Intersectoral Forum to Fight NCDs in Brazil - ForumDCNTs' Recommendations to the World Health Organization (WHO) on the Updated Appendix 3 of the WHO Global NCD action plan 2013-2030.[1]

The ForumDCNTs, since 2017, unites organizations from the different sectors dedicated to policies and programs on NCDs prevention and care. It was planned from its conception to assist the country in achieving the SDG 3.4 through SDG 17 (additional details here). Nowadays, over a hundred organizations from the public, private and not-for-profit/civil society sector join efforts in the key alliance for partnerships to fight NCDs that is the ForumDCNTs.

Regarding the web-based consultation for Member States, UN organizations, and non-State actors on Draft Updated Appendix 3 of the WHO Global NCD action plan 2013-2030 for the publication of its second draft WHO Discussion Paper containing a proposed updated Appendix 3 for a web-based consultation; including updated results on CHOICE analyses that WHO is convening from 1 to 28 August 2022, the ForumDCNTs supports the institutions that comprise it - especially the ones co-signing below - and share the following comments and recommendations.

Recommendation of Draft Updated Appendix 3 of the WHO Global NCD action plan 2013-2030

We congratulate the update of the list of interventions for 2022 in comparison with the 2017 update at the Appendix 3 of the WHO Global NCD action plan 2013-2030 in order to accelerate the achievement of SGD 3.4 on local terms (e.g. low, medium and middle-high income countries) and considering that's intended to provide information and guidance on effectiveness and cost-effectiveness of population-based and individual interventions based on current evidence, and to act as the basis for future work to develop and expand the evidence base. We have some general recommendation as listed below:

We emphasize that the pandemic has increased poverty and social inequality. In Brazil during the pandemic, 100 million people have some degree of food insecurity and 30.1 million are hungry.[2] Which worsened the condition of the NCDs. Therefore, much emphasis must be placed on poverty reduction, on integrated, intersectoral policies. Objective 1 is very welcome. We suggest greater emphasis on acting on social determinants in health and on health regulatory actions and policies.
We highlight the importance of:
·Raise public and political awareness, understanding and practice about prevention and control of NCDs;
·Integrate NCDs into the social and development agenda and poverty alleviation strategies;
·Strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learned and best practices.

For interventions in objective 3: To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments, we recommend:

In physical inactivity, it is important to strengthen the importance of the subject of physical education (PE) in the official educational curriculums of schools.[3,4,5] Unfortunately, historically, there has been a reduction of time of practice at schools, including lack of space, and increased time for theory classes. As a consequence, the best time to engage children and adolescents to be more physically active adults is lost. Even in a recent publication in Brazil, the physical activity guide for the population, 150 minutes of moderate activity is recommended for adults and 75 minutes of vigorous activity per week for children, among other recommendations for different age groups during the life course.[6] Active participation in physical education classes provides a beneficial effect on both physical and emotional development of students,[7] and should be reinforced in this document.

At the same time, and in the same way, healthier food, mainly at the development of habits, as in toddlers, at school time, can make healthier adults. And WHO could be more direct on its recommendations regarding banishing trans fat acids in food delivered at public schools, and less salt, sugar and non-fresh foods.[8] Helping countries like Brazil which has one of the highest consumption of trans fat in the world,[9] and it is necessary, in terms of public health, that efforts are made to achieve the goals recommended by the WHO of banning its consumption by 2023.[10]

We also recommend that diagnosis and treatment of sleep disorders are incorporated to the Best Buys as a strategy to prevent NCDs, since evidence accumulate that they are very relevant risk factors for the development and worsening of several NCDs and leaving them untreated has an important burden on individuals, society, and a financial impact on health and economy of nations.

For interventions in 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, we recommend:

Influenza vaccination for people with chronic obstructive pulmonary disease should be amplified to all people living with NCDs, according to recent studies there is an increase risk of severe influenza disease among adults with specific medical conditions as congestive heart failure (CHF), coronary artery disease (CAD), cerebral vascular accidents (CVAs), chronic obstructive pulmonary disease (COPD), asthma, Diabetes Mellitus (DM), and end-stage renal disease (ESRD).[11] Influenza vaccination is an effective measure in secondary prevention, as it reduces hospital admissions for heart failure, stroke and acute coronary syndrome, and reduces overall mortality.[12] In addition, it has well established the importance of Covid-19 vaccination on people living with chronic conditions.[13, 14] All these facts could reduce the public health services demands, mainly at the seasonal time for viruses.[15] These vaccines have already been made available in the Brazilian public health system (SUS) for all people living with NCDs.

Regarding vaccination against human papillomavirus (1-2 doses) of 9–14 year old girls, we would suggest to include “boys”, and emphasize the importance of this vaccination and extend the age limit for vaccination to 9 to 26 years. In Brazil, we already have boys 11-14 years old, men and women up to 45 years old living with HIV, transplant and other cancers in

the SUS. These recommendations amplify the range to those who didn't have the opportunity to make it, mainly in those countries which have low vaccination coverage".[16,17,18]

We cordially acknowledge WHO's attention and the opportunity for this contribution, and put ourselves at its disposal to assist in global and regional recommendations, as well as to collaborate for their implementation in Brazil and abroad.

Mark Barone, PhD
Founder and General Manager
Intersectoral Forum to Fight NCDs in Brazil (ForumDCNTs)
ForumDCNTs@gmail.com
www.ForumDCNTs.org

Patrícia de Luca, MSc
Physical Educator, CEO
Associação Brasileira de Hipercolesterolemia Familiar (AHF)
contato@ahfcolesterol.org
www.AHFcolesterol.org

Andrea Levy, MSc
*Psychologist, Co-*Founder *and President*
Instituto Obesidade Brasil
www.obesidadebrasil.com.br

Andréa Bento
General Manager
GAC - Grupo de Advocacy Cardiovascular
https://www.gacbrasil.com.br/o-gac

Gustavo San Martin
Founder and CEO
Amigos Múltiplos pela Esclerose (AME)
www.amigosmultiplos.org.br
Crônicos do Dia a Dia
www.cdd.org.br

Lucas Leme Galastri
President
Ronaldo J. Pineda Wieselberg, MD
Vice-President
ADJ Diabetes Brasil
www.adj.org.br

Guilherme Nafalski, PhD
Coordinator
Painel Brasileiro da Obesidade
www.institutocordial.com.br/painelobesidade

Sandra Silva Marques
Advocacy Coordinator
Grupo de Estudo e Pesquisa Respiratória na Atenção Primária da Saúde (GEPRAPS)
www.gepraps.com.br

Bruno Helman
Founder and President
Instituto Correndo pelo Diabetes (CPD)
www.correndopelodiabetes.com

Renato Kfouri, MD, MSc
President of the Immunization Department
Sociedade Brasileira de Pediatria (SBP)
www.sbp.com.br
First Secretariat
Sociedade Brasileira de Imunizações (SBIm)
www.sbim.org.br

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