associated with HIV and its treatment may exacerbate liver injury and accelerate dysfunction among those with SLD, while PLHIV and who have MASLD are at higher risk for cardiovascular diseases.[2] Treatment strategies for MASLD in the context of HIV have been explored, including semaglutide, a peptide-1 receptor agonist typically used to manage type 2 diabetes and obesity.[3] A MASLD clinical trial among PLHIV, the SLIM LIVER study, demonstrated a significant reduction in the severity of MASLD using semaglutide.[4] Steatosis significantly impacts the health-related quality of life (HRQoL) of PLHIV, particularly among those with older age and high BMI, and PLHIV commonly report worse outcomes on HRQoL dimensions such as mobility and pain or discomfort.[5]

[1] Manzano-Nunez R, Rivera-Esteban J, Navarro J, Bañares J, Sena E, Schattenberg JM, Lazarus JV, Curran A, Pericàs JM. Uncovering the NAFLD burden in people living with HIV from high- and middle-income nations: a meta-analysis with a data gap from Sub-Saharan Africa. *J Int AIDS Soc.* 2023;26(3):e26072. doi: 10.1002/jia2.26072.

[2] Wegermann, K., Moylan, C. & Naggie, S. Fatty Liver Disease: Enter the Metabolic Era. *Curr HIV/AIDS Rep.* 2023;20:405–418. doi: 10.1007/s11904-023-00669-7.

[3] Soto-Catalán M, Opazo-Ríos L, Quiceno H, Lázaro I, Moreno JA, Gómez-Guerrero C, Egido J, Mas-Fontao S. Semaglutide Improves Liver Steatosis and De Novo Lipogenesis Markers in Obese and Type-2-Diabetic Mice with Metabolic-Dysfunction-Associated Steatotic Liver Disease. *Int J Mol Sci.* 2024;25(5):2961. doi: 10.3390/ijms25052961.

[4] Lake et al. Semaglutide Reduces Metabolic-Associated Steatotic Liver Disease in People With HIV: The SLIM LIVER Study. Conference on Retroviruses and Opportunistic Infections in Denver, Colorado. Tuesday, March 5, 2024.

[5] Michel, M., Labenz, C., Anders, M. et al. Effect of hepatic steatosis and associated metabolic comorbidities on health-related quality of life in people living with HIV. *Hepatol Commun.* 2022;6, 2011–2021. doi:10.1002/hep4.1958.

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

Web-based consultation: Phase I (deadline 17 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.	The Network recognises the success of the WHO NCD-GAP and the evidence-based resources that the global action plan for the prevention and control of noncommunicable diseases provides, particularly in steering investment in specific areas of public health. However, there is clear scope for the WHO to support significant progress at a global level in addressing the burden on lung cancer, which is a key contributor to mortality in non-communicable diseases. Lung cancer accounts for 1 in 5 cancer-related deaths; in 2020 alone there were 2.2 million new diagnoses of lung cancer and 1.8 million deaths.¹ Over 40% of people with lung cancer are currently diagnosed at stage IV, where five-year survival is less than 10%.²⁻⁴ If diagnosed at an earlier stage (stage I and stage II), survival from lung cancer can be as high as 92%.⁵ Lung cancer is the fourth largest cause of death from NCDs globally, –following coronary artery disease, stroke and COPD – rendering it a policy priority as compared with other cancers (e.g. colorectal, breast and cervical cancer which rank 10th, 12th and 25th respectively according to the global deaths).⁶ The earlier detection of lung cancer is therefore vital to achieving the goal of reducing the burden of NCDs at global and national levels. Reducing the burden of cancer has become an international priority during the past decade, with ambitious targets set at a global level by organisations, such as the UN and WHO,^{7,8} that are mirrored at a regional and national level.^{9,10} Despite these commitments, it is estimated that the number of deaths from lung cancer could

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		increase by over 60% from 2020 to 2040,¹¹ rendering these targets unachievable without concerted action at the national level to increase earlier detection.¹² The earlier detection of lung cancer is therefore vital to meeting NCD and cancer control targets, as well as improving the experiences and outcomes of people with lung cancer.¹³ Early detection of lung cancer, achieved through low-dose computed tomography (LDCT) screening targeted to those at highest risk of the disease, can detect lung cancer at these early stages and improve treatment options, including those with curative intent, and long-term survival.^{12 13} While tobacco smoking remains a significant risk factor for lung cancer, epidemiology varies globally and other risk factors must be considered and appropriately reflected in prevention and early detection strategies.¹³ Other risk factors include age, air pollution, family history, exposure to carcinogens such as asbestos or radon, and history of other respiratory conditions (e.g. COPD).¹⁴ While specific action to address the global NCD burden will necessarily be designed and implemented according to local epidemiology and health systems, prioritising the prevention and early detection of lung cancer offers a significant opportunity to help improve outcomes and reduce cancer mortality.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Lung cancer must be prioritized within NCD prevention and control plans, including NCCPs, recognizing the significant opportunity for earlier detection presented by implementation of LDCT screening for lung cancer. Almost 20% of countries did not have a national cancer control plan in 2018, despite global recognition that national cancer control plans are a cornerstone of action to address the burden of cancer.^{15 16} Among countries that do have a national cancer control plan, many still do not include or prioritise lung cancer and even fewer specifically prioritise early detection of lung cancer.¹⁷ It is vital that health system leaders and decision-makers address these gaps by ensuring early detection is an integral feature of national cancer control plans. Ambitious steps must be taken to implement effective and nationally appropriate strategies, making use of existing tools to significantly improve survival from lung cancer.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Stronger emphasis must be placed on smoking cessation as a modifiable risk factor for lung cancer, whilst ensuring lung cancer and screening is framed around risk, to address stigma and appropriately reflect the changing epidemiology of the disease. Even though smoking rates are gradually declining,¹⁸ smoking is currently the leading risk factor for lung cancer.¹⁹⁻²¹ People who have previously smoked remain at high risk of lung cancer for many years after quitting.²² Given the prevalence of smoking across the world, smoking prevention and cessation services are an important pillar of action to address the global burden of lung cancer.¹³ Equally, however, it is important to accelerate early detection activities, including the implementation of low-dose computed tomography (LDCT) screening.¹³ The success of LDCT screening programmes for lung cancer can be amplified by integrating it with smoking cessation programmes.¹² Smoking cessation results in better clinical outcomes for people who participate in screening and improves

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		survival rates in people with lung cancer.¹² LDCT can also offer the opportunity to detect other common diseases, further increasing its efficiency and cost-effectiveness.¹³ The stigma associated with lung cancer because of smoking may be making people reluctant to access the services available for the detection and diagnosis of the disease.²³ Limited understanding of lung cancer is a common barrier to people accessing screening services and seeking medical attention for symptoms.²⁴ ²⁵Addressing these population-level awareness barriers could improve the earlier detection of lung cancer.^{26 27}
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 Lung Cancer Policy Network recognises the inequities in lung cancer incidence and outcomes and notes that action must be taken to ensure these inequities are addressed within broader prevention and control strategies, with adequate recognition in policy and provision of resources to support these plans. Socioeconomic inequalities result in significant gaps in survival, outcomes and quality of life for people diagnosed with lung cancer.¹³ Generally, people from lower socioeconomic backgrounds have worse outcomes from the disease.²⁸ Of all cancers, the disparities in mortality are greatest in lung cancer.²⁸ Ensuring equitable access to prevention and control programmes (such as a targeted LDCT screening) would help address health inequalities in lung cancer. It is important to implement symptomatic and non-symptomatic early detection approaches for lung cancer to reduce mortality and morbidity.¹³ Evidence clearly indicates that screening high-risk individuals using LDCT scans offers a safe and effective way to shift diagnosis to earlier stages and reduce mortality from lung cancer.¹² However, this is not feasible in all locations, particularly in lower- and middle-income countries.²⁹ As such, complementary approaches – such as incidental pulmonary nodule identification, management protocols and rapid referral pathways from primary to secondary care – will be key to improving early detection.²⁹⁻³² Many lower- and middle-income countries face specific challenges in cancer control such as fragmented and underfinanced public health systems, lack of awareness of lung cancer symptoms and poorly developed cancer registries.^{29 33-35} A lack of resources and available LDCT scanner pose particular challenges in implementing LDCT screening for lung cancer, as do a lack of specific data and local studies. Viable options to increase the early detection of lung cancer outside of organised screening programme include utilising chest X-ray and AI, rapid referral pathways and incidental nodule detection, as well as building campaigns on prevention and symptom awareness.¹³
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	The Lung Cancer Policy Network recognises that addressing the global burden of lung cancer will necessitate action to manage capacity concerns and constraints, and that approaches should be tailored at national level to ensure they meet the needs of local epidemiology and are embedded within health systems. National decision-makers should act to reduce mortality from lung cancer through the adoption of a comprehensive prevention and early detection strategy as part of NCCPs. While there is no single approach to detect lung cancer at an early stage,

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		there are various strategies available that collectively can constitute key components of a comprehensive strategy for early detection. ^{12 13 36} This should be adapted to the national context so ambitious and practical steps are supported to improve the earlier detection of lung cancer, ensuring the most efficient use of existing resources. ³⁷ The chosen approaches should take into account the local epidemiology of lung cancer, tailoring early detection tools to address inequities in access and care with a focus on the people who could benefit most.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	The global epidemiology of lung cancer is shifting, with increasing diagnosis in women and never smokers. The Lung Cancer Policy Network emphasises that these trends and their underlying causes must be monitored and well understood to ensure action on prevention and earlier detection is designed to meet the needs of those at risk of lung cancer and adapted to local contexts. Health registries that include the stage of detection of lung cancer should be established to accurately assess the burden of lung cancer, and measure the effects of prevention and earlier detection strategies. As a key metric for success: people diagnosed at stage IV have a five-year survival rate of less than 10% compared with up to 92% for people diagnosed at stage I.²⁻⁵ Shifting the stage to earlier diagnosis will improve outcomes and survival from the disease.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	

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Appendix

About the Lung Cancer Policy Network

The Lung Cancer Policy Network, established in 2021, is a global network of multidisciplinary experts from the lung cancer and oncology community. Our members include clinicians, researchers, patient organisations and representatives, and industry partners.

Together, we work to make lung cancer a global policy priority. We do this by supporting the lung cancer and oncology community with evidence-based research, insights from experts and actionable policy recommendations. We hope that this will empower them to make the case to policymakers about the benefits of implementing life-saving approaches, such as LDCT lung cancer screening.

We would like to highlight the following reports from the Network:

- [Lung cancer screening: learning from implementation](#): A report demonstrating different approaches to successful implementation of LDCT screening. The report has been translated into [Arabic](#), [French](#), [Simplified Chinese](#) and [Spanish](#).
- [Interactive map of lung cancer screening](#): The global interactive map of lung cancer screening showcases relevant ongoing and recently completed clinical trials, implementation studies and screening programmes.

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- [Lung cancer screening implementation toolkit](#), including an [implementation framework](#): This implementation toolkit supports those involved in the planning and delivery of screening programmes for lung cancer.
- [Care pathways for lung cancer: building a foundation for optimal care](#): A report that sets out tangible actions to help policymakers implement effective care pathways that support treatment and decision-making, which can improve the experience of care for people with lung cancer.
- [Increasing the earlier detection of lung cancer: a toolbox for change](#): A report that highlights the importance of earlier detection for improving outcomes for people with lung cancer. It outlines approaches and tools that can help drive a shift towards earlier detection and diagnosis.

Our global forum now counts over 70 expert members, speaking with a united voice to advocate for progress in lung cancer policy. We facilitate cooperation and knowledge exchange, enabling our members to share examples of best practice in the earlier detection and care of lung cancer. See members below as of June 2024:

Europe		
Name	Country	Affiliation
Jan van Meerbeeck	Belgium	University of Antwerp
Annemiek Snoeckx	Belgium	Antwerp University Hospital (UZA)
Ante Marušić	Croatia	University Hospital Centre Zagreb
Miroslav Samarzija	Croatia	University of Zagreb
Oluf Dimitri Røe	Norway	Aalborg University Hospital
Sébastien Couraud	France	Lyon Sud Hospital
Olivier Leleu	France	Centre Hospitalier d'Abbeville
Hans-Ulrich Kauczor	Germany	University Hospital Heidelberg
Anne-Marie Baird	Ireland	Lung Cancer Europe (LuCE)
Giorgio Scagliotti	Italy	University of Turin
Stefania Vallone	Italy	Women Against Lung Cancer in Europe (WALCE)
Giulia Veronesi	Italy	Vita-Salute San Raffaele University
Ugo Pastorino	Italy	The National Cancer Institute of Milan (INT)
Matthijs Oudkerk	Netherlands	University of Groningen
Mariusz Adamek	Poland	Medical University of Silesia
Witold Rzyman	Poland	Medical University of Gdańsk

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Ewelina Szmytko	Poland	LuCE
Edyta Surowska	Poland	Medical University of Gdańsk
Pilar Garrido	Spain	University of Alcalá
Luis Montuenga	Spain	University of Navarra
Vitali Grozman	Sweden	Karolinska Institutet
Ebba Hallersjö Hult	Sweden	Vision Zero Cancer
David Baldwin	UK	University of Nottingham
John Field	UK	University of Liverpool
Jesme Fox	UK	Roy Castle Lung Cancer Foundation
Lynsey Conway	UK	UK Lung Cancer Coalition
David Gilligan	UK	UK Lung Cancer Coalition
Luis Seijo	Spain	University of Navarra
Torsten Gerriet Blum	Germany	Lungenklinik Heckeshorn
Joanna Bidzińska	Poland	Medical University of Gdańsk
Derek Griffith	UK (Global)	Global Action on Men's Health
Korina Pateli-Bell	Greece	FairLife Lung Cancer Care
Asia Pacific		
Name	Country	Affiliation
Katrina Anderson	Australia	Cancer Australia
David CL Lam	Hong Kong	University of Hong Kong
Chunxue Bai	China	Chinese Alliance Against Lung Cancer
Dawei Yang	China	Chinese Alliance Against Lung Cancer
Pan-Chyr Yang	Taiwan	National Taiwan University
Sue Crengle	New Zealand	University of Otago
Anand Sachithanandan	Malaysia	Lung Cancer Network Malaysia
Dorith Shaham	Israel	Hadassah Medical Centre
Herbert Loong	Hong Kong	The Chinese University of Hong Kong

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Humaid Al Shamsi	United Arab Emirates	Burjeel Cancer Institute
Central and South America Pacific		
Name	Country	Affiliation
Lucia Viola	Colombia	Fundación Neumológica Colombiana
Ricardo Sales dos Santos	Brazil	Propulmão
Africa		
Name	Country	Affiliation
Lauren Pretorius	South Africa	Campaigning for Cancer
North America		
Name	Country	Affiliation
Joelle Fathi	US	GO2 Foundation
Stephen Lam	Canada	University of British Colombia
Carolyn (Bo) Aldigé	US	Prevent Cancer. Global Lung Cancer Coalition.
Andrea Borondy Kitts	US	Rescue Lung Society
Angela Criswell	US	GO2 Foundation
David Yankelevitz	US	Mount Sinai Hospital
Joelle Fathi	US	GO2 Foundation
Claudia Henschke	US	Mount Sinai Hospital
Ella Kazerooni	US	University of Michigan
David Yankelevitz	US	Mount Sinai Hospital
Tiffany Gowen	US	American College of Radiology
Fred Hirsch	US	Mount Sinai Hospital
Luis Raez	US	Memorial Cancer Institute
Andrea Nurko	US	American Lung Cancer Screening Initiative

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The Lung Cancer Policy Network is a global multi-stakeholder initiative set up by the Lung Ambition Alliance. The Network is funded by AstraZeneca, Guardant Health, Johnson & Johnson, MSD and Siemens Healthineers. Secretariat is provided by The Health Policy Partnership, an independent health research and policy consultancy. All Network outputs are non-promotional, evidence based and shaped by the members, who provide their time for free.

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Bologna 14 June 2024

Dear Madam, dear Sir,

I am herewith sending the opinion of the School of Specialization in Internal Medicine of the University of Bologna, Italy, in connection with the Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Yours sincerely

Prof. Fabio Piscaglia

Director, School of Specialization in Internal Medicine of the University of Bologna, Italy

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).



DIPARTIMENTO DI SCIENZE MEDICHE E CHIRURGICHE
SCUOLA DI SPECIALIZZAZIONE IN MEDICINA INTERNA

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.	

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 of Lungs Europe



[Lungs Europe](#) is a Brussels-based collaboration between the European Lung Foundation (ELF) and the European Respiratory Society (ERS). Established in November 2019, Lungs Europe allows ELF and ERS to work in partnership, and with other important organisations, to drive policy and the regulatory environment in support of lung health at the European level. It also facilitates multi-stakeholder participation in EU projects related to respiratory health and disease, and helps to inform public, professionals and patients on EU policy. It delivers on specific aspects of EU projects, such as stakeholder engagement, capacity building and communication and dissemination to all stakeholders.

#	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 GBD 2019 study estimates that over 91% of deaths and more than 87% of DALYs in the EU in 2019 are the result of non-communicable diseases (NCDs). As outlined in the NAC-GAP, there is a need raise the priority of NCD prevention and control. The interrelationships between prevention and control of NCDs need to be better understood. Better

		surveillance on NCDs can help for the assessments of these interlinkages and create better prevention and control plans at all levels. Additionally, evidence shows that prevention of NCDs is cost effective, averaging at a 5.6 return on investment and 10.9 when social benefits are included. For instance, at the EU level the Healthier together - EU Non-Communicable Diseases Initiative supports the implementation of effective policies addressing health determinants, cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, mental health and neurological disorders, and rare diseases. ERS and ELF contributed as a stakeholder to the creation of the Initiative in the field of chronic respiratory disease. Investment in any policies or actions which aim to reduce exposure of the public and respiratory patients to risk factors (including but not limited to tobacco, climate change, air pollution, reduced physical activity) together with prevention and screening interventions will reduce the incidence and burden of lung disease across all age groups – including children. Healthy lungs for life, a global public advocacy campaign run by the ERS and ELF which raises awareness of the importance of lung health through a range of events, projects and promotion activities, is a good example of an advocacy and cooperation on European level.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Countries should be supported in creation and implementation of national-level respiratory strategies based on best examples of policy and practice to improve the outcomes for people living with lung conditions and to prevent the development of diseases, with the participation of civil society, patients, and healthcare professionals in decision-making processes. Partnerships through projects facilitate exchange of best practices and implementation of new approaches e.g. upcoming member states' Joint Action on Chronic Respiratory Diseases (JARED) and health stakeholders project coordinated by Lungs Europe - LungHealth4Life, implementing health promotion and disease prevention activities in schools. The International Respiratory Coalition (IRC), a coalition of respiratory clinicians, patients and industry partners, provides support to the national respiratory coalitions towards creation and implementation of the

		national-level respiratory strategies with the goal to reduce respiratory disease-related mortality by a third globally by 2030 - in line with the UN Sustainable Development Goals.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Many environmental factors can impact lung health, such as air quality, climate change, wildfires, tobacco and electronic cigarettes exposure, etc. Ensuring clean air for all through legislations regulating air quality significantly reduce the risk of developing respiratory disease. Air pollution is the leading cause of early death in the EU, with around 300,000 premature deaths per year. In Europe, fine particulate matter air pollution (PM2.5) caused 412,000 premature deaths in 2020, and of these, 238,000 were at the levels above WHO 2021 AQG for PM2.5 of 5 µg/m3 (EEA, 2022). The Ambient Air Quality Directive, adopted by the European Parliament on the 24th of April is a step in the right direction for cleaner air, and a great example of modifiable risk factor reduction which will significantly help in preventing respiratory and other NCDs. The support towards implementation of tobacco-free generations strategies in European countries can help to create health-promoting environments and reduce the consequences of tobacco use for European population. Smoking is the largest risk factor for the development of NCDs. Countries should be supported in the implementation of effective tobacco control measures such as tobacco 21 policies as a steppingstone towards tobacco endgame, increasing tobacco taxation as well as including novel products under tobacco definitions. These measures are instrumental in reducing smoking prevalence and therefore reducing the risk of NCD development.
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.	Patient-centred care can support people to develop the knowledge, skills and confidence they need to make informed decisions and lead their own care. In this regard, dedicated patient programmes can provide required skills and empower them to represent themselves in implementation of health programmes. Additionally, governments should prioritise the integration of NCD care into health systems with a specific orientation towards social determinants of health as described by the NAC-GAP. Adequate financing needs to be allocated to ensure the training of healthcare professionals as well as adequate implementation of evidence-based strategies to prevent and control NCDs. Health systems should ensure the existence of appropriate pathways of care for those at risk of developing comorbidities.

5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	The research in lung health can enhance the knowledge to advance diagnosis and treatment in lung conditions. For example, the following areas of research may be prioritised: evaluating the impact of climate change on the respiratory field of children and adults, the growing impact of air-pollution on lung related illnesses and identification of risk factors for chronic lung diseases (including asthma, pulmonary vascular diseases).
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Surveillance of NCDs is instrumental in order to have available data on trends and determinants of NCDs. This is also crucial for the evaluation of progress on prevention and control. Lung disease screening programmes are crucial for early detection which can help prevent the onset of the disease or delay its progression. More effort should be done to create and implement such programmes at national level including funding of such programmes or pilots and gathering supporting cost-effectiveness data. For example, SOLACE is an EU pioneering project in the field of lung cancer screening that will provide a personalised toolbox to national and regional centres to facilitate the implementation of lung-cancer screening programmes across the EU, with a particular focus on groups that are at higher risk due to health inequalities.
*	<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.	In order to make more visible the mental health experiences of people with lung conditions and to tackle the impact on their everyday lives, the following priorities should be taken into consideration: accessibility of mental health services to everyone; support to people with mental health issues in the workplace, at school and at university; empowerment of the voices of people who face health issues; promotion of lifelong learning; mental support to caregivers.

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*.

#c	NCD-GAP objective	Comments on key priority areasc
1c	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. y	-Help countries strengthen communication exchange bridges between the public and government so people's needs are properly voiced and heard. I come from Spain, and 'bridges' are scarce, invisible and not advertised properly for people to use. -Urgently help incentivate populations' health and digital literacy increasing public and h/care professionals discourse, outside of their workplaces, and do follow-ups. Patient's societies are not enough to help 'prevent' disease.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	- Help encourage increased investment in Public Health in each country. Too much privatisation and neo-liberalism going on. -Allow Dental Hygienists & Therapists (like myself) and everyone working in prevention and lifestyle medicine to educate patients in different settings: lifestyle festivals, public forums, round tables, podcasts! Transparency is key to recover trust and to allow citizens' needed behavior change towards NCDs.
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	-There is a HUGE dental lobby obstaculising progress prevention measures in the dental field, globally: there must be a way to expose actors, including commercial actors involved and countries need to comply, please. Guidelines are NOT enough when urgent compliance is needed. Penalties should be imposed. - NCDs monitoring data could be picked up by dental hygienists and therapists in ALL settings under Direct Access (independently of dentists) and allow to spend more time with patients in practice(they are not, for business reasons in dental settings) but first,we need to standardise their scope of practice globally to the highest level (as in the UK)and allow them to prescribe and do what they do best:educating the patient in oral-systemic link/disease, prevention and monitoring disease(with or without technology). Allow them to travel globally to incentivate knowledge exchange and integrate them into research studies.
4c	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. y	-NCDs monitoring data could be picked up by dental hygienists and therapists in ALL settings under Direct Access (independently of dentists) and allow to spend more time with patients in practice(they are not, for business reasons in dental settings) but first,we need to standardise their scope of practice globally to the highest level (as in the UK)and allow them to prescribe and do what they do best:educating the patient in oral-systemic link/disease, prevention and monitoring disease(with or without technology). Allow them to travel globally to incentivate knowledge exchange and integrate them into research studies.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	-Make sure deeply fragmented countries like Spain (who STILL DOES NOT RECOGNISE and VALUE our profession) comply with data collection and indicators which could be centrally handled for analysis. We've made no progress in oral health disease prevention because we had no good or very scarce data collected, there is never enough money to invest in research, and we have not trained/educate/empowered and legally allowed hygienists there to sufficiently help patients prevent disease in the current system .
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	
*	<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.

Marlene Perez Figueroa

**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.	-OBESITY AND ITS CONSEQUENCES IN BOTH ADULT AND PEDIATRIC AGE -PROMOTE NEW MAFLD CLASSIFICATION -PROMOTE MEDICAL INSURANCE COVERAGE AND SOCIAL SECURITY FOR OBESITY-
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	-INCREASING UNITY AND ACTIONS THROUGH MINISTRIES OF HEALTH AND MEDICAL ASSOCIATIONS FOCUSED ON OBESITY, NUTRITION, GASTRO-HEPATOLOGY, ENDOCRINOLOGY
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	-RAISE PEOPLE'S AWARENESS (ADULTS AND CHILDREN) ABOUT BETTER EATING BEHAVIORS, PROMOTING THE REDUCTION OF 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.	-INCREASING UNITY AND ACTIONS THROUGH MINISTRIES OF HEALTH AND MEDICAL ASSOCIATIONS FOCUSED ON OBESITY, NUTRITION, GASTRO-HEPATOLOGY, ENDOCRINOLOGY
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	PROMOTE POPULATION CLINICAL STUDIES WITH ACTIONS THAT REDUCE RISK FACTORS THAT

		PROMOTE METABOLIC SYNDROME AND ASSESS RESPONSES
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	-risk factors for metabolic syndrome
*	<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.	promote favorable clinical response results, highlighting the best when the factors that lead to fatty liver disease are reversed

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

Maryam Alkhatry

1-We need to broaden our understanding of non-communicable diseases (NCDs) beyond the traditional 5x5 framework. This includes recognizing the significant impact of steatotic liver diseases (SLD), such as metabolic dysfunction-associated steatotic liver disease (MASLD) and metabolic dysfunction-associated steatohepatitis (MASH). These conditions contribute significantly to morbidity, mortality, and economic costs, and deserve greater attention in public health discussions.

2-The WHO should urgently update its strategic and technical guidance to include NCDs beyond the 5x5 framework. This will provide countries with clear guidance and support for a holistic and comprehensive approach to preventing and controlling NCDs, including steatotic liver disease (SLD) such as MASLD and MASH. This update is critical given the bi-directional relationship between various NCDs.

3-Accelerate efforts to address the commercial determinants of health, with a strong emphasis on political economy analysis and policy-making processes at national, regional, and global levels. Pay special attention to tackling disparities and inequities.

4-Accelerate efforts to develop person-centered care models that go beyond a mono-disease focus and address the complex interactions of multimorbidity. Practically, this involves creating screening and testing strategies for multimorbidity, such as liver fibrosis testing in diabetes care. This work should aim to identify and document good practices.

5-Promote implementation research to understand effective integrated health services interventions in real-world settings. Encourage research that addresses multiple chronic conditions, including liver disease, using holistic, person-centered, personalized, or whole-of-society approaches.

6-Create ways to make sure data collected through monitoring helps shape policies and practices quickly. Also, define measurements for multimorbidity, including liver disease, in people with multiple chronic conditions.

Additionally: Know that mental health and liver disease are closely linked, including stigma and discrimination about body image and alcohol use.

This article discusses renaming steatotic liver disease, like MASLD and MASH, to address discrimination and stigma associated with older terms used for liver diseases.

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

Web-based consultation: Phase I (1 May – 17 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 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. To build on existing recommendations we have reviewed 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.

These comments are supported by 33 other organisations, which have been listed at the end of the document in alphabetical order.

#	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>Background</i> The NCD-GAP objective 1 outlines actions for Member States (MS), WHO secretariat and international partners and the private sector to align NCDs with successful sustainable development, including economic development, environmental sustainability and social inclusion. The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 1 that the WHO secretariat and Member States find <u>sustainable funding mechanisms</u> to allow all for a dramatic acceleration of NCD implementation. In addition, the WHO secretariat was to undertake a <u>functional review to evaluate structure and capacity for providing technical support to NCD responses</u>. <i>Status</i>

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.

NCD key priority areas to catalyse action:

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.
- **Emergencies and Humanitarian settings:** Integrate NCD services throughout emergency cycles including in humanitarian settings, ensuring access to vital services such as primary care and medication, and reducing exposure to NCD risk factors.
- **Determinants of health:** Ensure government sectors beyond health develop policies and services to address the social, environmental, commercial and economic determinants of health, to reduce inequities in people's exposure to NCD risk factors and outcomes.
- **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.
- **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.
- **Planetary health:** Recognise the common drivers of the climate crisis and the NCD epidemic, notably the extraction and use of fossil fuels and the unsustainability of food systems leading to carbon emissions, air pollution and unhealthy diets, by incorporating

	health co-benefit considerations into climate action plans, including the National Determined Contributions (NDCs) of the United Nations Framework Convention on Climate Change (UNFCCC) Paris Agreement, and climate policy considerations into national NCD action plans. • Enhance coordination and cooperation among United Nations and other agencies, entities and frameworks that address the interface of health, climate change, biodiversity, business and human rights, environment, nutrition and emergency preparedness. <u>MOBILISE INVESTMENT: Provide sustainable financing for NCD across the full continuum of care that is sufficient to match the disease burden.</u> • Countries to commit to a set of global financing targets for NCD investment, informed by recommendations from the WHO and World Bank <i>International Dialogue on Sustainable Financing for NCDs and Mental Health</i> 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.

		o Support member state capacity development to secure climate finance for health-related projects. <u>WHO to further evaluate structure and capacity for providing technical support for NCD responses.</u> • 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.	<i>Background</i> The NCD-GAP objective 2 outlines actions for MS, WHO secretariat and international partners to support governments to address health inequities and social determinants of health. Although NCDs have generally been incorporated into national health plans (86% of countries), multisectoral action plans on NCDs are lacking in roughly half of countries. Multisectoral engagement and action is needed. The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 2 that the WHO secretariat and Member States consider <u>how to use limited financial resources available for NCDs by focusing on evidence-based cost-effective options</u>. In addition, WHO secretariat and Member States should consider how to effectively <u>promote multisectoral engagement</u>, continue implementing FENSA and for the secretariat to support MS with <u>meaningful engagement of civil society</u>. <i>Status</i> Despite clear recommendations on how to tackle NCDs and their risk factors, their implementation is off-track.

According to the [EB154 comprehensive overview report](#) only a total of 34 countries have implemented 10 or more of the commitments made on the prevention and control of NCDs, while 66 countries have implemented fewer than 5 commitments. No countries are on track to achieve all nine voluntary global targets for 2025 and only a total of 14 countries are on track to meet SDG target 3.4 for 2030. There is a clear misalignment of disease burden and national action.

NCD key priority areas to catalyse action:

ACCELERATE IMPLEMENTATION: Fast-track national implementation of evidence-based NCD policy recommendations to achieve progress on health and well-being for all, focusing first on those left furthest behind.

- 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 updated NCD “best buys” and other recommended interventions** of the WHO Global NCD Action Plan Appendix 3.
- 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.
- Implement **specific WHO initiatives and action plans** to reach specific targets for e.g. for diabetes, heart disease and hypertension, cancer, mental health, dementia, brain health, neurological conditions, obesity, oral health, access to medicines, alcohol, tobacco, unhealthy diets.

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

- Increase and optimize **domestic budgetary allocations** considering national disease burdens, the effectiveness of possible interventions, and the return on investment to address public health

needs and realize Universal Health Coverage (UHC).

- Optimally **implement fiscal measures for health** including excise taxes on unhealthy commodities such as tobacco, alcohol, and unhealthy food in line with best practices as well as phasing out subsidies for unhealthy commodities including fossil fuels as part of a comprehensive approach for increasing potential revenue for the prevention and care of NCD and health systems strengthening.
- Commit to **strengthening social and financial protection schemes, and service coverage** for NCDs to achieve UHC and minimize out-of-pocket expenditures for people living with NCD.

ENGAGE COMMUNITIES: Put people at the heart of the NCD response, supporting civil society, communities and people living with NCD to be advocates, engage with policy makers, and occupy key decision-making roles.

- Create and maintain a **safe, open and enabling environment** in which civil society including lived experience advocates can fully contribute to the formulation and implementation of the NCD response, and realize inclusive governance through social participation.
- **Promote and institutionalize the meaningful involvement of people living with NCD and civil society** in the development, implementation and monitoring of policies for stronger health governance and accountability, by drawing on the actions set out for Member States in the WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health and Neurological Conditions.
- **Engage and support** communities, civil society organisations, and People Living with NCD to lead and scale up the implementation of the NCD response, ensuring sufficient structural, technical and financial support.
- Develop **good governance mechanisms** to ensure **multi-stakeholder engagement** in NCD policymaking and programmes are **safeguarded against conflicts of interest**, to prevent and

		mitigate interference from health-harming industries.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	<i>Background</i> The NCD-GAP objective 3 outlines actions for MS, WHO secretariat and international partners to support governments to reduce exposure to modifiable risk factors and strengthen capacity of individuals and populations to make healthier choices, including legislative, regulatory, fiscal and health promotion measures, including addressing conflicts of interests. The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 3 that the WHO secretariat and Member States explore <u>why progress seen in tobacco control has not been seen in relation to other risk factors</u>. In addition, WHO secretariat and Member States should: - Consider how to effectively <u>promote multisectoral engagement</u>, in particular offering guidance on how Member States might <u>protect themselves from undue industry interference</u>. - Focus on how NCDs differentially affect different groups, in particular by <u>designing interventions addressing determinants of health</u>. - Work out how <u>air pollution</u> can be incorporated in practice with NCD-GAP. <i>Status</i> Tobacco remains the leading cause of premature death in the world, and while 60 countries are likely to achieve the tobacco use reduction target by 2025, there will be 1.27 billion people in the world still using tobacco. Globally, over 14% of adults were projected to be obese, with rates among children and adolescents are particularly concerning, as they have more than doubled since 2000. In 2019, air pollution caused approximately 6.7 million deaths, of which 85% are from NCDs. More than 9 in 10 people breathe air that is not healthy. The pace of reduction in alcohol consumption has been slow and uneven globally. The NCD Country Capacity Survey showed that there has been considerable progress in the percentage of countries who have set national NCD targets based on the WHO Global Monitoring Framework to well over half (56%) in 2020. Similar progress was seen in the percentage of countries who have operational

integrated, multi-sectoral action plans on NCDs. However, risk factor surveillance activities and public awareness campaigns have declined.

NCD key priority areas to catalyse action:

ACCELERATE IMPLEMENTATION: Fast-track national implementation of evidence-based NCD policy recommendations to achieve progress on health and well-being for all, focusing first on those left furthest behind.

- Further efforts and **technical support and financing** to implement and overcome identified barriers for realizing 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.
- Accelerate the **implementation of the WHO FCTC** by its States parties and encourage other countries to consider becoming parties to the Convention.
- Promote a well-being economy by **directing investments towards sectors and industries aligned with public health goals**, ensuring policy coherence, and safeguarding public procurement and partnerships against conflicts of interest.
- Promote **collaboration with relevant government sectors to implement population-wide interventions** that promote health equity and well-being.
- **Safeguard policymaking processes** addressing the determinants of health and aimed at transforming our economies from the **undue influence of health-harming industries**, such as those involved in fossil fuels, unhealthy foods, breastmilk substitutes, alcohol and tobacco products.
- Further **efforts and technical support** to implement recommendations outlined in the **WHO Commission on Social Determinants of Health** and the **WHO World Report on the Social Determinants of Health Equity (SDoHE)**.

BREAK DOWN SILOES: Bring NCD to the centre of global health and development agendas to

		<u>consolidate efforts and achieve more through integrated action.</u> • Align with efforts to address planetary health, including climate change and pollution by supporting explicit calls for reductions in the use of fossil fuels, integrating climate resilient health systems into UHC, calling for greater regulation of climate and health impact industries and proactive engagement with civil society organizations. • Recognize that, given the impact that other sectors' activities (finance, education, environment, transport, etc.) have on people's health outcomes, health for all should be factored not only in health ministries' budgets but also across the budgets of other ministries and government agencies. • Ensure government sectors beyond health develop policies and services to address the social, environmental, commercial and economic determinants of health, to reduce inequities in people's exposure to NCD risk factors and outcomes.
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>Background</i> The NCD-GAP objective 4 outlines actions for MS, WHO secretariat and international partners to ensure access, without discrimination or financial hardship, to promotive, preventive, curative, rehabilitative and palliative basic health services. These can be achieved through Universal Health Coverage, people-cantered primary health care and social protection mechanisms. The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 4 that the WHO secretariat and Member States to ensure those affected by NCDs <u>are diagnosed, receiving treatment and having their conditions controlled.</u> In addition, WHO secretariat and Member States to consider how to <u>effectively promote multisectoral engagement</u>, in particular <u>technical support on procurement of medicines and medical technology to support target 9 of 80% availability and affordability of basic technologies and essential medicines.</u> In addition, Member States and WHO secretariat to focus on how NCDs differentially affect different groups, in particular by <u>designing interventions addressing determinants of health.</u> <i>Status</i>

The global share of NCD deaths account for 74% of deaths, and 7 of the 10 leading causes of death in 2019 were NCDs. Progress is not comparable to that made for curbing communicable diseases and is unequal across regions and income groups. Deaths due to NCDs between the ages of 30 and 70 are rapidly increasing. The burden of disease experienced by people living with NCDs is also significant. Access to affordable diagnosis, treatment and care remains challenging and the majority of countries are experiencing worsening or no significant change in UHC since the launch of the SDGs in 2015. The [EB154 report](#) notes that management guidelines for the four major NCDs are more available than they were a decade ago, yet many low- and lower-middle-income countries still lack cancer screening programmes and many essential medicines. Universal Health Coverage (UHC), people-centred primary health care (PHC) and social protection are seen as key tools for improving access to care.

NCD key priority areas to catalyse action:

ACCELERATE IMPLEMENTATION: Fast-track national implementation of evidence-based NCD policy recommendations to achieve progress on health and well-being for all, focusing first on those left furthest behind.

- **Implement the WHO Package of Essential Noncommunicable Disease Interventions** (WHO PEN), and **PEN+** which builds on WHO PEN to incorporate NCD care at primary level hospitals for complex chronic NCDs in low-resource settings.
- Implement **specific WHO initiatives and action plans** to reach specific targets for e.g. for diabetes, heart disease and hypertension, cancer, mental health, dementia, brain health, neurological conditions, obesity, oral health, access to medicines, alcohol, tobacco, unhealthy diets.
- Promote **equitable access to NCD medicines and health products**, by including NCD in UHC health benefit packages based on evidence-based clinical practice guidelines, updated essential medicine and diagnostic lists, and rational selection and procurement of products, aligned with national health burdens.
- 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. • Ensure affordability of NCD health products to realise UHC and reduce out of pocket payments, by developing national pricing policies for NCD products, aligning with WHO guidelines on country pharmaceutical pricing policies. • Strengthen the healthcare workforce and health system infrastructure for effective health promotion, prevention and management of NCDs conditions.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	<i>Background</i> The NCD-GAP objective 5 outlines actions for MS, WHO secretariat and international partners to focus on needs-driven research on comparative, applied and operational research to translate knowledge into practice and accelerate action. Prioritised areas include placing NCDs in global development agenda and monitoring, understanding and influencing multisectoral, macroeconomic and social determinants, translation and health system research for global application of cost-effective strategies and enabling access to expensive but effective interventions. The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 5 that the WHO secretariat and Member States to determine <u>how the priority of NCD research can be raised</u>. <i>Status</i> According to the evaluation, little progress has been made on this objective. The WHO Technical Advisory Group on NCD-related research and innovation (TAG-NCD R&I) was established in July 2021. The TAG-NCD R&I has identified key areas for the Secretariat to support; identifying research gaps and priorities, capacity strengthening, and advocacy for resources. A subgroup of the TAG-NCD R&I is working with the Secretariat to support Member States to conduct NCD-related implementation research, focusing on NCD integration in primary health care through WHO technical packages. Implementation research activities in the past year include training workshops, tailored technical support to refine research proposals, and development of practical resources to assist implementers and researchers. <i>NCD key priority areas to catalyse action:</i>

		<u>ACCELERATE IMPLEMENTATION: Fast-track national implementation of evidence-based NCD policy recommendations to achieve progress on health and well-being for all, focusing first on those left furthest behind.</u> • Develop an updated prioritised research agenda for NCDs to support the achievement of existing commitments and the integration of NCDs with the delivery of other relevant development goals and commitments. • Support quality implementation research to support development and delivery of cost-effective pathways for the prevention and care for NCDs and enabling access to expensive but effective interventions.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	<i>Background</i> The NCD-GAP objective 6 actions for Member States, WHO secretariat and international partners to monitor and progress using the Global Monitoring Framework and regionally and nationally specific situations. To date, actions under this objective are not sufficient to monitor NCD progress. A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 6 that the WHO secretariat and Member States to consider ways in which <u>monitoring, and surveillance can be further strengthened</u>—a process that should be transparent and inclusive. In addition, Member States and the WHO secretariat should focus on how <u>NCDs differentially affect different groups</u>, in particular through supporting <u>disaggregated data collection and analysis</u> for vulnerable groups. <i>Status</i> At EB154, the WHO secretariat indicated that the Global Monitoring Framework will be refined and updated to consider a timeframe up to 2050. Global targets are necessary for progress, however the NCD indicators used to track progress must be aligned with the overarching goals. Several other monitoring frameworks exist both by the WHO, national or independent entities, either focused on different aspects (e.g. epidemiology, policies, systems), stakeholders (governments, health systems, population surveys) and disease areas or risk factors. Simplifying the framework, defining parameters, ensuring quality of data and feasibility of data

	collection all remain challenging but crucial for accountability. <i>NCD key priority areas to catalyse action:</i> <i><u>DELIVER ACCOUNTABILITY: Track, measure and fulfil commitments on NCD prevention and care in the lead up to 2025, 2030 and beyond.</u></i> • 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. • 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. • Establish and strengthen inclusive accountability mechanisms at national and regional levels with the participation of civil society and People Living with NCDs, safeguarding against conflicts of interest and implementing access-to-information legislation. • Increase NCD financing data collection, transparency, and accountability within integrated health systems and cross-government multi-sectoral action on NCDs. • Establish a more comprehensive set of indicators within the UHC service coverage index, including indicators on clinical and patient centric outcomes for NCD care, potentially based on service delivery and treatment outcomes at primary healthcare level. • Include comprehensive NCDs data in country's voluntary national review (VNR). This data should be reported back annually at the High-Level Political Forum on Sustainable Development (HLPF) for reviewing global progress on the Sustainable Development Goals.

		- Commit to convene the next UN General Assembly High-Level Meeting on NCDs before 2030, to focus on driving progress and continue to contribute to progress on the 2030 Agenda for Sustainable Development. Integrate goals and targets for NCD within the framework of the global health and development agendas beyond 2030.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	<i>Background</i> The A74/10 Add.1 mid-point evaluation of NCD-GAP noted that there is a need to work out <u>how mental health can be incorporated in practice with NCD-GAP</u>, including consideration for operating models and monitoring systems. <i>Status</i> Nearly 1 billion people live with a mental disorder, including around 8% of young children and 14% of adolescents. Approximately 82% of these people live in low- and middle-income countries. While the majority of WHO Member States indicated the existence of mental health policies or plans, only a third reported these were being implemented. Member States also reported a median allocation of just 2% of health budgets to mental health. Neurological disorders are the leading cause of disability-adjusted life years (DALYs) and second leading cause of death. The five largest contributors of neurological DALYs in are stroke, migraine, dementia, meningitis and epilepsy. Currently neurological conditions are incorporated by WHO into the broader term of mental health conditions. However, neurological disorders are distinct from mental health conditions, and the terminology should be clarified. <i>NCDs key priority areas to catalyse action:</i> <u>BREAK DOWN SILOES: Bring NCD to the centre of global health and development agendas to consolidate efforts and achieve more through integrated action.</u> Recognise the close alignment between brain health (which includes healthy practices, prevention, mental health and neurological conditions) and physical health, including common risk factors and interlinked comorbidities.

		• Ensure WHO and national initiatives and action plans focused on NCDs and their risk factors incorporate brain health, and those focused on mental health and neurological conditions recognise NCD comorbidities and common risk factors. • Identify unique or enhanced areas of challenge experienced by people with mental health or neurological conditions to ensure these are incorporated into global and national action. These may include stigma and discrimination, and access to different types of health services. • Ensure continued commitment to complementary and consolidated reporting on NCDs, including mental health and neurological conditions.

The following organisations support NCD Alliance’s response to this consultation:

Alianza ENT Uruguay

Australian Chronic Disease Prevention Alliance (ACDPA)

Bangladesh NCD Forum

Burundi NCD Alliance

Cancer Research UK

CLAS Coalition for Americas' Health

Eminence Associates for Social Development

European Federation for Neurological Associations (EFNA)

Ghana NCD Alliance

Healthy Caribbean Coalition (HCC)

Healthy India Alliance

International Federation of Psoriasis Associations

International Society of Nephrology (ISN)

Japan NCD Alliance

McCabe Centre for Law and Cancer

NCD Alliance East Africa

NCD Alliance Malawi

NCDI Poverty Network

OMIS (Multidisciplinary Organization for Social Integration)

OneNeurology

Rwanda NCD Alliance

South East Asia Regional NCD Alliance

Tanzania NCD Alliance (TANCDA)

The Africa NCDs Network

The Cameroon Civil Society NCD Alliance

The George Institute for Global Health

The International Association for Dental Research (IADR)

The Zambia NCD Alliance (ZANACODA)

Unesco University Committee/Club for the Fight Against Drugs and other pandemics (CLUCOD)

United for Global Mental Health

Wale Action Sante Population

World Cancer Research Fund International

World Stroke Organization

Lisa B. VanWagner, M.D., M.Sc. FAST FAHA

Associate Professor
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Department of Internal Medicine
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UN General Assembly on the Prevention and Control of NCDs

Re: WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030, Metabolic dysfunction associated steatotic liver disease (MASLD)

To Whom it May Concern,

The following table illustrates the key priority areas aligned with the NCD-GAP objectives for steatotic liver diseases (SLD), particularly MASLD.

#	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

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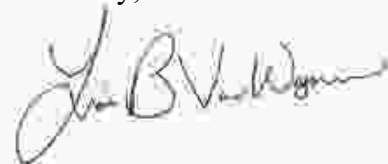
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		testing in diabetes care). This work should aim to surface and document pockets of good practise.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Promote 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.	

Thank you for your time and consideration of further advocacy for improving MASLD awareness globally.

Sincerely,



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Associate Professor
Director of Clinical Research
Division of Digestive & Liver Diseases

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

Web-based consultation: Phase I (June 2024)

The Distilled Spirits Council of the United States (DISCUS) is pleased to submit the following in preparation for the World Health Organization's (WHO) 2025 World Health Assembly (WHA), "*Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*" (the High-level NCD Meeting).

DISCUS is the national trade association representing producers and marketers of distilled spirits products in the United States (U.S.). As an industry, we are committed to combatting the harmful use of alcohol in all forms. We acknowledge that beverage alcohol products can be abused and result in harm. For these reasons, throughout the decades, we have focused upon and pursued solutions that effectively address and combat the harmful use of alcohol. We fully support the public health objective of combating all forms of harmful drinking and, for individuals of legal drinking age who choose to drink, encouraging moderate alcohol consumption. Some individuals should not consume alcohol at all, and we support that decision.

2013-2030 WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases: General comments on key priority areas in the WHO-Director General's report

The *WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030* ([NCD-GAP](#)) outlines key priority areas in addressing NCDs and will provide a road map and a menu of policy options for Member States (MS) and stakeholders at all levels – including economic operators (EOs) – to accelerate progress on the prevention and control of NCDs.

The NCD-GAP should focus on ways to implement and accelerate the calls to action in the 2010 Global Strategy to Reduce the Harmful Use of Alcohol (Global Strategy), the 2022 Global Action Plan to Strengthen Implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Global Action Plan), the NCD Global Monitoring Framework, and the 2018 UN Political Declaration on the Prevention and Control of Non-Communicable Diseases (UN Political Declaration on NCDs).

Specifically, DISCUS requests that the following recommendations be included in WHO Director-General's report for the High-level NCD Meeting:

- **NCD-GAP Objective 2:** Be consistent with and retain the full menu of policy options in the Global Action Plan and should remain focused on efforts to address global health matters versus proposing actions or regulations beyond its core remit;
- **NCD-GAP Objective 3:** Acknowledge the roles that all stakeholders – including economic operators – play in facilitating public policy and supporting public health interventions; and
- **NCD-GAP Objective 6:** Remain focused on targeting harmful use, with regards to the topic of alcohol consumption, and should not establish new implementation goals or indicators.

Additional comments on specific NCD-GAP objectives are below.

# 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 NCD-GAP should be consistent with and retain the full menu of policy options in the Global Action Plan and should remain focused on efforts to address global health matters versus proposing actions or regulations beyond its core remit. The NCD-GAP should retain options for MS to implement the Global Action Plan, as appropriate and feasible within each national context, and should focus on ways to strengthen the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol. It should not promote specific strategies or limit the ability to implement the full set of options in the Global Action Plan. <i>See additional details and examples in Annex 2 below.</i>
3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	The NCD-GAP should acknowledge the roles that all stakeholders – including economic operators – play in facilitating public policy and supporting public health interventions. The NCD-GAP should align with the whole-of-society approach to addressing NCDs, and references to EOs should reflect the positive, constructive contributions EOs can offer. For example, the NCD-GAP should include a defined role for EOs allowing for contributions to the development and implementation of policy, as well as to other efforts, such as capacity-building. <i>See additional details and examples in Annex 3 below.</i>
6 To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	The NCD-GAP should remain focused on targeting harmful use, with regards to the topic of alcohol consumption, and should not establish new implementation goals or indicators. The NCD-GAP should present targets and indicators consistent with the Global Strategy to Reduce the Harmful Use of Alcohol and Global Action Plan (e.g., heavy episodic drinking and alcohol-related morbidity and mortality). It should not make recommendations aimed at reducing consumption per se and should omit reference to new related targets. <i>See additional details and examples in Annex 6 below.</i>

Annex 2: The NCD-GAP should be consistent with and retain the full menu of policy options in the Global Action Plan and should remain focused on efforts to address global health matters versus proposing actions or regulations beyond its core remit.

The Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030 (NCD-GAP) should center on ways to strengthen the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Global Strategy). The Global Strategy has been successful in drawing greater attention worldwide to the harmful use of alcohol, and meaningful results have been achieved in its implementation. It includes important policy options and evidence-based strategies for community intervention (e.g., Screening and Brief Intervention). Examples of how the distilled spirits industry has worked to address NCD targets include:

- Drink Driving. Since 2010, the Foundation for Advancing Alcohol Responsibility, now known as Responsibility.org, has led the fight to eliminate drunk driving and promote responsible decision-making regarding beverage alcohol. Responsibility.org is supported by 13 of America’s leading distillers, many of which are also members of DISCUS, that lead with a strong commitment to responsibility. Examples of these efforts include:
 - Responsibility.org has worked with the U.S. National District Attorneys Association to design and implement a [free online CLE credit course to train new prosecutors how to prosecute Driving Under the Influence \(DUI\) cases](#). In 2021 they released a pretrial services guide to assist criminal justice practitioners in understanding what actions can be taken to prevent DUI and rehabilitate offenders before they go to trial, increasing public safety.
 - Responsibility.org also worked with the National Association of State Judicial Educators to train judges across the U.S. on the importance of comprehensive DUI sentencing and formed a national Judicial Advisory Board composed of 20+ of the nation’s most innovative judges and judicial educators. This board has developed numerous training guides for judges, prosecutors, community supervision, and law enforcement. And, in 2020, they worked with an expert advisory panel to launch the [high-risk impaired driver program](#) which provides a detailed understanding of the phases of the DUI system and of the key challenges and solutions needed in each phase to reduce recidivism.
 - In 2000, DISCUS and Responsibility.org began working with Mothers Against Drunk Driving (MADD). In the years since, DISCUS and Responsibility.org have continued to work with MADD and other traffic safety advocates to pass laws that mandate the use of ignition interlocks for all DUI offenders to ensure they do not drive drunk. In 2021, DISCUS and Responsibility.org again partnered with MADD to advocate for federal legislation to implement advanced technology in all new vehicles to prevent impaired driving. This legislation¹ would save nearly 10,000 lives in the U.S. every year and was incorporated into the Bipartisan Infrastructure Investment and Jobs Act, which was passed by the Senate on August 10, 2021.
 - In 2021, DISCUS and Responsibility.org supported federal legislation to address multiple substance impaired driving and, to support it, built a coalition along with AAA, Abbott, the Beer Institute, MADD, Governors Highway Safety Association, National Safety Council, National District Attorneys Association, National Sheriffs Association, SADD and the

¹ The RIDE Act is a technology-neutral approach that mandates a rulemaking process at the National Highway Traffic Safety Administration (NHTSA). This will allow the best technologies to be tested and to determine their feasibility, and ultimately help ensure installation of this lifesaving technology throughout new vehicles. The House companion bill, the Honoring Abbas Family Legacy to Terminate Drunk Driving Act, referred to as the HALT Act, already passed the U.S. House of Representatives last year as part of the transportation infrastructure bill and was reintroduced (H.R. 2138) in the 117th Congress on March 23, 2021.

Coalition for Cannabis Policy Education and Regulation. This legislation was also incorporated into the Bipartisan Infrastructure Investment and Jobs Act, which was passed by the Senate on August 10, 2021.

- o Over the past 10 years, Responsibility.org has worked with experts from Harvard Medical School's Division on Addiction to develop the [Computerized Assessment and Referral System \(CARS\)](#), a screening and assessment tool that quickly identifies substance use and mental health disorders. This free tool is one of only three to be validated among DUI offenders and is currently used in the U.S. court system and by state highway safety offices to identify DUI offenders who are likely to re-offend, are in need of treatment, or both.
- o In 2021, Responsibility.org partnered with University of Wisconsin's State Lab of Hygiene to create a [Traffic Safety Resource Toxicologist program](#), a multi-year national assessment of forensic toxicology laboratories. The program will 1) identify challenges, successes, gaps, and funding issues related to impaired driving testing and data; and 2) help standardize testing protocols for DUI evidence.
- Underage Drinking. Responsibility.org has developed numerous programs that have shown success in reducing the harmful consumption of alcohol (especially among youth), including:
 - o [Alcohol101+™](#) is an interactive free digital program which helps students make safe and responsible decisions about alcohol on college campuses. The program builds knowledge to support responsible decision making and includes an interactive alcohol education game which teaches the user about how alcohol affects an individual's health, performance, dangers of underage and hazardous drinking and decision-making. The program also provides students with personalized feedback about their drinking behaviors and risk factors, and enables educators to gather real-time data on students' alcohol usage, trends attitudes and intentions, and track learning gains and attitudinal change while providing metrics and analytics that can be used to translate knowledge into impact on their campus.
 - o [Parents, You're Not Done Yet](#), provides parents with tools for conversations about alcohol with their kids before and after they head to college or make their way in the real world.
 - o [The Virtual Bar](#), a blood alcohol content (BAC) calculator, utilizes the latest science to help people get a better understanding of how different factors affect their BAC depending on the person's gender, weight, the food one eats, and what and how one drinks throughout the night, as well as other important variables. It also gives a sense of how long it would take for someone's BAC to return to 0.00, which may be surprising.
 - o [Ask, Listen, Learn](#), a neuroscience-focused program that teaches 9- to 12-year-olds about alcohol's impact on the developing brain through an innovative series of animated videos and corresponding lesson plans aligned with educational standards. *Ask, Listen, Learn* partners with an array of organizations including Discovery Education, the American School Counselor Association, National Association of School Nurses, and Classroom Champions. Since 2015, *Ask, Listen, Learn* has also been implemented outside the U.S., in multiple Caribbean countries and Cameroon. In 2020, *Ask, Listen, Learn* introduced an additional video and lesson plan that focused on underage cannabis and the developing brain.
 - [Talk with Your Kids About Alcohol \(Spanish Version\)](#)
 - [You Are What You Drink](#)
 - [Scholastic Posters and Lessons for the Classroom](#)

As evidenced above, a multilateral approach with a flexible menu of options that takes into account national and local context helps to address NCDs. The NCD-GAP should not deviate from these key tenets. Further, it should not promote specific strategies or limit the ability to implement the options in the Global Action Plan, which states: “...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.”

To be most effective, the NCD-GAP should retain options for Member States (MS) to implement the Global Action Plan 2022-2030 to Strengthen Implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Global Action Plan), the NCD Global Monitoring Framework, and the UN Political Declaration on the Prevention and Control of Non-Communicable Diseases (UN Political Declaration on NCDs), as appropriate and feasible within each national context.

Annex 3: The NCD-GAP should acknowledge the roles that all stakeholders – including economic operators – play in facilitating public policy and supporting public health interventions.

The NCD-GAP should offer NCD prevention policies and strategies for Member States and stakeholders at all levels – including economic operators (EOs). It is critical that the NCD-GAP align with the whole-of-society approach to addressing NCDs, and references to EOs should reflect the positive, constructive contributions EOs can offer. For example, the NCD-GAP should include a defined role for EOs allowing for contributions to the development and implementation of policy, as well as to other efforts, such as capacity-building. While it is important that industry action not undermine public health goals, it is also important to implement a whole-of society approach to effectively prevent and control of NCDs.

The NCD-GAP should include multilateral strategies for addressing NCDs and should recognize the positive contribution of the private sector. An example of this can be seen from the implementation of the 2018 UN Political Declaration NCDs, which called on EOs in the alcohol industry to “take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors.” Specific examples of recent actions that DISCUS and DISCUS partners have taken include:

- Responsibility Initiatives.
 - o In 2021, DISCUS partnered with the U.S. Department of Agriculture to help promote the 2020-2025 Dietary Guidelines for Americans, which include recommendations on alcohol consumption for those who choose to drink. This strategic partnership with USDA includes the production of [educational materials](#) that focus on subjects like moderate/responsible consumption, as well as science-based fact sheets on topics such as Standard Drink Equivalency that help to amplify Dietary Guidelines recommendations with new and different audiences. The partnership adds to a long history of supporting USDA, beginning in 2008 when DISCUS was a Charter Member of the MyPyramid Partnership and Corporate Challenge. DISCUS also collaborated with USDA on the Educational Tool Kit on Beverage Alcohol Consumption with Standard Drinks, which provided health professionals with evidence-based resources to promote the alcohol recommendation from the Dietary Guidelines and to provide patients with tools to identify and reduce alcohol abuse.
 - o [We Don't Serve Teens](#) is Responsibility.org’s public awareness campaign designed in partnership with the Federal Trade Commission to prevent underage drinking by informing adults that providing underage drinkers with alcohol is unsafe, illegal, and irresponsible. The campaign encourages parents to start and continue a dialogue with their teen about the

dangers of underage drinking by reminding parents that turning a blind eye is as irresponsible as putting a drink in their hands

- Marketing and Advertising.
 - Within months of the repeal of Prohibition, leaders in the distilled spirits industry approved their first voluntary [Code of Responsible Practices](#). Throughout the decades, the Code has embodied high standards and a commitment to responsibility. The [DISCUS Code of Responsible Practices](#) applies to all activities in the U.S. undertaken to advertise and market distilled spirits, as well as beer and wine brands marketed by DISCUS members and distilled spirits brands of non-DISCUS members. The Code covers the responsible placement and content of beverage alcohol advertising and marketing materials, as well as:
 - [Digital & Social Media Guidelines](#)
 - [Media Buying Guidelines](#)
 - [Crossover Products Responsible Marketing Guidance](#)
 - [Social Media Platform Alcohol Policies](#)
- Labeling.
 - In 2022, DISCUS members committed to include “serving facts” information on product labels, in addition to the other information already provided to consumers on the labeling of distilled spirits products, such as alcohol content, defined class and type, and statement of composition. This commitment supported the [White House Conference on Hunger, Nutrition and Health](#)’s pillar to empower consumers to make healthy choices and foster environments that enable people to easily make informed healthy choices. As part of this stakeholder commitment, all spirits products distributed in the U.S. by DISCUS members will include the following (either on the label or via URL/scannable code), starting June 2024:
 - Serving size
 - Number of calories per serving size
 - Grams of carbohydrates per serving size
 - Grams of protein per serving size
 - Grams of fat per serving size
 - Additionally, DISCUS is a member of the [International Alliance for Responsible Drinking \(IARD\)](#). IARD Members have committed to including age-restriction warnings on their products. In 2024, more than a billion beer, wine, and spirits product labels will carry these warnings. Further information against drinking during pregnancy and driving while intoxicated is being added to labels, in addition to calorie and alcohol-by-volume (ABV) indications.

Recognition of the constructive actions taken by EOs will help encourage further positive actions. To achieve successful prevention and control of NCDs, the NCD-GAP must include multilateral strategies to allow Member States and stakeholders to achieve the goal of reducing the harmful use of alcohol. Further, in the development of the NCD-GAP – and beyond – the WHO Secretariat should honor its commitment to engaging in regular dialogues with EOs.

Annex 6: The NCD-GAP should remain focused on targeting harmful use, with regards to the topic of alcohol consumption, and should not establish new implementation goals or indicators.

At the World Health Assembly in May 2013, Member States (MS) approved the NCD Global Monitoring Framework, which included targets and indicators focused primarily on the harmful use of alcohol (*versus* all alcohol consumption). MS have endorsed this approach on numerous occasions over the past

few decades, including in the 2010 Global Strategy, the 2022 Global Action Plan, and the 2018 Political Declaration on NCDs. The three alcohol indicators in the Framework 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; and*
- *Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context.*

The NCD-GAP should present targets and indicators consistent with this framework, as well as with the Global Strategy, Global Action Plan, and UN Political Declaration on NCDs. It should not make recommendations aimed at reducing consumption per se and should omit reference to new related targets. Key considerations for the NCD GAP targets and indicators include:

1. Appropriate and High-Quality Data: The NCD-GAP should reflect the Member State mandate to focus on harmful use of alcohol, which should be measured with appropriate and high-quality data. Alcohol data should not solely rely on per capita sales data as a proxy for consumption, as this does not take into account important public health concerns, including harmful drinking patterns (e.g., binge drinking) and illicit or unrecorded alcohol use.
2. Consistent and Achievable Targets: The 2010 Global Strategy established a target of a 10% reduction in harmful use of alcohol by 2025. This target was amended in the 2022 Global Action Plan to 20% by 2030; however, it is unclear how this new target was developed and whether or not it is achievable.

NCD-GAP policies, strategies, and public health goals should be based on the best available evidence and should stay focused on the important shared goal of combatting the harmful use of alcohol in all forms. The NCD GAP should prioritize the use of appropriate and high-quality data to monitor indicator trends and to assess target status as a means of addressing the determinants of noncommunicable diseases.

CONCLUSION

The NCD-GAP will represent a key document to inform the 2025 UN Political Declaration on the Prevention and Control of Non-Communicable Diseases. As such, it is critical that the NCD-GAP reflect the guiding aims of the Global Strategy, Global Action Plan, and UN Sustainable Development Goals. The NCD-GAP should adhere to Member State mandates and should reflect input from all stakeholders – including Economic Operators – and successful multilateral negotiation.

On behalf of U.S. producers, marketers, importers, and exporters of distilled spirits products, DISCUS would like to thank the WHO for the opportunity to provide recommendations about how the distilled spirits industry – and the alcohol industry, as a whole – can continue to contribute to the prevention and control of NCDs, and, in particular, to reductions in the harmful use of alcohol.

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^C

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. y	Our comments relate to efforts to support cancer prevention and survivorship. World Cancer Research Fund (WCRF) International is a leading authority on the links between diet, nutrition, weight and physical activity and cancer. We are a not-for-profit organisation in official relations with the World Health Organization (WHO) since 2016. We work with partners around the world to promote policies that prevent cancer and other non-communicable diseases. Cancer prevention should be a core priority for all governments. The global cancer burden is growing: there are an estimated 20 million new cancer cases per year¹, and it is predicted to rise to 35 million by 2050 (77% increase). Approximately 1 in 5 people are developing cancer in their lifetime, with vulnerable populations being disproportionately impacted. There is an urgent need to address cancer risk factors, including health inequities. National responses to cancer and NCDs remain grossly underfunded to address this growing burden. There are 41 million deaths from NCDs every year, and is expected to rise to 52 million by 2030²—with the majority of premature deaths occurring in low- and

¹ WHO. *Global Cancer Burden Growing, amidst Mounting Need for Services*. <https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services>

² NCD Alliance. *Financing NCDs*. <https://ncdalliance.org/why-ncds/financing-ncds>

	middle-income countries (LMICs). Despite this, only 1-2% of global financing investment for health has been allocated to address NCDs³. The cost of NCDs further deepens this deficit to society. Direct and indirect costs, including healthcare expenditure and loss of human capital and productivity, has been estimated to cost more than US\$2 trillion per year². Out-of-pocket expenditures push millions into medical poverty each year. And, beyond the economic costs to society, the negative impacts NCDs are having on quality of life and livelihoods are both staggering and deeply impactful to individuals and families all over the world. Sustainable financing and investment in NCD prevention and control must be prioritized and established across global, regional and national health agendas. To support the 14th General Programme of Work (GPW14), that was agreed upon by Member States at the 77th World Health Assembly, WHO's Investment Round should commit allocation of funding to directly and sustainably address NCDs, their risk factors, and the wider determinants of health. Further, funding commitments should also be made to invest in universal health (UHC) coverage and expansion of primary health care provision globally. National governments, including heads of state, should strongly reaffirm their political commitment to the implementation of the 2011 political declaration on the prevention and control of NCDs, as well as the outcome documents from 2014 and 2018's high-level meetings of the General Assembly. Commitments should also be made for representation and participation of Heads of State and governments at the high-level meeting on NCDs in September 2025. WHO should take a convening role to strengthen and support international cooperation and advocacy. Providing technical support, as well as facilitating coordination, collaboration and cooperation between Member States, UN Agencies, civil society and private sector (where appropriate) would help to enable engagement with GPW14's commitments to addressing NCDs, their risk factors, and determinants of health. Further, NCD prevention efforts should be aligned with efforts to address planetary health, climate change, and reduction in air pollution. WHO should also provide support to strengthen capacity in countries to implement best buy policies.

³ WHO. Global NCD Compact 2020-2030. <https://www.who.int/initiatives/global-noncommunicable-diseases-compact-2020-2030>

		Our evidence shows that approximately 40% of cancers are preventable⁴. To address the links between diet, weight, physical activity, alcohol intake, breastfeeding, and cancer risk, evidence-based policies like the best buys would support improving access to healthy diets, increase rates of physical activity, and reduce 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.y	In order to achieve Objective 2, it is necessary to take a health-in-all policies approach. Within the health sector, countries should develop national cancer strategies and plans that emphasize the importance of prevention. Setting targets and indicators on progress should be established. Overall, prevention and control of NCDs should be incorporated into national health plans, as part of plans to increase investment in UHC and people-centred primary health care. Setting deadlines for development and implementation will help to accelerate action in these areas. Beyond the health sector, multisectoral stakeholders must be able to recognize their own role in impacting and improving health outcomes. Engaging with various ministries and forming coalitions and alliances within governments can help champion advancements in policies that support cancer and other NCD prevention and control. For example, this can include ministries such as transport (e.g. improving access to active transport), trade (e.g. health warning and front-of-pack labels), and finance and economics (e.g. the direct and indirect costs of inaction and burden of disease on society). WHO can support further action to achieve Objective 2 by providing technical support and facilitating regular inter-country dialogues on NCDs, setting short and long-term objectives (that go beyond election terms), to find ways to develop and implement policies that can sustainably address NCDs. Dissemination of case studies and best practices would also help to provide a roadmap for countries to develop, implement and adapt prevention strategies to their own country-context. Benchmarking and evaluation tools (such as the CO-CREATE country snapshots, which are assessments of diet and physical activity policy design of 30 European countries) can help to evaluate the need

⁴ WCRF International. *About Our Cancer Prevention Recommendations*. <https://www.wcrf.org/diet-activity-and-cancer/cancer-prevention-recommendations/about-our-cancer-prevention-recommendations/>

		for increased and/or improved policies, and incentivize national action. In some cases, collection and dissemination of legal arguments to help pass legislation and combat interference from industry would be beneficial to support governments in implementing best buy policies in their own countries. Our Building Momentum report series could also assist policymakers in this area, as they detail country experiences in policy design and implementation, and overcoming industry interference. Supporting existing WHO initiatives and engaging more deeply at a country level would also be beneficial for advancing NCD prevention and control, such as the WHO Acceleration Plan to STOP Obesity. Obesity is linked to the development of 13 different types of cancers, and a predominant risk factor for other NCDs. Building capacity and scaling up interventions within committed front-runner countries would be beneficial to help reduce NCD incidence, and well as build momentum and hopefully incentivize and accelerate action for other countries to engage with the coalition. Finally, increased surveillance and monitoring of policy interventions and implementation is necessary to improve accountability and action for NCD prevention and control. WHO can support setting national targets and/or developing monitoring frameworks that are applied contextualized to country disease burdens and needs.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Accelerating implementation of best buy policies within countries will promote a shift towards environments that promote health, and away from hyper-consumption. Comprehensive approaches to marketing, fiscal measures, and labelling for health-harming products would support a reduction of exposure to risk factors for cancer and other NCDs, particularly among vulnerable populations. Civil society can play an active role in the promotion and support of these initiatives, through engagement with governments and policy makers, and development of policy tools—such as WCRF International’s Building Momentum series, which addresses overcoming barriers towards the implementation of evidence-informed NCD prevention policies. Addressing the impacts of the commercial determinants of health, including the regulation of health-harming commodity industries such as alcohol, breastmilk substitutes, tobacco, fossil fuels, and foods high in fat, salt and sugar is necessary to improve environments that impact our health. Further, it is essential that mechanisms are in place within governments to safeguard policy development and implementation from industry interference and conflicts of interest.

		WHO should provide technical support for Member States to implement and engage with the fourteen recommendations in the forthcoming WHO World Report on Social Determinants of Health Equity to help reshape our health systems globally. To further support implementation, we recommend scaling up collection of disaggregated data and/or development of a national monitoring mechanism on social determinants of health equity, to improve measurement of determinants, and monitor impacts of equitable interventions on health outcomes.
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. y	To strengthen and orient health systems to address the prevention and control of cancer and other NCDs, capacity must developed for the integration of nutrition and physical activity interventions in primary health care and UHC benefits packages. This includes whole-of-government and multisectoral collaboration to integrate this into national health systems and financing mechanisms, as well as through health care provider training and practice (e.g. overcoming barriers and case studies for integrating physical activity into primary health care are outlined in WCRF's fourth Building Momentum report: Establishing robust policies to promote physical activity in primary health care). It would also be essential to enable equitable access to cancer and other NCD screening, medications, treatments and care for living with and beyond an NCD diagnosis. This would involve UHC health benefits packages that include access to treatments and/or programmes that would support a reduction of incidence of cancer and other NCDs (e.g. weight management programmes) and other social support programmes (e.g. healthy food procurement). Adequate funding allocation and commitments for such programmes would be essential. WHO can provide Member States with technical assistance and support to engage with the recently adopted resolution on social participation. Empowering people, communities and civil society through inclusive participation across decision-making processes and at all points of the policy-making cycle would provide opportunities for an evolution towards more responsive, equitable, and resilient health systems globally.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	There is an urgent need for more data to support the development, delivery and evaluation of cost-effective pathways for cancer and NCD prevention and control, particularly for LMIC settings. Promotion of research focussed on policy implementation would provide evidence needed to facilitate action and remove barriers to effective, evidence-based policy interventions. Development of national cancer registries and databases, particularly in LMICs, would also help to

		track disease incidence, outcomes, and measure of success of prevention policies and strategies. y
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	An update and revision of the Global Monitoring Framework on NCDs from WHO would support the maintenance of the voluntary global targets and help to establish revised longer-term goals and targets. It would be beneficial to align with WHO Progress Monitor indicators to comprehensively track cancer and other NCD risk factor exposure, disease incidence, health outcomes, and policy implementation. National surveillance and monitoring systems should be strengthened to increase collection of disaggregated data to support monitoring of cancer and other NCD incidence, prevalence and mortality rates. This data can be utilized to incentivize interventions, adequate funding, action to ensure equitable responses, and accountability. Development and utilization of policy evaluation tools can support increased monitoring and evaluation of progress of NCD prevention and control. Utilization of existing policy frameworks, such as WCRF International's nutrition (NOURISHING) or physical activity (MOVING) frameworks, can identify gaps in national policies, and areas that require improvement and increased policy action. Benchmarking tools, such as the CO-CREATE country snapshots (which evaluate the status of design of diet and physical activity related policies for NCD prevention and control for European nations), can be used for increased advocacy, and accountability, as well as incentivize acceleration of policy action within and between countries.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	WCRF International recognizes that it is difficult to engage with cancer prevention recommendations when foundational needs for mental health and well-being are not established. It is essential that mental health and well-being promotion are integrated alongside interventions to prevent and control NCDs.

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.	
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.	Based on the OIV’s works, approved by consensus of its members, the OIV suggests the following actions should be taken into consideration: <u>Partnerships:</u> - Cooperate with intergovernmental organisations to share information and develop joint actions to promote low risk behaviours in respect of consumption of wine and other alcoholic beverages of vitivinicultural origin. <u>Education:</u> - Develop and implement educational programmes focused on risk prevention among vulnerable and more exposed groups, such as adolescents and young adults.

		<u>Research:</u> - Improve the understanding of social contexts and behaviour associated with low and high-risk alcohol consumption, especially for wine or another alcoholic beverage of vitivinicultural origin. - Promote research to enhance alcohol strength management and technical processes to mitigate the impact of climate change on alcohol strength, providing technical options in viticulture and oenology. - Promote research on the impact of wine consumption in a low-risk context. <u>Joint actions:</u> - Develop targeted actions that consider higher-risk contexts and environments associated with alcohol consumption behaviour. - Improve data collection on de-alcoholised wine and low-alcohol beverages of vitivinicultural origin. - Share information and technical expertise or recommendations concerning illegal alcohol trafficking and consumption of wine and other alcoholic beverages from vitivinicultural origin.
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.	Develop research to understand the context associated with low and high-risk context of wine/alcohol consumption.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Share data and develop methodologies to understand unrecorded consumption of wine and other alcoholic beverages.
*	<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.



Web-based consultation: Informing key priorities before the next High-level meeting on NCDs 2025

17 June 2024 / via email OnTheRoadTo2025@who.int

To Whom it May Concern

The WHO Collaborating Center on Oral Health at the University of the Western Cape (Cape Town, South Africa) and the WHO Collaborating Center on Quality Improvement & Evidence-based Dentistry at New York University (New York, U.S.) welcome the opportunity to comment on key priorities for the 4th High-level Meeting on NCDs in September 2025 and the content of the Director-General's report to the World Health Assembly 2025.

Our consultation input is focusing on three key requests as follows:

- 1. Full inclusion, integration and explicit highlighting of oral diseases in both the DGs report and the UNHLM outcome document, so that all aspects relevant for prevention and control of NCDs are also shown to be unambiguously relevant for prevention and control of oral diseases**

We fully acknowledge the alarming findings of the WHO Global Oral Health Status Report (2022) and welcome the new global oral health policies initiated by the resolution on oral health (WHA74.5. 2021).

Oral diseases are a neglected disease group within NCDs. Coupled with the generally low priority of NCDs in global health, development assistance, and health financing contexts, oral diseases suffer from much lower levels of funding and health system integration. This neglect exacerbates the challenges faced by populations worldwide, particularly in accessing essential basic oral health services.

Recognizing and integrating oral health in all relevant policies and public health programmes as part of the broader NCD and UHC agendas will be crucial in addressing the additional burden of over 1 billion cases of untreated oral disease (1990-2019), which has increased the global burden to more than 3.5 billion people suffering. The WHO Global Oral Health Action Plan (2023–2030) calls for such comprehensive inclusion and integration.

- 2. Inclusion of detailed analysis of the global oral health situation and operative clauses that provide strategic direction on prevention and control of oral diseases aligned with the WHO Global Oral Health Action Plan**

We urge WHO, member states, and development partners to stop assuming that oral diseases are included by implication whenever NCDs are mentioned in policy guidance. One-sentence references to oral diseases, as used in previous political declarations of UN High-level Meetings (on NCDs and UHC) are no longer appropriate in view of the strong global oral health policies and the expressed will of member states to end the neglect of oral health, manifest in the 2021 resolution on oral health. Fully detailed analytical and operative clauses on prevention and control of oral disease, including detailed guidance on the implementation of the WHO Global Oral Health Action Plan, will be crucial elements of both, the DG's report and the UNHLM outcome document.

In addition, we ask the WHO at all levels, as well as governments, development partners and non-state actors for explicit inclusion and recognition for oral health promotion and oral disease prevention and control in programmatic planning, strengthening of technical capacities and increased financial support. Sustainable, ongoing financing of such efforts is crucial to achieve lasting improvements in oral health. Furthermore, we also support policies and legal regulations that will reduce risks to oral health throughout the life course, particularly the exposure of children and adolescents to ultra-processed foods and diets high in sugar content, and to limit the advertising and marketing of such products to these population groups. Moreover, we support the full integration of essential prevention, care, and rehabilitation of oral health in UHC benefit packages towards progressive and universal access for all.



3. Reconsideration of the current NCD and risk factor framing to incorporate oral diseases and to strengthen action on sugars

In response to the lack of attention and political priority accorded to oral diseases, we have suggested a realistic extension of the current 5x5 NCD/risk factor framing to a 6x6 concept to include oral diseases and sugar, to expose the massive unmet needs of oral diseases and the pervasive risks from high sugar consumption.¹ We urge member states and the WHO to undertake a comprehensive review of the NCD framing as part of the *Road to 2025* to include oral diseases and sugar. We ask for the full integration of oral diseases in the WHO Director-General's report and the Political Declaration of the 4th High-level Meeting on NCDs, that include detailed operational clauses. In addition, it would also be opportune to initiate a review of the WHO Health Promoting Schools guidance, based on the new Global Standards for School Health and the global oral health policies, which contain clear action recommendations for the oral health of children and adolescents in a school context.

Oral health is part of the basic human right to health, as reconfirmed by the WHO Global Strategy on Oral Health (2023-2030). However, tangible progress and improvements for the billions of people worldwide without sustained and affordable access to essential oral healthcare and prevention require bold, inclusive, and clear strategic guidance, practical technical and implementation support, and, most importantly, political leadership and long-term commitment. The Director-General's report and the UNHLM on NCDs 2025 provide unique opportunities for a major reform of the global NCD policy directives to make them fully inclusive of oral health.

Our WHO Collaborating Centers stand ready to provide technical and scientific support to WHO and its member states in improving oral health in the wider context of NCDs, primary health care, and UHC. Additionally, we offer our support in developing inclusive language and are willing to provide all scientific evidence to substantiate our recommendations and requests.

Yours sincerely,

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¹ Benzian H, Daar A, Naidoo S. Redefining the non-communicable disease framework to a 6 × 6 approach: incorporating oral diseases and sugars. *Lancet Public Health*. 2023;8:e899-904

FROM: [The Portman Group]
DATE: 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 the NCD-GAP objectives most relevant to economic operators in alcohol production and trade. The Portman Group is a member of the Partnership Council of the International Alliance of Responsible Drinking, and we write in support of their efforts to promote moderation and responsible drinking at an international level, as well as in our own capacity as the UK's alcohol marketing self-regulator and social responsibility body working to tackle harm and misuse at a national level.

#	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. We are responding from the perspective of the UK market. The UK alcohol 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 alcohol industry in the UK has a longstanding and serious commitment to ensuring that its products are marketed and sold responsibly, and this is backed up by credible action. 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. These efforts have contributed to increases in moderate and responsible drinking in the UK within Government guidelines, combined with associated ongoing falls in harms such as binge drinking, underage drinking, antisocial behaviour and crime, and drink driving. This illustrates that the industry remains a serious and constructive partner in supporting UN goals to tackle the harmful use of alcohol. We set out more detail on these initiatives and the ongoing work of the Portman Group 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: • Retain a focus on tackling harmful use of alcohol, reflecting that the majority of alcohol drinkers drink responsibly and moderately at a level which represents a low level of risk. We would be concerned that calls to broaden a focus to reduce alcohol consumption in a broad sense would unhelpfully dilute the focus of the agreed multilateral framework on alcohol and health, potentially undermining support for efforts to tackle misuse. • 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 – most notably recognising the validity and efficacy that self-regulatory frameworks on marketing can play alongside government action.
		We set out further supporting detail 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 believe that taken together, these measures may provide a clearer picture in terms of alcohol harm, rather than just focusing on alcohol consumption per capita on its own, which masks recent trends in consumption polarisation and harm. We set out further supporting detail 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”

We are responding from the perspective of the UK market, which we would hold up as an example of the positive role of the private sector as a responsible partner in tackling alcohol-related harm, both through funding third-party initiatives and their own actions.

These briefly include:

- The ongoing work of the Portman Group to ensure responsible marketing in the UK:** Since our establishment over 30 years ago, the Portman Group has served as an international example of industry best practice in promoting responsible drinking and responsible alcohol marketing. As the industry self-regulator, the Portman Group operates the [Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks](#) and [Code of Practice on Alcohol Sponsorship](#) which applies to the whole sector. In 2021 we celebrated the 25th year anniversary of the Code which has helped create an industry that works responsibly within the context of a self-regulatory model which is effective, responsive and has no cost to the taxpayer. The Codes ensure that alcohol is marketed in a socially responsible way, only to those aged 18 and over, and without a particular appeal to vulnerable consumers. The industry does not have a say in determining how complaints under the Code are considered. Complaints about products are considered by the Independent Complaints Panel. Their decisions have led to more than 170 irresponsible and inappropriate products either being re-branded or removed from the market, in turn driving industry changes and protecting consumers.
- The voluntary adherence to best practice labelling standards:** The Portman Group sets industry best practice standards in the UK, which supports the Global Alcohol Action Plan call for economic operators to ensure the “availability of easily understood consumer information on the labels of alcoholic beverages”. PG best practice standards call on producers to include 1) A pregnancy warning; 2) alcoholic unit information; 3) The UK Chief Medical Officer Lower Risk Drinking Guidelines - that consumers should not regularly drink more than 14 units a week; and 4) Signposting to the independent but industry-funded alcohol education charity Drinkaware. We are proud that this information is applied near universally on labels in the UK market. As our [2021 review of labelling on the market](#) shows 99% carried a pregnancy warning and 94% carried unit information. We also saw that 79% of labels carried the updated Chief Medical Officer guidelines, and we have subsequently seen that many outstanding products now also carry the guidance.

- **Funding education and local initiatives to promote responsible drinking and tackle harm:** The UK alcohol industry voluntarily funds the independent alcohol education charity Drinkaware. They provide free advice and resources to people to help cut down their alcohol consumption, such as through the 'drink free days campaign'. The industry has taken significant steps to help tackle underage drinking, such as the '[Challenge 25](#)' age verification initiative with retailers. The industry, including the Portman Group, also fund the expansion of [Community Alcohol Partnerships](#) targeted at areas of existing higher harm. These schemes foster local partnerships between local authorities, police, schools, retailers, neighbourhood groups and health providers to prevent alcohol-related harm to young people and enhance their communities. Activities include the provision of positive diversionary activity for children and young people away from alcohol; creating retail signage and conducting training to prevent underage sales and proxy purchase; and providing alcohol education in schools and for parents. To date, more than 270 CAPs have been established across the UK. Evaluations of the schemes indicate a 64% reduction in regular drinking among 13-16 year olds; a 42% reduction in youth alcohol-related anti-social behaviour; and 40% reduction in residents reporting that children and young people drinking in public places is a "very big" or "fairly big" problem¹.
- **Promoting low and no alcohol alternatives, which aid consumer moderation:** The industry has innovated through the creation of the next generation of low and no alcohol alternative products. The Portman Group's sixth annual low and no research, [Consumer views on Low and No Alcohol products 2023](#), shows that over a third (35%) of UK drinkers 'semi-regularly' consume low and no products, acting as a key tool to help facilitate responsible drinking. Our survey also provides further evidence underlining how low and no alcohol alternative products can help consumers moderate and tackle alcohol-related harms such as binge drinking and drink driving. Almost a quarter (23%) of current UK alcohol drinkers said that their weekly alcohol consumption had fallen due to low and no alcohol products. For the sixth year in a row the most popular specific reasons for drinking a low and no alcohol product are 'being able to drive home from social events' (36%) and 'socialising without drinking excessively' (22%). It highlights a consistent preference amongst low and no drinkers for using these products to aid their ingrained responsible drinking behaviour.

These brief examples provide evidence of the ongoing commitment of the alcohol industry to act as responsible partners in a whole-of-society approach to help tackle alcohol harm and misuse.

ANNEX 2

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

- **Focus on harmful use.** We are aware that there have been some suggestions to shift policy focus towards a focus on alcohol consumption per se. We believe that such a shift would undermine the credibility of policy efforts to tackle harm, as well as the development of broad whole-of-society coalition support for action. A focus on consumption per se fails to reflect that the majority of alcohol drinkers drink responsibly and moderately at a level which represents a low level of risk, and risks alienating people by straying into being entangled in debates about overbearing paternalism. Furthermore, as detailed in Annex 3 below, focusing on a broad view of consumption risks glossing over polarising trends in consumption in society and masks trends in harm, making it more difficult to carry out targeted action. We also note that Member States have repeatedly supported the current focus on 'harmful use of alcohol', 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." We further note that the Plan's measures for economic operators includes "developing and enforcing self-regulatory measures on

¹ [Community Alcohol Partnerships Annual Report 2023](#), June 2023

marketing and advertising". As set out in Annex 1, we believe the ongoing work of the Portman Group in the UK is an example of international best practice for industry self-regulation, which should be retained amongst policy options for member states.

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, which masks recent trends in consumption polarisation and harm.

For example, here in the UK trends indicate an overall fall in alcohol consumption. WHO data suggests that annual alcohol consumption in the UK has fallen by 15% since 2004², whilst government surveys such as the Health Survey for England suggest that the mean weekly number of alcohol units consumed has fallen from 13.4 in 2011 to 11.6 units in 2021³ There have also been associated declines in 'binge' drinking across English adults – falling from 12% in 2021 (-29%)⁴.

However, there has been a 32.8% increase in alcohol-specific deaths in the UK since 2019 (coinciding with the onset of the COVID-19 pandemic⁵). Evidence suggests that whilst the general population drank the same or cut back during the pandemic, those already drinking at heavier rates increased their drinking, which may in part explain the spike in deaths⁶. This polarisation in consumption both underscores the need for targeted policies aimed at existing heavy drinkers, as well as the inadequacy of consumption per capita in isolation as a measure. We therefore believe that the three indicators should be taken together to provide a more comprehensive picture of alcohol misuse.

² [WHO](#), May 2021

³ [Health Survey for England](#), December 2022

⁴ [Health Survey for England](#), December 2022

⁵ [ONS](#), April 2024

⁶ [Public Health England: Monitoring alcohol consumption and harm during the COVID-19 pandemic](#), July 2021; [Public Health Scotland: Alcohol sales and harm in Scotland during the COVID-19 pandemic](#), February 2022

**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 c	Comments on key priority areasc
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. y	The impact of NCDs worldwide is huge in term of mortality, morbidity, socio-economic repercussions, even more significantly in poor countries, where these pathologies are much more frequent. We must include MASLD, the frequency of which is clearly increasing and will become the main target of hepatologists.
2 To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	It is urgently important for WHO and all member countries to do a lot of advocacy and awareness raising in this direction, so that all countries have clear guidance and support for delivering a holistic and comprehensive approach to the prevention and control of 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 y
3 To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	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 y
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. y 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. y 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. y 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

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.

La **Cámara Nacional de la Industria de Restaurantes y Alimentos Condimentados** es una organización empresarial a nivel nacional que tiene como objetivo representar, integrar, educar, promover y defender los intereses y derechos de los establecimientos dedicados a la preparación y venta de alimentos. Representamos a más de 600 mil establecimientos a nivel nacional.

Nuestro propósito es impulsar el desarrollo de la industria restaurantera, a través de la interlocución con el Gobierno y otros sectores. Las unidades económicas del sector restaurantero representan 12.2% de todos los negocios de México y generan poco más de dos millones de empleos, con un alto impacto en la amplia cadena de valor en la que incide.

Esta industria utiliza un porcentaje mayor de insumos nacionales que el promedio de todas las actividades de la economía y de las actividades de servicios, situación que la pone en ventaja respecto al impacto positivo en la producción y el empleo local y regional.

La visión de nuestra Cámara es ser una organización eficiente, respaldada por nuestros afiliados y financiada por sí misma, capaz de enfrentar los grandes desafíos que enfrenta el país, el sector restaurantero y cada una de las empresas que la conforman.

Nos enfocamos en ser un auténtico espacio de consulta, asistencia, capacitación y defensa de los intereses de nuestra industria con influencia en la opinión pública. Comprometidos a preservar, investigar y difundir las tradiciones gastronómicas de México.

Estamos integrados por dirigentes y colaboradores comprometidos con nuestra misión y valores, lo que nos permite posicionarnos y ser reconocidos a nivel nacional e internacional.

#	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.	CANIRAC En CANIRAC, llevamos a cabo campañas continuas para promover la responsabilidad ante el consumo de bebidas alcohólicas en los restaurantes. A través de estas iniciativas, buscamos sensibilizar tanto a los restauranteros como a los comensales sobre los riesgos del uso nocivo del alcohol, evitando excesos que puedan derivar en problemas de salud y seguridad. • Alianzas estratégicas: Contamos con alianzas estratégicas con los principales stakeholders del sector, con el fin de educar sobre la comercialización responsable y la estandarización en la preparación de bebidas. Así mismo, como Cámara promovemos y colaboramos con nuestros afiliados para implementar programas de nuestros aliados para prevenir el consumo nocivo de alcohol. • Capacitaciones: Nuestras colaboraciones nos permiten ofrecer capacitaciones y programas de formación especializados, materiales educativos y recursos que aseguran que las prácticas en nuestros establecimientos se alineen con los más altos estándares de responsabilidad y calidad en el servicio. • Convenios de colaboración: Establecimos un convenio de colaboración con la Secretaría de Seguridad Ciudadana de la CDMX, a fin de promover y fomentar la responsabilidad ante el consumo del alcohol, por medio del programa

		Conduce Sin Alcohol bajo el lema “Si Tomas, No Manejes, Entrega las Llaves”. • Comercialización responsable: Participación en mesas redondas con los pequeños y medianos productores que forman parte de la Rama 27, Fabricantes de Bebidas Alcohólicas, de CANACINTRA Nacional, de la industria para compartir la importancia de una comercialización responsable. La comercialización responsable de alcohol es fundamental para garantizar la seguridad y el bienestar de los consumidores, y esto se logra en gran medida a través de la estandarización de bebidas. Al implementar prácticas apegadas al “trago estándar” en la preparación y servicio de bebidas alcohólicas, aseguramos que cada porción cumpla con las regulaciones establecidas y mantenga la calidad y consistencia esperada. Esto no solo protege a los clientes de los riesgos asociados con el consumo excesivo, sino que también fortalece la confianza en los establecimientos que se comprometen con estas normativas.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Desde CANIRAC, promovemos e implementamos prácticas responsables y seguras, nos enfocamos en tres puntos de acción clave: 1. <u>Implementación de programas para el cuidado de los comensales:</u> Las bebidas alcohólicas se venden única y exclusivamente a mayores de edad; los restaurantes implementan un protocolo de verificación en caso de que exista la duda de la mayoría de edad de los comensales. El personal está capacitado para realizar acciones que fomenten la responsabilidad ante el consumo del alcohol. 2. <u>Implementamos</u> políticas de venta que estandaricen las medidas de las bebidas alcohólicas que pueden ser consumidas por los clientes como acompañamiento al servicio de alimentos ofrecidos por los establecimientos. 3. <u>Fomentamos campañas de concientización</u> entre nuestros clientes sobre los riesgos del consumo nocivo del alcohol y la

		responsabilidad ante su consumo, por medio de una buena hidratación y acompañar con alimentos. 4. <u>Transporte seguro:</u> Desde CANIRAC colaboramos con las plataformas de transporte como UBER, DIDI y Mi Taxi, para facilitar el regreso seguro a casa de los clientes en caso de que sea necesario. Estas medidas buscan reducir la incidencia de enfermedades y riesgos relacionados con el uso nocivo alcohol y promover un entorno seguro y saludable en nuestros establecimientos.
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)^c

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.

# ^c	NCD-GAP objective ^c	Comments on key priority areas ^c
1 ^c	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. ^y	Emphasis should be placed on the effective involvement of civil society in achieving this objective
2 ^c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	It is necessary to include the mobilization of civil society to achieve this objective
3 ^c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	^y OK ^y ^y
4 ^c	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. ^y	OK
5 ^c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. ^y	OK ^y
6 ^c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. ^y	OK ^y
*	<i>In addition:</i> To promote and protect mental health and well-being, including prevention and	It is necessary to include the mobilization of civil society to achieve this objective

	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.



5th 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

The European Chamber of Commerce (Singapore) Wine & Spirits Committee (“EuroCham W&S”), the Singapore Nightlife Business Association (“SNBA”) and the Singapore Beer Industry Association (“SBIA”) welcomes the opportunity to provide our feedback as part of the Phase 1 consultation process.

The European Chamber of Commerce (Singapore) Wine & Spirits Committee (“EuroCham W&S”) serves as a platform for international wine and spirits industry in Singapore to share their common interests and to raise awareness of issues affecting trade and investment promotion, market access, intellectual property, food safety and alcohol policy. The Committee’s main objective is to reduce harmful drinking and promote a balanced and inclusive regulatory and taxation environment that supports responsible and sustainable growth.

The Singapore Nightlife Business Association (“SNBA”) stands as a pivotal advocate and representative body for the diverse spectrum of nightlife establishments across Singapore. With a steadfast mission to foster growth, innovation, and sustainability within the industry, SNBA unifies businesses, entrepreneurs, and stakeholders, driving forward Singapore's vibrant nightlife landscape. SNBA also plays a crucial role in promoting responsible alcohol consumption and combating harmful drinking practices. Through collaborative efforts with government agencies and industry expertise, SNBA prioritizes responsible drinking practices while addressing regulatory challenges.

The Singapore Beer Industry Association (“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. SBIA is 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, SBIA aims to address industry challenges, support policy development, and contribute to the sustainable growth of Singapore’s economy.

Collectively, 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. We look forward 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. 2, 3 and 6.

#	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 the industry's partnerships in Singapore to accelerate the country's 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. Elaboration on these recommendations and examples of how the industry in Singapore 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.
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 and its prevalence in Asia. 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"

SNBA, EuroCham W&S and SBIA believes that the private sector, including economic operators in alcohol production and trade, can play a constructive role in implementing the calls to action in the 2018 Political Declaration on NCDs and the 2022 Global Alcohol Action Plan as well as the targets in the NCD Monitoring Framework, in partnership with government stakeholders and consumers. The following examples from Singapore demonstrate the value of government, the private stakeholder and consumers working together to address these issues:

Promote moderation and responsible consumption among those adults that choose to drink



The [Singapore Alliance for Responsible Drinking](#) (SARD) is a joint initiative by producers and nightlife business operators with the goal of working towards ensuring the highest standards for the nightlife industry in Singapore and advancing awareness raising campaigns aimed at tackling the misuse of alcohol, including binge drinking, and promoting the responsible consumption of alcohol. Since 2018, we have run our flagship annual [“How Much Is Too Much”](#) public awareness social media campaign, which aims to educate and inform people, especially young adults, on the facts about binge drinking and encourage more responsible alcohol consumption through a better understanding of one’s limit. In 2023, the campaign reached over 800,000 direct beneficiaries. The campaign was formerly recognized by the Singapore Police Force¹.

Ensuring Safe Clubbing: Prioritizing Responsibility in Nightlife

The SNBA stands as a pivotal advocate and representative body for the diverse spectrum of nightlife establishments across Singapore. With a steadfast mission to foster growth, innovation, and sustainability within the industry, SNBA unifies businesses, entrepreneurs, and stakeholders, driving forward Singapore's vibrant nightlife landscape. SNBA also plays a crucial role in promoting responsible alcohol consumption and combating harmful drinking practices. Through collaborative efforts with government agencies and industry expertise, SNBA prioritizes responsible drinking practices while addressing regulatory challenges. Notably, SNBA collaborates closely with the National Crime Prevention Council and the Singapore Police Force, leveraging these partnerships to enhance public safety and reinforce responsible behavior within the nightlife sector.

Fostering Anti-Drink Driving Behavior: Promoting Responsible Road Practices

The Anti-Drink Drive Campaign, a collaborative effort between the Traffic Police, the Singapore Road Safety Council, and the SNBA, plays a crucial role in promoting public health and safety. This annual initiative aims to reduce the incidence of alcohol-related accidents by discouraging individuals from driving under the influence. SNBA's involvement enhances the campaign's effectiveness by integrating safe clubbing measures into nightlife environments. By raising awareness about the risks associated with drink-driving and advocating for responsible behavior on the road, the campaign contributes to safeguarding public health. Through educational campaigns and partnerships with stakeholders, including SNBA, the campaign encourages individuals to make informed decisions and adopt safer practices, ultimately preventing alcohol-related injuries and fatalities. By prioritizing road safety and responsible alcohol consumption, the campaign aligns with broader public health objectives aimed at reducing the burden of preventable injuries and promoting overall well-being in the community.

ANNEX 2

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

Maintain the focus on the harmful use of alcohol

- SNBA, EuroCham W&S and SBIA recalls that Member States have agreed and endorsed the current approach to focus on the “harmful use of alcohol” on several occasions, most notably 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. While acknowledging the ongoing discussion on this topic, we remain convinced that the multilateral framework on alcohol and health should remain focused on the harmful use of alcohol, rather than alcohol consumption per se. In our experience, interventions that are aimed specifically at harmful drinking, rather



than the whole population, offer an effective, pragmatic, and realistic complement to balanced regulation. These include interventions to identify and address harmful patterns and providing consumers with the information and tools to support responsible decisions around drinking alcohol.

Taking national and local context into consideration and reflecting a range of policy options

- SNBA, EuroCham W&S and SBIA notes that the Global Alcohol Action Plan 2022-2030 in Paragraph 27 recognizes the discretion of each Member State to prioritize and implement the high impact strategies, interventions and other policy options recommended by the global strategy based on its needs, status of implementation of measures, national and local contexts, including resources and public health priorities. This guidance remains as relevant as ever and important in developing effective and appropriate interventions that address alcohol harm in culturally relevant and flexible ways.

Contributions by the private sector to implementing the 2018 Political Declaration

- Since 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”, SNBA, EuroCham W&S and SBIA members have redoubled our efforts in this space, working with national governments to support and uphold regulation, to encourage its implementation where that is lacking or weak, and to develop self-regulatory and co-regulatory schemes, as outlined in GAAP.
- Through global industry bodies like IARD, SNBA, EuroCham W&S and SBIA members have also launched efforts to strengthen industry self-regulation and ensure standards of good practice in other areas critical for reducing harmful drinking.
 - Large-scale efforts have included the global Producers’ Commitments to reduce harm and strengthen industry self-regulationⁱⁱ.
 - Industry codes developed through IARD in partnership with major digital platforms govern our online marketing practices across the globe.ⁱⁱⁱ
 - Global initiatives also include building capability and standards for good practice around the service and sale of alcohol,^{iv} including for online sales and delivery.^v

SNBA, EuroCham W&S and SBIA remains committed to undertaking concrete steps to prevent the marketing to and access of alcohol by minors and supports continued dialogue between the WHO Secretariat and economic operators.

ANNEX 3

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

The three indicators for tracking the harmful use of alcohol under the NCD Global Monitoring Framework agreed to by Member States during the May 2013 World Health Assembly 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

While the latter two indicators clearly focus on measuring the harmful use of alcohol, we question the usefulness of the first indicator on its own. Total alcohol per capita consumption 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.

This indicator is particularly problematic in APAC, where unrecorded alcohol makes up a significant proportion of the alcohol market, but there is a dearth of data regarding its relative size and its relationship with harmful drinking. The lack of data makes calculations of the total market challenging, with no information about the extent to which increasing recorded consumption, where this is the case, represents a shift from homemade and illegal beverages or otherwise. As suggested by the [OECD](#), we believe that this issue should be given more focus and made a key priority area in the future monitoring of trends and determinants of noncommunicable diseases. Data on the [prevalence of unrecorded alcohol](#), especially illicit alcohol, at global, regional, and national levels, remains out-of-date, incomplete and almost certainly underestimates the toll taken on health, governments and society. Unrecorded trend data are essential for understanding the dynamics of the market and to explain increases in recorded alcohol consumption in some countries, and to better shape interventions that target the unrecorded alcohol market, which contributes disproportionately to poor health outcomes and harm.

ⁱ [Safe clubbing campaign returns amid rise in molestation cases and fights at nightspots | The Straits Times](#)

ⁱⁱ IARD. Beer, Wine, and Spirits Producers' Commitments. <https://www.iard.org/actions/producers-commitments>

ⁱⁱⁱ IARD. 2014. Digital Guiding Principles. https://iard.org/getmedia/be6b02fb-f592-49dd-b676-45cf6b0648b2/Digital-Guiding-Principles_DGP_2023_18Dec-2.pdf ; IARD. Influencer Guiding Principles (IGPs). https://iard.org/getmedia/fa30bdb7-0567-4da8-87b1-50abc47fc1ac/14092021-Influencer-Guiding-Principles-FINAL_1.pdf

^{iv} IARD. Responsible Retailing and Service of Beverage Alcohol. <https://iard.org/actions/Supporting-responsible-sale-and-service>

^v IARD. Global Standards for Online Alcohol sale and Delivery. https://iard.org/getmedia/d713c648-a0d7-4ef4-b2be-8d94e47dec5b/11092022_Global-standards-for-online-alcohol-sales-and-delivery.pdf

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). Differentiate regional prevalence and incidence to better understand risk factors and how to address them.
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. Involving people with experience in the field is a priority to accelerate countries' response to prevent and control 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. A particular focus on inequalities/inequalities as a major cause of lack of access to prevention, diagnosis and treatment. Disparities/inequalities in access to healthcare and diagnostic strategies are a major obstacle to the prevention of NCDs. Food insecurity is a neglected risk factor that needs urgent attention.
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. Healthcare systems around the world are very heterogeneous. This needs to be taken into account when proposing the strategic plan. 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. To promote research in this area, greater access to funding is needed, especially in countries with less economic power.

	Include scientists with extensive experience in the field to ensure that the results of the proposed research can be rapidly accessed and communicated. 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

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

Introduction

Spirits New Zealand is the national trade organisation representing New Zealand's leading producers, distributors, brand owners, importers and exporters of premium spirits and spirit-based drinks. Our members are Asahi, Bacardi, Brown-Forman, Diageo, Federal Merchants, Hancocks, Lion, Moet-Hennessy, Pernod Ricard and Suntory Global Spirits.

Spirits New Zealand is an active member of the International Alliance for Responsible Drinking's (IARD) Partnership Council and the World Spirits Alliance (WSA). Spirits New Zealand's CEO sits on the Board of WSA. Spirits NZ represents over 96% of spirit industry interests in New Zealand.

Thank you for the opportunity to contribute to your Phase 1 consultation process. Our response focuses on those NCD-GAP objectives most relevant to Spirits New Zealand members.

Spirits New Zealand is a firm supporter of the UN goals to reduce harmful use of alcohol and its members are committed to undertaking targeted harm reduction programmes in New Zealand. And, as in other jurisdictions, harmful use of alcohol in New Zealand has been falling for some years across all key metrics.

As a member of IARD and WSA we support industry harm reduction commitments and adopt responsibility standards, programmes and activities as appropriate to our market.

Spirits New Zealand 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.

Thank you.

A handwritten signature in dark ink, appearing to read 'Robert Brewer', is displayed on a light gray background.

Robert Brewer
Chief Executive
Spirits New Zealand Inc
Email rbrewer@spiritsnz.org.nz

Submission

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, distribution and trade.

Table 1 – Position 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. <i>See below for more detail.</i>
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. <i>See below for more detail.</i>
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. <i>See below for more detail.</i>

Position Detail

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

In New Zealand the industry is committed to a range of positive programmes aimed at supporting 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 addition industry, through a specific health levy, funds a range of government programmes aimed at supporting better drinking cultures and reducing harmful consumption.

At the core of industry efforts is an industry-established and funded charity called The Tomorrow Project (TTP). TTP is a vehicle through which industry funds can be used to support quality harm reduction programmes.

Over the years it has supported a wide variety of programmes focusing on, at a societal level, improving New Zealand’s drinking culture. It has helped run campaigns on pregnancy and drinking, drinking responsibly and a facts-based programme providing consumers with the information they need to make sensible drinking choices.

Today the majority of TTPs budget is used to fund an education provider to run an in-school alcohol education programme (see below for more details).

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

Focus on Harmful Use

We are aware there has been debate 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. We are not supporters of this approach for the following reasons –

1. Harmful use of alcohol is clearly the most appropriate measure of success for harm reduction strategies because it is a clear measure of outcome. Further, shifting focus to consumption-only metrics fails to take into account the body of evidence that relates to falling consumption not necessarily aligning with falls in harmful consumption. We are also aware from government sources in New Zealand that a reason why consumption measures are being debated is because for some jurisdictions they are seen to be easier, or simpler, to measure than specific harm reduction metrics. We do not agree that this is sufficient reason to adopt a less meaningful measure that could give the impression of improvement in drinking patterns when in fact the reality is most likely very different.
2. 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. Further details on the points set out above:

Reflect a flexible menu of policy options, taking national and local context into account.

It is imperative there is flexibility for Member States to adopt or create measures that are effective because they reflect jurisdictional environments. This should already be clear since 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 and WSA 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. In New Zealand there are multiple examples of industry collaboration and investment in this area including –

1. Participation in the creation of, and adherence to, a multi-level set of advertising codes of practice covering advertising to minors, e-commerce related activity and general acceptability practices.
2. The creation and promulgation of an industry code covering best practice for online retail and home delivery which goes further than current regulation.
3. The establishment and funding of a charitable organisation (The Tomorrow Project) through which funds are made available to advance responsible drinking with a particular focus on minors. For example, TTP funds an education provider to undertake educational activity in schools focusing on 12 and 13 year olds. Each year over 20,000 school children are, through experiential education, given the tools to navigate drinking environments and make better drinking choices including saying “no” to drinking at all.¹

Recognition of the constructive actions taken by the private sector will help encourage further positive actions by IARD and WSA 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.

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.

We believe that, together, these three measures will allow for the richest monitoring outcomes. To only use the first measure without the other two (which clearly and appropriately have a focus on harmful use) is nonsensical as already commented on above.

It would also be out of step with how alcohol harm is measured and reported in New Zealand. Our Health Ministry monitors and reports annually on harmful drinking trends in its Annual Health Survey². It does this using a suite of measures all of which focus specifically on hazardous drinking broken down by age, gender and ethnicity.

¹ It should be noted that the age of initiation has been steadily climbing in New Zealand over the last decade.

² See - <https://www.health.govt.nz/publication/annual-update-key-results-2022-23-new-zealand-health-survey> for the latest example of this publication.

In this context per capita consumption (measured and reported on by another government agency) is not used as a proxy for the Health data.

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.

Stacie Broek

Member European Life After Stroke Forum Scientific Committee

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 reportC

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*.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	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. y	If “local” groups like SAFE or Mended Hearts could expand, that could be a advocacy weapon!
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.y	Establishing an expectation for representation by survivors is importanty
3c	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. y	Create a cultural (not educational) shift y y
4c	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. y	Individualised health care doesn’t necessarily mesh with universal health coverage
5c	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. y	Is this relevant for every country? And is relevant to get the people to follow the preventive factors that DO know already?

6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	YES!y
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Definite YES!

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

The Spirits and Wine Association of Nigeria (SWAN) represents a group of local and international companies involved in the local production, distribution and sale of Sprits and Wines in Nigeria. As a trade association we are committed to high self-regulatory standards that guide how our brands are marketed and promoted. These standards often go over and beyond the minimum mandatory standards required by law for alcohol marketing.

This approach clearly supports the UN goals to tackle the harmful use of alcohol and contributes to the Sustainable Development Goal (SDG) 3 that aims to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

SWAN 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:

Specifically, members of SWAN have several periodic and targeted campaigns that demonstrate a multisectoral approach in dealing with non-communicable diseases. We have a long-standing partnership with the foremost road regulatory agency in Nigeria – **The Federal Road Safety Corps and have partnered with this agency for several years** in implementing annual Don't Drink & Drive campaigns aimed at educating motorists and the public on the dangers of drink driving. In addition, our members companies are heavily invested in campaigns targeted at young people to raise awareness among young adults about the risks of overconsumption of alcohol, and to reduce harm at events through the distribution of water.

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.
- Specifically, members of SWAN have maintained strong self-regulatory standards on digital marketing that prevents minors from direct exposure to alcohol advertising and are also heavily committed to educating 10 million young people, parents, and teachers on the dangers of underage drinking by 2030. A key part of this approach is scaling up SMASHED, an award-winning alcohol education programme that has been on in Nigeria for several years now. Please click here for more information on SMASHED in Nigeria: <https://online.smashedproject.org/nigeria/chapter-one-the-incident/>

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.

The data on [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. For a country like Nigeria, any policy that does not consider the impact of illicit trade cannot be objective because illicit trade (smuggling,

counterfeiting, tax evasion, non-registration etc.) remains a huge source of concern the government and members of SWAN.

At the launch of the *Launch of WTO Publication on Illicit Trade In Food and Food Fraud*, the Director General of the World Trade Organisation (who by the way is Nigerian and understands the impact of illicit trade in Nigeria) had this to say: "the problem of illicit trade is sizable and impacts all continents and food sectors, ranging from olive oil to honey, from wines and spirits to spices, it spares nobody. Food fraud is also a moving target, new methods to defraud consumers and the public are uncovered every day. Serious health consequences are of course the most worrying with periodic reports of poisoning and deaths. But we should not underestimate the economic damage to farmers and agric business as well."

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

Tony Okwoju

Director General

Spirits & Wines Association of Nigeria

Email: spiritswinesassociationofnig@gmail.com

**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

Submission by the Danish Brewers’ Association

The Danish Brewers’ Association appreciates the opportunity to comment on the key priority areas in the WHO Director General’s report. We represent the producers of beer, cider, soft drinks, and mineral waters in Denmark, with members ranging from small craft beer makers to large international breweries.

Our members are committed to reduce the harmful use of alcohol and have taken several voluntary steps to ensure responsible alcohol consumption, both in Denmark and our export markets. We welcome all initiatives for increased cooperation between the private and public sector to further the prevention of noncommunicable diseases.

#	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 achieve this objective, a holistic approach, engaging the entirety of society is recommended. This includes engaging private actors who can contribute to the prevention of NCDs. • This approach is elaborated in The Global Alcohol Action Plan (GAAP), which highlights the private sector's vital role in mitigating alcohol-related harm. • The Danish Brewers’ Association are aligned with the WHO goal to reduce harmful alcohol use. • Our members have taken action to follow the WHO’s recommendations for economic operators' cooperation. This includes, but is not limited to, a commitment to ensure responsible advertisement and large investments in ‘low and no alcoholic’ beer. • Together with brewers across the world, our members are adapting their businesses to support public health objectives.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	• Accelerating the adoption of lower and no-alcohol beverages at the country level requires a comprehensive societal response, with policymakers playing a key role in encouraging adults to choose lower ABV options like beer. • Policies that steer consumers towards lower alcohol beverages are a proven, evidence-based method to enhance public health outcomes.

		Engaging multiple stakeholders and fostering public/private partnerships, as recommended by the Global Alcohol Action Plan, are crucial for addressing the harmful use of alcohol.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	- Supporting the growth of the lower and no-alcohol beer category through portfolio and policy outcomes aligns with efforts to promote moderate consumption as part of a balanced lifestyle. - Tackling the harmful use of alcohol requires a comprehensive approach that considers the national societal and cultural 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.	- Screening and Brief Interventions (SBIs) are essential to a holistic strategy aimed at reducing the harmful use of alcohol. - Integration of SBI into primary care settings empowers physicians to identify excessive drinking and offer guidance on reducing or stopping alcohol consumption.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	- The Danish Brewers' Association strongly supports the Global Alcohol Action Plan's (2022) call for alcohol policy research, especially regarding the impact of differentiated policies based on the alcohol content of beverages. - Further research is necessary to evaluate the effects of replacing higher alcohol products with lower and no-alcohol alternatives. This research should also explore the role of an enabling policy environment based on differentiated policies according to the beverage type and strength of alcoholic beverages.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	- Considering the evidence of low- and no-alcohol beers as a mean 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 - Alcohol-related morbidity and mortality
*	<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.	The Danish Brewers' Association support the formation of the Commission on Social Connection (2024-2026).

		• We urge the commission to prioritize and conduct studies on the effects of social connections on wellbeing and health.

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

FROM: SVL, The Spirit and Wine Suppliers Association

DATE: 11th of 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 Spirit and Wine Suppliers Association, SVL, was established in 1998 and is the official Swedish industry association for importers and manufacturers of wine and spirit beverages. We gather today more than 50 member companies, who all sell their products to the Swedish retail alcohol monopoly Systembolaget, as well as to companies with licenses to serve alcohol, mainly hotels and restaurants. Together, all our members, represent more than 90% of Systembolaget's fixed assortment and we are key players within the Swedish food and beverage industry. SVL endorses the Swedish retail alcohol monopoly and support its assignment to sell alcoholic beverages responsibly, controlled and with quality-assurance.

SVL 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.
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.
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. Sweden having one of the strictest alcohol regulations in the world measures the total consumptions of alcohol on the market. According to the Public Health Agency of Sweden 16% of the Swedish population have an unhealthy alcohol consumption which is on par with other comparable countries showing the system's ineffectiveness in combating misuse.

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.

SVL and our members are encouraged and engaged in e-labels and QR-codes informing the customers of responsible national drinking guidelines. Moreover, we are engaged in a local activity called “Prata om Alkohol – Let’s talk about Alcohol” where SVL in collaboration with its members are supporting this program which is a an alcohol preventive tool focusing on adolescents at the later stage of primary school or secondary school’s students. The initiative aims at informing the Swedish youths about but not limited to the risk and consequences as well as how to deal with peer pressure of underaged drinking. This is done through offering teaching material to teacher and school personnel. This initiative was established already in 2006. Since then, the amount of children in 9th grade claiming drinking alcohol has decreased from 69% in 2006 to 36% in 2021. Prata Om Alkohol's method material has been scientifically evaluated since 2017 with positive results.

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.

Furthermore, we have a local initiative in Sweden called “the Swedish Alcohol Suppliers Scrutineer – AGM”. AGM monitors the marketing of alcoholic beverages in Sweden and educates the actors on the market in responsible alcohol marketing. The AGM is the self-regulatory function for the Swedish alcohol industry and as such, it is not a governmental authority. Should the AGM find that a company’s alcohol advertising is in breach of the laws or ethical rules of alcohol marketing the AGM has a right to intervene and ensure that the company ends with that marketing. SVL, The Swedish Brewers

Association and Sweden's Advertisers have also developed own guidelines to ensure a high ethical level in regards to the marketing of alcoholic beverages. The guidelines are the industry's interpretation of the Swedish legislation.

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

As mentioned previously Sweden has one of the most restrictive alcohol policy's in Europe where, for example, all off-trade alcohol in Sweden must be purchased through a state monopoly. According to the Public Health Agency of Sweden 16%¹ of the Swedish population are misusing alcohol which is on par with the European average of alcohol misuse rendering the policy ineffective². Sweden advocates and practice the total consumption of alcohol, in other words the population-based approach. Measuring the total consumption of alcohol in a country is important but it also shows a misleading picture of the harmful use of alcohol. Moreover, countries advocating for population-based approach, including Sweden, claim that the higher the price of alcoholic beverages the lower the level of per capita alcohol consumption. This claim does statistically not hold up. In Sweden, recorded per capita alcohol consumption is at about the same level today as it was 60 years ago. At the same time, however, Swedes nowadays earn more than three times as much as they used to earn back in the 1990's (in real terms). This means the real-term affordability of alcoholic beverages has increased significantly even though real prices have increased as well (above inflation).³

Heavy episodic drinking is on the decline in Nordic countries, as it is in Mediterranean countries. As regards underage drinking indicators, declining trends in Nordic and Mediterranean countries are also converging. This is evidence that targeted approaches helping the population decrease their heavy episodic drinking is more effective than measuring the consumption across the board. Furthermore, Life expectancy at birth increased since 1961 in Sweden, irrespective of the trend in per capita alcohol consumption: between 1961 and 2016, per capita alcohol consumption in Sweden sometimes increased, decreased, and remained stable.⁴

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.

¹ [Alkoholkonsumtion bland vuxna — Folkhälsomyndigheten \(folkalsomyndigheten.se\)](#)

² [Alcohol consumption statistics - Statistics Explained \(europa.eu\)](#)

³ The Missing Link: Per Capita Alcohol Consumption & Alcohol-related Harm, G. Z. Research & Consulting KG, Dr Gregor Zwirn, page 3

⁴ The Missing Link: Per Capita Alcohol Consumption & Alcohol-related Harm, G. Z. Research & Consulting KG, Dr Gregor Zwirn, page

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)^c

Comments from the Swiss Breweries' Federation

Swiss Breweries' Federation (SBF) was founded on 19 April 1877 and has thus been the industry organization of the Swiss brewing industry for 147 years. The SBF member breweries stand for more than 550 quality beers. The Swiss brewing industry achieves a turnover of over one billion Swiss francs. Around 50,000 jobs are directly and indirectly linked to it. The SBF is domiciled in Zurich.

# ^c NCD-GAP objective ^c	Comments on key priority areas ^c
1c 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. ^y	The Swiss Breweries' Federation supports the priority to reduce the harmful use of alcohol. A multistakeholder, cooperative approach that recognises that every stakeholder has a critical role to play will be essential to prevent and control non-communicable diseases.
2c To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases. ^y	Policymakers should recognise in alcohol and other policies the intrinsic nature of beer as a lower-alcohol, fermented beverage that can incite consumers towards moderating their consumption, since national policies that nudge consumers towards lower alcohol beverages, such as beer, are a time-tested, evidence-based way to improve public health outcomes. Switzerland's tax and advertising policies are good examples. ^y
3c To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments. ^y	Environments (f.e. Switzerland) that nudge consumers towards lower alcohol beverages as an alternative to high strength beverages are aligned with efforts to encourage moderate consumption as part of a well-balanced lifestyle.
4c 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. ^y	Screening and Brief Interventions are crucial to holistic strategies to reduce the harmful use of alcohol and personalised support to individuals.
5c To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases. ^y	Swiss Breweries' Federation supports 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. The intrinsic nature of beer as a lower alcohol, fermented beverage, differs from other, strong alcohol categories. Further research is needed to assess the impact of substituting higher alcohol products with no and

		lower alcohol products. This should also include recognising and evaluating policies that already vary at national level according to the beverage type and the strength of the beverages.y
6c	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control. y	With trends in the growth of the different alcohol categories varying significantly, developments in the growth of low- and no-alcohol beers, and no-alcohol beer now making up to seven percent of the beer category in Switzerland, the NCD Monitoring Framework should also track the impact of substitution strategies from one category to another across all three targets: total alcohol consumption per capita; heavy episodic drinking; and alcohol-related morbidity and mortality.
*	<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.	Swiss Breweries' Federation welcomes the formation of the Commission on Social Connection (2024-2026). We would urge the Commission to prioritise and conduct studies on the importance of social connections as an important part of wellbeing.

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

Breakthrough T1D

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.	For Diabetes, the target of “100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring” has been set for 2030 There are over 9million people living with T1D around the world, yet currently Diabetes advocacy and data are heavily biased towards Type 2 Diabetes compared to Type 1. There is no cure for T1D and management requires daily access to insulin. To ensure that the target for Type 1 Diabetes is high on the agenda like the more prevalent Type 2 Diabetes and other NCDs, it is essential that data and efforts are disaggregated and specifically captured in policy documents.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Currently WHO global frameworks, guidance for management and toolkits for response are either specifically for or heavily focused on Type 2 Diabetes. There are none specifically for Type 1 Diabetes and Type 1 diabetes is not sufficiently in these publications. Specific guidance for Type 1 Diabetes, is essential to ensure adequate and concerted country response.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	There is an urgent need to raise, within national noncommunicable disease responses, the priority given to the control of Type 1 diabetes, including early diagnosis, treatment, care and management of complication, in particular, in low- and middle-income settings

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 important that the outcome document of the 2025 High-level meeting on NCDs, includes strong messages to ensure that health systems cover the needs of people with Type 1 Diabetes, including early diagnosis, high-quality, integrated and people-centred primary health services, health management information systems, and an adequate and well-trained and equipped health workforce, to achieve the goal “100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring” has been set for 2030”
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	High-level research from Low- and Middle Income Countries (LMICs) is currently almost non-existent, due to the lack of data. International dataset generally use modelling and is likely an under-estimate on numbers of incidence and prevalence levels. Without national data on Type 1 diabetes, attracting health care professionals to the profession of pediatric 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.	For Diabetes, the target of “100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring” has been set for 2030 Currently, there is a huge void in availability of up-to-date epidemiological data on Type 1 Diabetes (T1D) in countries and on a global level which not only makes it difficult to understand the scale of T1D and challenges across countries but also greatly hinders the ability to capture the impact of interventions for people living with T1D. To overcome challenges in meeting this ambitious target by 2030, it is critical to address this data void by collecting data disaggregated by diabetes type on a country level. This will enable the identification of gaps in care specifically for Type 1, monitor progress and support research into new treatments and interventions. To widen the benefits of these efforts, there is a need for standardisation at global level to ensure consistency and comparability of data and sharing of best practices to help other countries adopt similar approaches.
*	<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 increasing focus on the need to attend to mental health issue for Children living with the chronic disease of Type 1 diabetes, due to high levels of suicide and social issues registered.

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.	For Diabetes, the target of “100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring” has been set for 2030 Currently Diabetes advocacy and data are heavily biased towards Type 2 Diabetes compared to Type 1. To ensure that the target for Type 1 Diabetes is high on the agenda like the more prevalent Type 2 Diabetes and other NCDs, it is essential that data and efforts are disaggregated and specifically captured in policy documents.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	Currently WHO global frameworks, guidance for management and toolkits for response are either specifically for or heavily focused on Type 2 Diabetes. There are none specifically for Type 1 Diabetes and Type 1 diabetes is not sufficiently in these publications. Specific guidance for Type 1 Diabetes, is essential to ensure adequate and concerted country response.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	There is an urgent need to raise, within national noncommunicable disease responses, the priority given to the control of Type 1 diabetes, including early diagnosis, treatment, care and management of complication, in particular, in low- and middle-income settings

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 important that the outcome document of the 2025 High-level meeting on NCDs, includes strong messages to ensure that health systems cover the needs of people with Type 1 Diabetes, including early diagnosis, high-quality, integrated and people-centred primary health services, health management information systems, and an adequate and well-trained and equipped health workforce, to achieve the goal “100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring” has been set for 2030”
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	High-level research from Low- and Middle Income Countries (LMICs) is currently almost non-existent, due to the lack of data. International dataset generally use modelling and largely been shown to portray under-estimated numbers of incidence and prevalence levels. Without national data on Type 1 diabetes, attracting health care professionals to the profession of pediatric 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.	For Diabetes, the target of “100% of people with type 1 diabetes have access to affordable insulin and blood glucose self-monitoring” has been set for 2030 Currently, there is a huge void in availability of up-to-date epidemiological data on Type 1 Diabetes (T1D) in countries and on a global level which not only makes it difficult to understand the scale of T1D and challenges across countries but also greatly hinders the ability to capture the impact of interventions for people living with T1D. To overcome challenges in meeting this ambitious target by 2030, it is critical to address this data void by collecting data disaggregated by diabetes type on a country level. This will enable the identification of gaps in care specifically for Type 1, monitor progress and support research into new treatments and interventions. To widen the benefits of these efforts, there is a need for standardisation at global level to ensure consistency and comparability of data and sharing of best practices to help other countries adopt similar approaches.
*	<i>In addition:</i> To promote and protect mental health and well-being, including prevention and	There is increasing focus on the need to attend to mental health issue for Children living with the

	management of mental health conditions, as a vital component of achieving SDG target 3.4.	chronic disease of Type 1 diabetes, due to high levels of suicide and social issues registered.

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Bangkok, 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

Thai Alcohol Beverage Business Association (TABBA) welcomes the opportunity to provide our feedback as part of the Phase 1 consultation process.

TABBA represents 8 global and local spirits, wine and beer producers and importers operating in Thailand. Together, members of TABBA and its alliances have represented approximately 95% of the Thailand's total beverage alcohol supplies and market share. 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. We look forward 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. 2, 3 and 6.

#	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. Among TABBA' core missions are to ENSURE sustainably responsible marketing activities, good governance, compliance and ethics in doing business, to LEAD responsibility toward society and to PARTNER with government, the entire alcohol industry and stakeholders to promote responsible drinking and proactively tackle harmful use of alcohol. 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 Thailand 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 focusing on addressing the harmful use of alcohol; • Emphasize on awareness raising of 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 business operators to reduce the harmful use of alcohol. Elaboration on the above-mentioned recommendations and examples of how TABBA has responded to the

		challenge in the 2018 Political Declaration on NCDs to take concrete steps to eliminate marketing and sale to minors are identified 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 that are total alcohol consumption per capita, heavy episodic drinking and alcohol-related morbidity and mortality. We also recommend a serious focus on gathering data on unrecorded alcohol, especially illicit alcohol, given the significance of its impacts on public health and its prevalence in Thailand and its neighboring countries. 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.

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General comments from The Brewers of Europe

The Brewers of Europe brings together brewing associations and companies from 28 European countries to represent the united voice of Europe's 10,000 breweries. Creating over 2 million jobs and €40 billion in government revenues across the European Union, beer is not just an integral part of Europe's culture and heritage, but a major contributor to social, economic and sustainable development.

Policymakers should recognise in alcohol and other policies the intrinsic nature of beer as a lower alcohol, fermented beverage that can incite consumers towards moderating their consumption, as a time-tested, evidence-based way to align business with public health objectives. They should pursue a more progressive excise tax framework that is fair to beer versus stronger alcohol categories and, while respecting national subsidiarity, recognises the merits of nudging consumers towards lower alcohol beverages, the jobs created by beer in the hospitality and agriculture sectors, and the value generated by brewing from the local to the European level.

Policymakers should therefore also incentivise innovation and consumption of low alcohol products, including lower and no alcohol alternatives, by supporting policies that encourage investment and promote their production and marketing.

#	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.	Brewers support the priority to reduce the harmful use of alcohol and are integrating this into their strategies, recognising the opportunity to align business with public health objectives. A multistakeholder, cooperative approach that recognises every stakeholder has a critical role to play will be essential to prevent and control NCDs. The Global Alcohol Action Plan (GAAP) identifies a key role for economic operators and brewers have taken multiple actions to implement WHO recommendations. The 2010 Global Alcohol Strategy also establishes a whole-of-society approach that recognises 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 3rd high-level meeting of the UN General Assembly on the prevention and control of NCDs, reaffirmed this approach.
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 GAAP, are essential for tackling the harmful use of alcohol. Policymakers should recognise in alcohol and other policies the intrinsic nature of beer as a lower-alcohol, fermented beverage that can incite consumers towards moderating their consumption, since national policies that nudge consumers towards lower alcohol beverages, such as beer, are a time-tested, evidence-based way to improve public health outcomes.

		In Europe, consumption data shows that increased beer consumption does not per se mean increased alcohol consumption when consumers are substituting higher alcohol beverages for beer and brewers are offering a wider choice of non- and lower-alcohol alternatives.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Environments that promote lower alcohol beverages as an alternative to high strength beverages are aligned with efforts to encourage moderate consumption as part of a well-balanced lifestyle. Brewers recognise 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. The growth in non-alcoholic beer has clearly aligned with reductions in Europe both in drink drive fatalities and in the numbers of heavy episodic drinking occasions, demonstrating that increased beer consumption need not equate either to increased alcohol consumption or to increased alcohol related harms.
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 are crucial to ensure targeted intervention to reduce the harmful use of alcohol and personalised support to individuals, taking into account their background and their specific needs.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Brewers support the GAAP's (2022) call for alcohol policy research, including on the impact of differentiated policies according to the alcohol content of alcoholic beverages, since these are common practise in all European countries, whether it be policies on marketing, availability or taxation. The intrinsic nature of beer as a lower alcohol, fermented beverage, differs from other, strong alcohol categories. Further research is needed to assess the impact of substituting higher alcohol products with no and lower alcohol products. This should then also include recognising and evaluating policies that already vary at national level according to the beverage type and the strength of the beverages.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	With trends in the growth of the different alcohol categories varying significantly, developments in the growth of low- and no-alcohol beers, and no-alcohol beer now making up over six percent of the beer category in Europe, the NCD Monitoring Framework should also track the impact of substitution strategies from one category to another across all three targets: total alcohol consumption per capita; heavy episodic drinking; and alcohol-related morbidity and mortality.
*	<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.	We welcome the formation of the Commission on Social Connection (2024-2026). We would urge the Commission to prioritise and conduct studies on the importance of social connections as an important part of wellbeing.

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General comments from The Brewers of Romania

Summary: The Brewers of Romania, as part of the larger family of European beer producers represented by The Brewers of Europe, consist of the most prominent players in the Romanian beer market. Our members produce nearly 90% of the total beer consumed in Romania and also serve as key suppliers of the agricultural raw materials essential for production. Beer is not just an integral part of Europe's culture and heritage, but a major contributor to social, economic, and sustainable development. Offering a diversity of choices for every occasion and consumer, including lower and no alcohol options, beer brings people together and enhances conviviality. Brewers champion moderation as, when consumed responsibly, beer can be perfectly compatible with an adult's balanced lifestyle.

#	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.	Brewers are committed to reducing the harmful use of alcohol and are incorporating this priority into their strategies, aligning business practices with public health goals. A cooperative, multistakeholder approach is vital for preventing and controlling non-communicable diseases, recognizing that every participant has a crucial role. The Global Alcohol Action Plan (GAAP) emphasizes the significant role of economic operators, and brewers have actively implemented the WHO's recommendations. The 2010 Global Alcohol Strategy advocates for a comprehensive societal approach, highlighting economic operators as essential for success and urging them to find effective ways to prevent and reduce harmful alcohol use within their core roles as developers, producers, marketers, and sellers. This approach was reaffirmed by the Political Declaration of the 3rd high-level meeting of the UN General Assembly on the prevention and control of 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.	Multi-stakeholder engagement and public/private partnerships, in accordance with the recommendations of the Global Alcohol Action Plan, are essential for addressing the harmful use of alcohol. Policymakers should recognize in their alcohol and related policies the unique nature of beer as a lower-alcohol, fermented beverage that can encourage consumers to moderate their consumption. National policies that guide consumers towards lower alcohol beverages, such as beer, are a proven, evidence-based approach to improving public health outcomes. In Europe, consumption data indicates that increased beer consumption does not correlate with increased overall alcohol consumption when consumers substitute higher alcohol beverages with beer. Brewers also contribute by offering a broader range of non- and lower-alcohol alternatives.

3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Creating environments that promote lower alcohol beverages as alternatives to high-strength drinks aligns with efforts to promote moderate consumption as part of a balanced lifestyle. Brewers acknowledge the call for increased private sector involvement, as outlined in the 2018 Political Declaration and reiterated in the 2022 Global Alcohol Action Plan, and have taken numerous measures to fulfill the core requests of Economic Operators. The growth of non-alcoholic beer has corresponded with reductions in both drink-driving fatalities and instances of heavy episodic drinking in Europe. This demonstrates that increased beer consumption does not necessarily lead to heightened alcohol intake or alcohol-related harms.
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 play a crucial role in providing targeted intervention to reduce the harmful use of alcohol and offer personalized support to individuals.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	Brewers endorse the Global Alcohol Action Plan's (2022) initiative for alcohol policy research, specifically regarding the effects of differentiated policies based on the alcohol content of alcoholic beverages. Beer's inherent character as a lower-alcohol, fermented beverage sets it apart from stronger alcohol categories. Further research is essential to evaluate the outcomes of substituting higher alcohol products with non- and lower-alcohol alternatives. This research should also encompass the recognition and evaluation of existing national-level policies that vary according to beverage type and alcohol strength.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Given the considerable variation in the growth trends of different alcohol categories, particularly the significant rise in low- and no-alcohol beers—with no-alcohol beer now comprising over six percent of the beer category in Europe—the NCD Monitoring Framework should include tracking the impact of substitution strategies across all three targets: total alcohol consumption per capita, heavy episodic drinking, and alcohol-related morbidity and mortality.
7	To elevate the priority of promoting responsible alcohol consumption in alignment with NCD-GAP objectives aimed at reducing harmful alcohol use, based on tailored policies, considering local cultural and consumption patterns, in line with NCD-GAP's objective of implementing evidence-based interventions tailored to national contexts.	As advocates for responsible alcohol consumption in Romania, we emphasize the importance of tailored policies that consider the unique cultural and consumption patterns within our nation. With Romania's rich brewing heritage and its significant contribution to both national and European beer market, we recognize the need for policies that support the growth of low- and no-alcohol beer options, reflecting the evolving preferences of Romanian consumers. Moreover, we urge for a deeper exploration into the socioeconomic impact of these policies, particularly in terms of employment generation and support for local agriculture. By prioritizing research on these aspects and fostering

		collaboration between stakeholders, we can further enhance public health outcomes while supporting the vitality of Romania's brewing industry.
*	<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.	We welcome the establishment of the Commission on Social Connection (2024-2026). We strongly encourage the Commission to prioritize and undertake studies on the significance of social connections as a fundamental aspect of overall wellbeing.

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Comments by the Hellenic Association of Brewers

Summary: The Hellenic Association of Brewers was founded in 2004 as an association of large breweries in Greece. Today, two large and 18 small brewers are members of the Association, with equal representation on the Management Committee.

The mission of the Hellenic Association of Brewers is to support brewers operating in Greece to produce and market their beer freely, competitively, responsibly, and legally, with respect to the consumer, society, and the environment.

The Hellenic Association of Brewers is a member of The Brewers of Europe, which was founded in 1958 and today counts 28 national brewers' associations as members, plus Norway and Switzerland.

The goal of the Association is to develop a model that enhances competitiveness and disseminates the culture of beer, while informing about the safety of the product and the positive contribution of moderate consumption and promoting the reform and modernization of the existing legislation. At the same time, it supports extroversion and the domestic manufacturing of products, contributing substantially to the economic development of the country, through:

- Adopting good practices throughout the production and distribution chain, with a focus on consumer protection.
- Initiatives that concern the society, the economy, and the environment.
- Initiatives to develop the beer sector.
- **Promoting responsible beer consumption** in the context of a balanced lifestyle, through initiatives, awareness campaigns, conferences, events, and scientific research. Its role is crucial and of high importance in preventing and controlling of Non communicable disease (NCDs).
- Working with the state to modernise legislation.

#	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 Hellenic Association of Brewers and its members are working to implement the WHO action plan (2022-2030) to effectively implement the Global Strategy to Reduce the harmful Use of Alcohol (Global Alcohol Action Plan-GAAP) and support the target to reduce harmful alcohol use by 20%. According to the study of the Global Burden of Disease, the mortality rate from the harmful use of alcohol has declined by 18,2% since 2010, very close to achieving the WHO's ambitious target.
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.

		Policymakers should recognise in alcohol and other policies the intrinsic nature of beer as a lower-alcohol, fermented beverage that can incite consumers towards moderating their consumption, since national policies that nudge consumers towards lower alcohol beverages, such as beer, are a time-tested, evidence-based way to improve public health outcomes.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Environments that promote lower alcohol beverages as an alternative to high strength beverages are aligned with efforts to encourage moderate consumption as part of a well-balanced lifestyle. Our members promote campaigns regarding responsible moderate beer consumption. They have created and established the alcohol-free category in Greece with a series of information and awareness actions for the consumers that are carried out on a regular basis and prevent the consumption of beer with alcohol while driving. They promote low alcohol beer as an alternative to high alcohol drinks and align with efforts to encourage moderate drinking as part of a well-balanced lifestyle. In the Appendix you can find examples of our members' initiatives to promote responsible beer consumption.
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 are crucial to ensure targeted intervention to reduce the harmful use of alcohol and personalised support to individuals.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	The nature of beer as a lower alcohol, fermented beverage, differs from other, strong alcohol categories. Further research is needed to assess the impact of substituting higher alcohol products with no and lower alcohol products. This should also include recognising and evaluating policies that already vary at national level according to the beverage type and the strength of the beverages.

		The Hellenic Association of Brewers supports 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.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	With trends in the growth of the different alcohol categories varying significantly, developments in the growth of low- and no-alcohol beers, and no-alcohol beer now making up over six percent of the beer category in Europe, the NCD Monitoring Framework should also track the impact of substitution strategies from one category to another across all three targets: total alcohol consumption per capita; heavy episodic drinking; and alcohol-related morbidity and mortality.
*	<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.	We welcome the formation of the Commission on Social Connection (2024-2026). We would urge the Commission to prioritise and conduct studies on the importance of social connections as an important part of wellbeing.

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APPENDIX:

Example 1

Athenian Brewery SA, a member of The Hellenic Association of Brewers, created together with the *Greek bartenders Association* and the NGO “*Sober- to our Health*” the application “Serve responsibly” with the aim to inform and raise awareness among HORECA professionals on the importance and value of responsible alcohol disposal.

Example 2

Athenian Brewery SA, with the collaboration of the NGO “*Sober- to our Health*”, the company created a series of podcasts entitled “We discuss responsibly”, dedicated to responsible consumption and disposal of alcohol. The aim of this action is to investigate issues regarding alcohol consumption and its implications for health, social life and culture, with the main point of reference being the policy of Athenian Brewery “We don’t drink when we drive”. A significant amount of the company’s total advertising expenditure is invested in communication campaigns that promote responsible consumption.

Example 3

Olympic Brewery SA, a member of The Hellenic Association of Brewers, in the previous year, participated actively during the “17th European Night without accidents”. The company proceeded with communication activations aiming to enhance the message around responsible drinking, having as key message “Responsible consumption does not exclude real fun”. Particularly, they presented alternative drinking occasions during a night out in the city center, focusing on the fact that by not consuming alcohol we are not excluded from having fun, deprived of a good mood and interaction with friends, while underlying the fact that it is a conscious choice that gains popularity among consumers. This activation was implemented in collaboration with a big Greek Media house, with the participation of its websites’ editors.

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Directions

The WHO Global action plan for the prevention and control of non-communicable 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.

#c	NCD-GAP objective c	Comments on key priority areasc
1c	To raise the priority accorded to the prevention and control of non-communicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy. y	To prioritize NCD control in Pakistan for Type 1 Diabetes: 1) Advocate global health diplomacy and strategic alliances. 2) Formulate comprehensive diabetes and mental health strategies with national action plans. 3) Strengthen healthcare capacity, infrastructure, and training. 4) Enhance public awareness and community engagement for prevention and management.
2c	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of non-communicable diseases.y	To address Type 1 Diabetes in underdeveloped countries, focus on: enhancing leadership and governance, fostering multisectoral collaboration, building robust healthcare infrastructure, forming strategic partnerships, implementing comprehensive national policies, and promoting public awareness and education on diabetes risk factors and healthy lifestyles.
3c	To reduce modifiable risk factors for non-communicable diseases and underlying social determinants through creation of health-promoting environments. y	To reduce modifiable risk factors for Type 1 Diabetes and other NCDs, Pakistan and similar countries should: enforce strict tobacco and alcohol control, promote access to healthy foods,

		create public spaces for physical activity, conduct nationwide health education campaigns, and address social determinants via improved education, poverty reduction, and enhanced healthcare access.
4c	To strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage. y	To strengthen health systems for Type 1 Diabetes prevention and control, countries should: integrate diabetes services into primary care, train healthcare workers, achieve universal health coverage, develop robust health information systems, foster multisectoral collaboration, empower communities, enhance governance, and ensure access to essential medicines and technologies.
5c	To promote and support national capacity for high-quality research and development for the prevention and control of non-communicable diseases. y	To enhance R&D for Type 1 Diabetes prevention and control, prioritize: upgrading research infrastructure and funding; building skills and fostering supportive culture; fostering collaborations; improving data systems; developing enabling policies and ethical standards; engaging communities and stakeholders; translating research into interventions; and promoting innovation with digital health tools.
6c	To monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control. y	To monitor Type 1 Diabetes and mental health trends, prioritize: robust surveillance systems, regular risk factor assessments, digital health tools and electronic records, research support and evidence-based policies, monitoring frameworks, healthcare professional capacity building, and international collaboration for data sharing and standardized 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.	

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Tel: +357 22 319 129 Fax: +357 22 314 553 E-mail: thalassemia@tiffed.com.cy**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)**

Liver steatosis poses a significant risk to the general population. However, among thalassaemia patients, the risk is even greater due to their predisposition to developing diseases like diabetes, their lifelong need for blood transfusions, and the consequent accumulation of iron in their organs. The pathophysiology of thalassaemia further contributes to liver fibrosis. This occurs regardless of the effectiveness of chelation therapy, which is often inadequate, especially in low- and middle-income countries. Although the survival rate of thalassaemia patients has improved in developed countries, there is insufficient research on the development of SLD (Simple Liver Disease) and MASLD (Metabolic Associated Steatohepatitis) in this population.

Given these heightened risks, early detection, regular monitoring, and comprehensive management strategies are crucial for thalassaemia patients to mitigate the adverse effects of liver steatosis on their health and well-being.

Therefore, we recommend the following actions:

1. Further research to examine the prevalence, pathophysiology, clinical features, and long-term effects of SLD/MASLD in patients with transfusion-dependent thalassaemia.
2. Raising awareness among patients and healthcare professionals about the risks and management of liver steatosis.
3. Advocacy for health systems to prioritize the prevention and control of liver steatosis in thalassaemia patients.

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June 13, 2024

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

Dear Organizing Committee,

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

In response to these efforts, we in the Division of Liver Diseases at Mount Sinai strongly endorse the following actions related to the NCD Gap objectives.

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.](#)

Comments: 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.](#)

Comments: 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](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.](#)

Comments: 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.

Comments: 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.

Comments: 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](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.

Comments: 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.

Lastly, 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.



Meena B. Bansal, MD

Union for International Cancer Control
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 welcome the development of the priority areas, noting with concern that, while there has been good policy development, Government have been unable to mobilise the necessary investment needed for action. In light of this, UICC recommends the inclusion of the following priority areas: • All countries to develop national cancer control plans (NCCPs), supported by implementation strategies that cost out interventions (using the WHO cancer costing tool), identify and implement adequate resources from domestic and international sources. • Where appropriate, to develop regional cancer control strategies (such as the EU beating cancer plan) to make the best use of cancer expertise, capacities (including for data collection, research etc.) and platforms (such as for pooled procurement) to support the implementation of national action. • Member States to meet their commitment to allocate 0.7% GNI in development assistance, prioritising this through development agencies (rather than through concessional loans), and committing to invest in NCDs in line with recipient country health priorities and disease burdens.

		• WHO to advocate for increased investment in NCDs, including fulfilment of its own budgetary needs to provide technical support to Governments. • Member States and WHO to advocate with other global health multilateral organisations (most notably The Global Fund and Gavi) to better integrate NCDs into their work and budgets to respond to health priorities in the countries they are supporting.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	We welcome the identification of the priority areas, and encourage WHO to integrate the following interventions to support accelerate national implementation of strategies, which has been variable to date: • Member States to increase investment in health ensuring, at a minimum, 5% of government spend on health, in line with WHO recommendations. • Member States to develop NCD investment strategies to mobilise appropriate resources, based on fully costed national NCD and cancer strategies, drawing on domestic and international resources as needed. • Integrate NCDs, including cancer, into national development planning. This could take many forms, but we note the impact of high-level national cancer committees, reporting directly to the office of the President/Prime Minister. They are able to bring together Ministries to formulate, implement and review policies, noting that many key policy interventions (e.g. tobacco and alcohol taxation, food policies, transport policies) lay outside of the Ministry of Health's sphere of control. • All Member States to engage civil society organisations in NCCP, implementation, monitoring and evaluation through a national cancer control committee, including representations from patient and clinical groups.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	We welcome the priority areas identified and recommend the development of clear global targets, building on those in the global action plan, with measurable targets. Key interventions for the UICC community include: • All Member States to implement WHO's recommended interventions for NCDs (the 'Best Buys') with a particular focus on raising the price of tobacco and other health-

		harming products significantly through taxation and removal of subsidies. • Accelerate the implementation of the WHO FCTC by its State Parties. • All Member States to implement population wide human papillomavirus vaccination and screening programmes to achieve the WHO's 90-70-90 targets with the ambition to eliminate cervical cancer. • All Member States to scale up hepatitis B vaccination • All Member States to invest in appropriate screening modalities to expand access to priority populations for the most common cancers, in line with WHO guidance. • Every Member State to collect data on NCD risk factor exposure to track the effectiveness of policy interventions in curbing NCDs and returns on investment. • Development and implementation of robust mechanisms to guard against conflicts of interest, noting the measures included in the Bridgetown Declaration for whole-of-society mechanism.
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 note with concern that, while there has been notable progress in reducing exposure to key NCD risk factors, access to essential medicines and technologies has stalled. Moreover, a growing body of data suggests that NCDs are one of the major causes of catastrophic health spending around the world. It is essential therefore that the 2025 Political Declaration on NCDs includes robust targets for NCD treatment at primary, secondary and tertiary level, accompanied by robust financial protection measures: • All Member States to develop a national essential medicines list, drawing on guidance from the WHO's model essential medicines list, ensuring the inclusion of antibiotics and controlled medicines for pain management. • All Member States to develop national essential diagnostics and technologies lists for cancer, in line with WHO guidance. • Member States to extend the goal of 80% access to essential medicines and technologies, currently included in the Global Monitoring Framework for NCDs, establish mechanisms to monitor access. • All Member States to progressively build and operate a network of cancer centres to deliver services that meet the needs of their

		population, drawing on data from national cancer registries accurately monitor the cancer burden and survival. • All Member States to ensure that cancer and NCDs are included in UHC benefit packages and financial protection mechanisms, to bring out-of-pocket spending down to 15% of total investment in NCDs, in line with WHO advice.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	We welcome the priority areas identified, to support the prioritisation and implementation of key interventions, we encourage the WHO to integrate the action areas below: • 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. • Strengthen national surveillance and monitoring systems to collect quality population-based incidence, prevalence and mortality data to monitor progress towards national NCD targets (disaggregated by age, gender, income and other factor), by leveraging existing infrastructure and registries for evidence-based action, financing and accountability. • All Member States to establish a national cancer institute to act as a centre of excellence to promote research, collate national data and help formulate government policies on cancer control.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	• All Member States develop and implement a national cancer registries, drawing on guidance from the International Agency for Research on Cancer, and a national centre to collate and analyse data on the national cancer burden and trends in order to inform national cancer and NCD policies.
*	<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.

Regarding: Web-Based Consultation on the Fourth High-Level Meeting of United Nations General Assembly (U.N.G.A) on the Prevention and Control of Non-Communicable Diseases (NCDs), Focusing on the Key Priority Areas in the WHO Director General's Report

The Vietnam Beer-Alcohol-Beverage Association (VBA) would like to extend the warmest greetings and welcome the chance to submit our inputs as part of the Phase 1 consultation process.

VBA is a non-governmental voluntary organization based in Vietnam that represents Vietnamese companies in the alcoholic and sweetened beverage industries. In addition to support in business operations, we represent companies in conversations with state agencies about development policies.

For the purposes of this submission, we will focus on the NCD-GAP objectives most relevant to our members' economic operations in alcohol sector, i.e. 2, 3 and 6.

N	NCD-GAP objective	Comments on key priority areas
2	To strengthen national capacity, leadership, governance, multi-sectoral 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 constructive contribution that the private sector has shown since the last High-Level Meeting on NCDs in 2018. Multisectoral action and partnerships have helped optimize 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 public-private sector's contribution to accelerate country responses are provided in Annex 1. We recommend that the DG's report: • Frame the section on alcohol and health around the agreed alcohol and health multilateral frameworks, which focuses on the harmful use of alcohol. • Reflect the range of policy options included in the 2010 <i>Global Strategy to Reduce the Harmful Use of Alcohol</i>, the 2013 <i>Political Declaration on NCDs</i>, and the 2022-2030 <i>Global Alcohol Action Plan</i>, as well as national and local contexts. • Include the contributions made by the private sector to reduce the harmful use of alcohol.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments	

To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	Elaboration on these recommendations is in Annex 1. We recommend that the DA's report use the SDH 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 and its prevalence in Asia. Elaboration on these recommendations is in Annex 3.

VITA would like to express our sincere appreciation to WHO for the opportunity to share our views. We are willing to take part and provide private-sector perspectives regarding the prevention and control of NCDs.



Châu Thị Văn Anh

Vice-Chairwoman cum General Secretary

Vietnam Beer - Alcohol - Beverage Association

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 Comisión para la Industria de Vinos y Licores (CIVyL) agradecemos la oportunidad de contribuir al proceso de consulta de la Fase 1. Nuestra respuesta se enfoca 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 bebidas con contenido alcohólico.

CIVyL es una asociación comercial que aporta información oportuna y eficaz para contribuir en la elaboración y aplicación de políticas públicas relacionadas con la industria, conservando siempre como objetivo fundamental la prevención del uso nocivo del alcohol.

Constituimos la voz unida de once de las principales empresas dedicadas a la producción, envasado e importación de vinos y licores en México: Bacardí, BLN, Brown Forman - Casa Herradura, Campari, Casa Cuervo, Diageo, La Madrileña, Moët Hennessy, Pedro Domecq, Pernod Ricard y Beam Suntory.

Desde CIVyL buscamos desempeñar un papel constructivo en la implementación del llamado a la acción de la Declaración Política de la ONU de 2018 sobre la Prevención y Control de las ENT, y esperamos tener la oportunidad de hacerlo nuevamente después de la Reunión de Alto Nivel que se celebrará en 2025.

Objetivo 2		
CIVyL fortalece la capacidad, el liderazgo, la gobernanza y la acción multisectorial de las asociaciones para acelerar la respuesta del país en la prevención y control de las enfermedades no transmisibles.		
#	Objetivo del NDC-GAP	Comentarios sobre áreas prioritarias clave
2	Fortalecer la capacidad nacional, el liderazgo, la gobernanza, la acción multisectorial y las asociaciones para acelerar la respuesta del país para la	CIVyL 1. En conjunto con la autoridad, establecimos un Convenio de concertación de acciones de autorregulación en materia de publicidad de bebidas alcohólicas . En él, nos comprometimos a Promover y apoyar la elaboración y difusión de campañas publicitarias

prevención y el control de las enfermedades no transmisibles.	orientadas a la moderación en el consumo de bebidas alcohólicas, que adviertan sobre los daños a la salud y los efectos nocivos en el abuso en el consumo de estos productos puede producir en la salud de la población. • Incluir leyendas precautorias en la publicidad, no utilizar espacios en radio, TV o internet de interés para menores de edad • Incluir mensajes de responsabilidad social en las campañas de comunicación • Incluir mecanismos de verificación de edad en las páginas Web de las bebidas alcohólicas, con recordatorios de edad legal para consumirlas. Finalmente, nos comprometimos a incluir en los materiales publicitarios la referencia a la página electrónica de alcoholinformate.org.mx, , que brinda numerosos elementos de educación para la responsabilidad ante el consumo. 2. De forma conjunta con los asociados de nuestra Comisión, al interior de CIVyL hemos desarrollado una herramienta de autorregulación respecto a la publicidad de influencers, que hemos denominado <i>Estándares para la promoción de la responsabilidad en el influencer marketing de bebidas con alcohol en México</i>, que se enfoca en la promoción de una cultura de responsabilidad ante el consumo de bebidas con alcohol, mediante acciones puntuales que favorezcan un comportamiento ético y ambientes seguros y de esta forma: • Orientar las acciones de los asociados de CIVyL con las relaciones que establecen con influencers con objetivos comerciales, a fin de que los términos y condiciones de dicha colaboración sean claros;

		• Sirvan para reforzar mensajes de prevención del uso nocivo del alcohol; • Garanticen transparencia publicitaria; • Privilegien el respeto a los derechos humanos y; • Participen del sano desarrollo de la comercialización digital. Estos estándares han contribuido a promover la responsabilidad en la promoción de bebidas alcohólicas y apoyan la prevención del uso nocivo del alcohol y la importancia de la transparencia en la publicidad. Es importante destacar que esta medida fue impulsada desde CIVyL frente a la ausencia de alguna regulación por parte de la autoridad, dos años antes de que se publicara una Guía de Publicidad para Influencers. Respecto a la Guía, la autorregulación desarrollada por CIVyL es mucho más exhaustiva en tanto que establece que al seleccionar los perfiles para la publicidad las personas deberán tener al menos 25 años y aparentar físicamente que cumplen al menos con la edad legal de consumo o compra de alcohol. En la Guía no se menciona ninguna recomendación en torno a la edad aparente de la publicidad en influencers por lo que los asociados de CIVyL tienen disposiciones superiores en este sentido. 3. Desarrollamos en conjunto con la autoridad el Código de ética en materia de comercio electrónico a fin de respetar y promover los derechos de la población consumidora, fomentar una cultura de consumo responsable, la protección de grupos vulnerables y la autorregulación. Los asociados de CIVyL que firmaron el Código recibieron el reconocimiento oficial del Distintivo Digital PROFECO por promover información clara y completa, seguridad, transparencia, confidencialidad, confianza y certeza jurídica en sus páginas Web. Industria Unida

	Respecto a otras organizaciones de bebidas alcohólicas en el país, hemos construido un ambiente de interlocución con autoridades donde se garantice la gobernanza entre el sector de bebidas alcohólicas en México y las autoridades gubernamentales encargadas de su regulación y se fortalezca el cuidado del consumidor. 4. Hemos promovido el diálogo de la industria con la autoridad fiscal en México, es decir, con el Servicio de Administración Tributaria (SAT), para la correcta operación de los marbetes físicos y electrónicos, para garantizar que estas etiquetas con código QR que ha dispuesto la autoridad para dar trazabilidad en términos tributarios también tengan un impacto en salud, en beneficio de los consumidores al brindarles información sobre el origen, autenticidad y legalidad de los productos, promoviendo a su vez la formalidad de las bebidas alcohólicas. Desde CIVyL promovemos el uso de los códigos QR en tanto que permite tener acceso fácil y rápido a información adicional, actualizada y con posibilidad de ser interactiva para el consumidor, brindando no sólo beneficios en un espacio limitado de la etiqueta, sino también en materia de sostenibilidad por disminuir los materiales impresos. Incluso pueden influir en generar información sobre los patrones de consumo y con ello ayudar a generar estrategias en torno a la promoción de la responsabilidad frente al consumo de bebidas alcohólicas. 5. De igual forma en conjunto con el SAT, desarrollamos una campaña: Juntos contra la ilegalidad.mx en donde se promueve la cultura de la verificación de las botellas, a través de la lectura de los marbetes a través del código QR. En la página web de la campaña (https://juntoscontralailegalidad.mx/inicio/verifica-tu-botella/) se al consumidor en la lectura de los códigos QR a través de la cámara de un dispositivo móvil con

	conexión a internet, verificando que el marbete se encuentre adherido a la botella y no esté rayado, dañado o alterado. Se insiste en que el folio impreso del marbete debe ser igual al que se obtenga al consultar el sistema, así mismo se le enseña al consumidor que los datos de la página y los de la botella deben coincidir, brindándoles más elementos para tener responsabilidad ante el consumo de bebidas alcohólicas. 6. La NOM 047 incluye el concepto equivalencias del trago estándar, facilitando al gobierno que aplique el criterio que de otra forma no existe en el sistema jurídico mexicano. Ante la intención de la autoridad de derogarla sólo considerando un objetivo de simplificación normativa, promovemos el diálogo de la industria con la autoridad promotora de desarrollo económico y encargada del sistema normativo del país, es decir, la Secretaría de Economía (SE), en la necesidad de hacer que permanezca vigente y con ello estén determinados los parámetros de la responsabilidad ante el consumo y la unidad del trago estándar para el consumo de bebidas alcohólicas. 7. Hemos promovido el diálogo de la industria con el Instituto Mexicano de la Propiedad Industrial (IMPI) para garantizar que el sistema legal que protege las Denominaciones de Origen e Indicaciones Geográficas del país funcione, teniendo un marco legal y regulatorio específico sobre la correcta producción de las bebidas alcohólicas y de esta forma se proteja al consumidor garantizando que los productos no representen un riesgo para la salud. 8. Compartimos los conocimientos, la tradición y la fuerza de nuestros asociados en beneficio de los pequeños y medianos productores que forman parte de la Rama 27, Fabricantes de Bebidas Alcohólicas, de CANACINTRA Nacional, y con ello contribuimos en la capacitación de estos, que les permite estandarizar sus procesos, tener una

		relación estrecha con las autoridades regulatorias del país y ser parte del proceso formal e institucional del pago de impuestos.

Objetivo 3		
CIVyL responde al desafío de reducir a los factores de riesgo modificables para las enfermedades no transmisibles y los determinantes sociales subyacentes mediante la creación de entornos que promuevan la salud.		
#	Objetivo del NDC-GAP	Comentarios sobre áreas prioritarias clave
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.	9. Desde CIVyL buscamos reducir los factores de riesgo para las poblaciones que no deben consumir bebidas alcohólicas. Para ello establecimos una alianza y firmamos un convenio con el líder en México del sector de transporte y reparto de personas y mercancías para establecer medidas de seguridad en la venta y entrega de bebidas alcohólicas a través de la App Uber, garantizando que los repartidores entreguen producto con contenido alcohólico sólo a mayores de edad. 10. Hemos establecido un puente de comunicación con Meta, que integra las redes sociales Facebook e Instagram, y con la plataforma de venta electrónica Mercado Libre a fin de que pueda identificarse y combatirse la práctica ilegal de venta de botellas vacías, que por su bajo precio pueden constituir un incentivo para el relleno ilegal y con ello constituir un riesgo para la salud de los consumidores. 11. CIVyL ha establecido en la promoción del etiquetado electrónico en las bebidas alcohólicas una agenda prioritaria en tanto que otorga a los consumidores más información sobre los riesgos del uso nocivo del alcohol y la responsabilidad frente al consumo en un formato amigable y de fácil comprensión, con una gran aceptación en la población joven y también en la población en general.

		Consideramos que este formato ofrece espacio ilimitado de información al consumidor y permite el desarrollo de contenidos didácticos, interesantes e interactivos para que el consumidor tenga los elementos suficientes para tomar decisiones con responsabilidad ante el consumo y prevenir con ello el uso nocivo del alcohol. El uso del código QR permite mayor interacción con el consumidor para ofrecerle más información respecto a los símbolos precautorios, y usar mensajes y videos que refuercen y hagan conciencia sobre no alcohol y volante, no alcohol en menores de edad y cero alcohol en mujeres embarazadas permitiendo profundizar en los mensajes de responsabilidad ante el consumo para prevenir el uso nocivo del alcohol. Queremos insistir en que el etiquetado electrónico en las bebidas alcohólicas no solo proporciona información veraz sobre el producto para el consumidor, sino que también permite incluir elementos educativos a los consumidores sobre la importancia de la responsabilidad ante el consumo.

Objetivo 6		
CIVyL contribuye al monitoreo de las tendencias y determinantes de las enfermedades no transmisibles, así como impacta en la evaluación del progreso de su prevención y control.		
#	Objetivo del NDC-GAP	Comentarios sobre áreas prioritarias clave
6	Monitorear las tendencias y los determinantes de las enfermedades no transmisibles y evaluar el progreso en su prevención y control.	12. Finalmente, nos gustaría añadir que hemos construido a través de los últimos diez años un estudio bianual del mercado ilegal de bebidas alcohólicas en conjunto con la agencia internacional Euromonitor, que determina el consumo de alcohol informal en México, lo cual ha permitido identificar los factores que influyen en esa actividad para ayudar a las autoridades a combatirlo, permitiendo que no haya un riesgo en la salud de los consumidores. Los resultados de esta

	quinta edición serán presentados a la nueva Administración Federal en México que inicia el 1 de octubre de este año y se propiciará el realizar acciones conjuntas para disminuir la ilegalidad de bebidas alcohólicas en el país. Lamentablemente en el país, el consumo inmoderado de alcohol que desemboca en daños a la salud normalmente viene de productos de muy bajo costo que se entiende dentro del mercado ilegal como bebidas que no cumplen con la normativa, por lo tanto, la medición permite el monitoreo de esta actividad y con ello el desarrollo de estrategias por parte de la autoridad para proteger al consumidor y combatirlo. 13. En CIVyL formamos parte del Programa de Control Aduanero y Fiscalización de la Agencia Nacional de Aduanas, ANAM, del gobierno de México, por el que ofrecemos capacitaciones a los servidores públicos verificadores de mercancías para que estén atentos a las prácticas ilegales que se han identificado en la importación de bebidas alcohólicas y así formar un frente común y articulado ante los riesgos a la salud de los consumidores en México.