

A civil society guide to advance NCD prevention policies

Unpacking WHO's Best Buys
and other recommended interventions





NCD Alliance
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This introductory guide aims to spotlight relevant technical packages and frameworks and unpack WHO's Best Buys and other recommended interventions on NCD prevention, exploring what they entail and how civil society can leverage these in their advocacy efforts. The global NCD Alliance thanks the national NCD alliances that provided information and examples of their work as cases. The publication was conceptualised, managed and edited by NCD Alliance's Luis Manuel Encarnación, Jessica Amegee Quach, Linda Markova, Cristina Parsons Perez, Liz Arnanz and Lorena Allemandi. Elizabeth Leitman and Alessandra Durstine, from Catalyst Consulting Group (external consultants), developed the case profiles, and Tseday Zerayacob (external consultant) conducted the research and drafted the content. Jimena Márquez and Mar Nieto undertook the graphic design and production. This publication was made possible thanks to NCD Alliance's partnership with the Norwegian Agency for Development Cooperation (Norad).

ACRONYMS

CARICOM	Caribbean Community
CARPHA	Caribbean Public Health Agency
CEA	Cost-effectiveness analysis
COI	Conflict of interest
CSOs	Civil society organisations
DAH	Development assistance for health
GHAI	Global Health Advocacy Incubator
HCC	Healthy Caribbean Coalition
HPA	Healthy Philippines Alliance
LMICs	Low and middle-income countries
LLMICs	Low and lower-middle-income countries
NCDs	Noncommunicable diseases
PAHO	Pan-American Health Organization
SSB	Sugar-sweetened beverage
UHC	Universal Health Coverage
UN	United Nations
UNIATF	UN Interagency Task Force on the Prevention and Control of NCDs
WHA	World Health Assembly
WHO	World Health Organization

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Introduction

A global burden of disease with far reaching consequences

Noncommunicable diseases (NCDs) have laid bare inequalities in health systems within and between nations. NCDs account for 41 million deaths globally and force millions of people into poverty, thus threatening progress towards global health and development targets¹. Although NCDs are an indiscriminate killer, they disproportionately affect the world's poorest and most vulnerable populations. According to the World Health Organization (WHO), 77% of all NCD deaths occur in low- and low-middle-income countries (LMICs), and 85% occur prematurely in people under the age of 70¹.

Apart from mortality, NCD morbidity should not be overlooked: NCDs pose a growing burden on people's well-being, quality of life, and productivity, leading to serious social and economic consequences. Macroeconomic simulations suggest that at the current rate of progress, NCDs and mental health will cost the global economy US\$ 47 trillion between 2010 and 2030, jeopardising the attainment of target 3.4 of the Sustainable Development Goals (SDGs): reducing premature mortality from NCDs by one-third by 2030^{2,3}.

NCDs and MENTAL HEALTH

WILL COST
THE GLOBAL
ECONOMY

US\$47
TRILLION



BETWEEN 2010 AND 2030

- 1 World Health Organization. (2021, April 13). *Non communicable diseases* [Fact sheet]. World Health Organization. Available at <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.
- 2 World Health Organization. (2018). *Saving lives, spending less: a strategic response to noncommunicable diseases* (No. WHO/NMH/NVI/18.8). World Health Organization. Available at <https://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf>.
- 3 Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). *The Global Economic Burden of Noncommunicable Diseases*. Geneva: World Economic Forum.



Despite the impact of NCDs, the proportion of overall global development assistance dedicated to NCDs has remained at a dismal 1–2% for nearly two decades. NCDs received US\$ 778 million in development assistance for health (DAH) in 2018, accounting for just 2% of overall DAH. Global progress on NCDs is slow, uneven, underfinanced, and very few LMICs are able to integrate NCD prevention and treatment in their healthcare benefit packages due to budgetary and health system constraints⁴. This scenario has been made worse by the COVID-19 pandemic, which has increased the vulnerability of people living with NCDs by severely disrupting NCD prevention and treatment services⁵.

An estimated 80% of NCDs are preventable. Investing in a set of impactful, cost-effective, and feasible NCDs prevention and control interventions, known as the WHO's NCD Best Buys, could prevent 8.2 million premature deaths between 2018 and 2030, and generate US\$ 350 billion in economic growth and a return on investment of US\$ 7 per every US\$ 1 invested on prevention and care of NCDs in LMICs⁶.

NCDs are driven by modifiable risk factors including tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution⁷. In order to reduce their burden on population health, countries are urged to invest in NCD prevention. Adopting proven prevention policies such as the WHO's Best Buys and other recommended interventions for the prevention

and control of NCDs, will improve population health and accelerate health systems improvements, save lives, and offer potential extended benefits to populations with lower NCD prevalence as underlying health conditions are key factors determining the course of epidemics and health system preparedness⁸. Adopting the Best Buys would also boost countries' economic productivity, mainly in LMICs⁹, where the NCD burden is highest.

The Lancet NCD Countdown 2030¹⁰ further develops the NCD investment case, demonstrating the cost-effectiveness of a package of 21 NCD prevention and treatment interventions in 123 LMICs, which are fully aligned with WHO's NCD Best Buys. Indeed, 90% of countries can still achieve SDG3.4 by 2030 by implementing packages of cost-effective NCD interventions, tailored to local disease burden and risk factors. Implementing the most efficient package of interventions in each world region would require, on average, an additional US\$ 18 billion annually over 2023–30; this investment could generate an average net economic benefit of US\$ 2.7 trillion, outweighing costs by 19 to 1¹¹. These findings help civil society to advocate and make the case with governments and donors to undertake the necessary investments to implement locally tailored packages of interventions.

4 World Health Organization. *Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020*, World Health Assembly, 15 April 2021. Available at <https://www.who.int/publications/m/item/mid-point-evaluation-of-the-implementation-of-the-who-global-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-2013-2020-%28ncd-gap%29-evaluation-brief-november-2020>.

5 World Health Organization. (2020). The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment. Available at <https://www.who.int/publications/i/item/9789240010291>.

6 World Health Organization. (2018). *Saving lives, spending less: a strategic response to noncommunicable diseases* (No. WHO/NMH/NVI/18.8). World Health Organization. Available at <https://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf>.

7 NCD Alliance. (n.d.). *NCDs* [Fact sheet]. NCD Alliance. Available at <https://ncdalliance.org/why-ncds/NCDs>.

8 Kostova, D., Richter, P., Van Vliet, G., Mahar, M., & Moolenaar, R. L. (2021). *The role of noncommunicable diseases in the pursuit of global health security*. *Health security*, 19(3), 288–301.

9 NCD Alliance. (2020). *Bridging the gap on NCDs: From global promises to local progress - discussion paper*. Available at <https://ncdalliance.org/resources/bridging-the-gap-on-ncds-from-global-promises-to-local-progress-policy-brief>.

10 Countdown, N. C. D. (2022). NCD Countdown 2030: efficient pathways and strategic investments to accelerate progress towards the Sustainable Development Goal target 3.4 in low-income and middle-income countries. *The Lancet*, 399(10331), 1266–1278.

11 NCD Alliance. (2022). Invest to protect: NCD financing as the foundation for healthy societies and economies. Available at https://ncdalliance.org/sites/default/files/resource_files/NCD%20Financing%20Brief_Invest%20to%20Protect_final_web_1.pdf.

Although the level of investment in NCDs has historically been low, over the past years NCDs have been positioned as a key global health and development priority. This is in part the result of civil society-led strategic and impactful advocacy campaigns calling for greater action on NCDs, as well as accountability actions addressing key policy makers and industry actors. Such progress also responds to a series of global health and political frameworks and commitments, such as the 2030 Agenda for Sustainable Development, the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (the timeframe of which has since been extended to 2030), and the outcome documents and political declarations of the three United Nations (UN) High-Level Meetings on NCDs and that of the 2019 UN High-Level Meeting on Universal Health Coverage (UHC), to mention a few¹².

These various global commitments have raised the profile of NCDs internationally by calling for strategic leadership from Heads of State and Governments to adopt a set of cost-effective, affordable, and evidence-based NCD interventions, such as the WHO's NCD Best Buys. From a civil society perspective, these global health and political frameworks are guides for advocacy and accountability actions at all levels, becoming the foundation for assessing progress on NCD prevention and control.

Although there has been progress in translating recommendations into policies and programmes, it has been too slow, and many countries are yet to take action. According to NCD Countdown 2030, at the current slow rate of progress, SDG target 3.4 will only be achieved by fewer than one-fifth of countries by 2030, most of these being high-income countries. An additional 35-50 countries could meet the 2030 target if action is stepped up¹³, including by tackling the main risk factors for NCDs.



TARGET 3.4



REDUCE MORTALITY FROM NON-COMMUNICABLE DISEASES AND PROMOTE MENTAL HEALTH

This introductory guide aims to describe relevant global health frameworks, WHO recommended interventions, and technical packages for NCD prevention and control to support civil society actors in their advocacy efforts at national and regional level.

12 NCD Alliance. (2020). *Bridging the gap on NCDs: From global promises to local progress – discussion paper*. Available at : <https://ncdalliance.org/resources/bridging-the-gap-on-ncds-from-global-promises-to-local-progress-policy-brief>.

13 Ibid.

2

The WHO's NCD Best Buys and other recommended interventions

Guides for action on prevention



The WHO's NCD Best Buys

Many NCDs can be prevented by reducing exposure to the major risk factors associated with NCDs: tobacco use, alcohol use, physical inactivity, unhealthy diets, and air pollution. The WHO's NCD Best Buys are a list of cost-effective, evidence-based and ready-to-use policy solutions that governments can use to control NCDs and prevent their main modifiable risk factors.

Before becoming widely known as the 'Best Buys', these interventions were first known as a menu of policy options under Appendix 3 of the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (extended to 2030). These interventions were developed to assist Member States in implementing measures towards achieving the six objectives of the Global NCD Action Plan^{14,15} and nine global voluntary targets agreed to in the NCD Global Monitoring Framework.

With new evidence developed since the enactment of the Global NCD Action Plan, on the cost-effectiveness of the policy options under Appendix 3, WHO decided to update the list of interventions in 2017, in a decision that was endorsed at the 70th session of the World Health Assembly (WHA). As a result, the updated Appendix 3 was renamed *WHO 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases*. The 2017 revised menu of policy options includes 88 interventions, with 16 measures deemed as 'Best Buys', meaning they are the most cost-effective and implementable, while 72 measures considered either overarching or enabling actions are deemed as 'Good Buys' (with a lower but still significant cost-effectiveness ratio)¹⁶.

Importantly, WHO did a review and update of the NCD Best Buys and other recommended interventions in 2022, for publication and adoption of a revised Appendix 3 at the 76th session of the WHA in 2023. It is expected that this update will include new cost-effectiveness estimates using a larger subset of countries and the cost-effectiveness analysis (CEA) will be done for three country income-groups (low-income countries, lower middle-income countries, and upper middle-income countries). Some of the other recommended interventions that did not have a CEA will now have one, placing them as highly cost-effective interventions, among other expected updates.

To note, preliminary consultations for the 2022-23 update of Appendix 3 point to the possibility that the distinction between 'Best Buys' and 'Good Buys' might be removed and that all the interventions with a CEA might be merged. Currently, the distinction between 'Best Buys' and 'Good Buys' is made on the basis of their cost-effectiveness ratio (\leq US\$ 100 or $>$ US\$ 100 per **disability-adjusted life year** (DALY) averted in LMICs respectively). This change would mean that the Appendix 3 would evolve into a menu of policy options including interventions with a CEA (without differentiating them) and other recommended interventions based on WHO guidance without a CEA. This would put more emphasis on the cost-effectiveness of a wider range of interventions to be considered by each country, based on their national context.

14 The Six Objectives involve: (i) international cooperation and advocacy; (ii) country-led, multi-sectoral response; (iii) risk factors and determinants; (iv) health systems and Universal Health Coverage; (v) research, development and innovation; and (vi) surveillance and monitoring. While the nine voluntary targets involve: (1) A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases; (2) At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context; (3) A 10% relative reduction in prevalence of insufficient physical activity; (4) A 30% relative reduction in mean population intake of salt/sodium; (5) A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years; (6) A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances; (7) Halt the rise in diabetes and obesity; (8) At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes; (9) An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

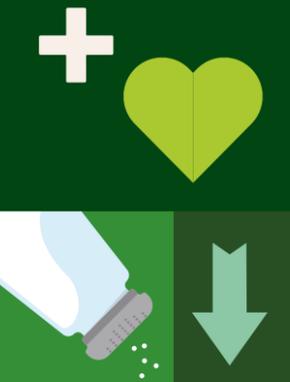
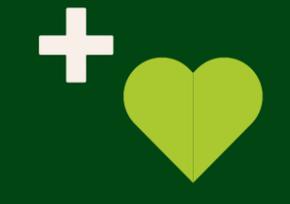
15 World Health Organization.(2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020.

16 World Health Organization. (2017). Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization. Available at <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1&isAllowed=y>.

THE LIST OF BEST BUYS FOR NCD PREVENTION AND CONTROL

The NCD Best Buys within the 2017 Appendix 3 are both cost-effective and feasible for implementation in all countries and all economic contexts, and cover six policy areas: tobacco use; harmful use of alcohol; unhealthy diet; physical inactivity; the management of cardiovascular disease and diabetes; and the management of cancer.

This guide will focus on the WHO's Best Buys and other recommended interventions¹⁷ on NCD prevention.

RISK FACTOR	INTERVENTIONS
1 TOBACCO USE 	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p>INCREASE EXCISE TAXES AND PRICES ON TOBACCO PRODUCTS</p>  </div> <div style="width: 15%;"> <p>Implement plain/standardised PACKAGING and/or large GRAPHIC HEALTH WARNINGS on all tobacco packages</p>  </div> <div style="width: 15%;"> <p>ENACT AND ENFORCE COMPREHENSIVE BANS on tobacco advertising, promotion and sponsorship</p>  </div> <div style="width: 15%;"> <p>ELIMINATE EXPOSURE TO SECOND-HAND tobacco smoke in all indoor workplaces, public places, and public transport</p>  </div> <div style="width: 15%;"> <p>IMPLEMENT EFFECTIVE MASS MEDIA CAMPAIGNS that educate the public about the harms of smoking/tobacco use and second-hand smoke</p>  </div> </div>
2 ALCOHOL USE 	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p>INCREASE EXCISE TAXES ON ALCOHOLIC BEVERAGES</p>  </div> <div style="width: 15%;"> <p>Enact and enforce bans or comprehensive RESTRICTIONS ON EXPOSURE TO ALCOHOL ADVERTISING (across multiple types of media)</p>  </div> <div style="width: 15%;"> <p>ALCOHOL FREE AREA</p>  </div> <div style="width: 15%;"> <p>REDUCED HOURS OF SALE ALCOHOL</p>  </div> </div> <p>Enact and enforce restrictions on the PHYSICAL AVAILABILITY OF ALCOHOL IN SALES OUTLETS (via reduced hours of sale)</p>
3 PHYSICAL INACTIVITY 	<p>IMPLEMENT COMMUNITY-WIDE PUBLIC EDUCATION AND AWARENESS CAMPAIGNS FOR PHYSICAL ACTIVITY, including mass media campaigns combined with other community based education, motivational, and environmental programmes aimed at supporting behavioural change around physical activity levels</p> 
4 UNHEALTHY DIET 	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> <p>REDUCE SALT INTAKE through the reformulation of food products to contain less salt, and the setting of maximum permitted levels for the amount of salt in food</p>  </div> <div style="width: 15%;"> <p>Reduce salt intake through establishing a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to ENABLE LOW-SALT OPTIONS TO BE PROVIDED</p>  </div> <div style="width: 15%;"> <p>Reduce salt intake through behaviour CHANGE COMMUNICATION AND MASS MEDIA CAMPAIGNS</p>  </div> <div style="width: 15%;"> <p>Reduce salt intake through the IMPLEMENTATION OF FRONT-OF-PACK LABELLING</p>  </div> </div>

¹⁷ Ibid.

BOX 1**Expected updates of Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030**

It is expected that in 2023 WHO will update the NCD Best Buys and other recommended interventions, specifically those related to **unhealthy diet and tobacco use**. Recommended policies to address unhealthy diet may expand beyond salt reduction by including healthy diet promotion, breast feeding promotion, and marketing protection policies.

Recommended policies to address tobacco use may include provision of effective population-wide support (including brief advice, national toll-free quit line services and mCessation) for tobacco cessation to all tobacco users, and the provision of effective pharmacological interventions to all tobacco users who want to quit.

For further information and updates, please [consult WHO's webpage on the Appendix 3](#).

At the UN High-Level Meeting on NCDs in 2018, world leaders agreed to expand the list of priority diseases and risk factors for NCDs, by adding mental health as one of the main NCDs and air pollution as one of the main risk factors, signalling a shift from the so-called 'four-by-four' (4x4) approach to a five-by-five (5x5) response to NCD prevention and control¹⁸. Since the 2017 update of Appendix 3, the list of NCD Best Buys and other recommended interventions has still to reflect this 5x5 approach to NCDs by adding policy options to address mental health and air pollution.

To note, the update expected in 2023 on the list of NCD Best Buys and other recommended interventions, might continue to take primarily the 4x4 approach. Nevertheless, WHO developed in 2020 a separate menu of cost-effective interventions for mental health¹⁹, while for air pollution recommended interventions will be developed through a phased approach.

The initial phase has included the development of the 2022 *Compendium of WHO's and other United Nations' guidance on health and environment*²⁰ in line with the 2021 *WHO global air quality guidelines*²¹ as initial references, and there will be subsequent in-depth analyses of the effectiveness of identified interventions on air pollution from 2023 onwards.

Moreover, the resolution on oral health²² approved by the WHA in May 2021 requested that WHO develop "best buy" interventions on oral health as part of an updated Appendix 3, and it is expected that WHO will develop recommended interventions on oral health as part of the upcoming action plan for public oral health, also expected to be approved by the WHA in 2023²³.

18 United Nations. Political declaration of the 3rd High-Level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases: resolution/adopted by the General Assembly. New York: UN; 2018. <https://digitallibrary.un.org/record/1648984>.

19 World Health Organization. (2021). WHO menu of cost-effective interventions for mental health. Available at <https://www.who.int/publications/i/item/9789240031081>.

20 World Health Organization. (2022). *Compendium of WHO and other UN guidance on health and environment* (No. WHO/HEP/ECH/EHD/22.01). World Health Organization.

21 World Health Organization. (2021). *WHO global air quality guidelines: particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide*. World Health Organization.

22 General Assembly resolution A74/VR/7, *Oral Health*. Available at https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R5-en.pdf.

23 World Health Organization. (n.d.). *Updating Appendix 3 of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030*. Available at <https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030/>.

Benefits of investing in the NCD prevention Best Buys

Implementation of the NCD prevention and control Best Buys will improve health and save lives, as well as grow a nation's economy by improving workforce participation and productivity and decreasing the burden on the healthcare system. Action on prevention will also reduce poverty by decreasing the financial burden of NCD-related unplanned health costs for individuals and families, especially in LMICs, where much of the cost of care is borne out-of-pocket by people living with NCDs.

Every US\$ 1 invested in all WHO's NCD Best Buys will yield a return of at least US\$ 7 by 2030. The highest positive return is derived from investing in the reduction of salt intake, with a return on investment of US\$ 12.82 per US\$ 1 invested. The next highest return is via investment on reduction of alcohol use, which has a return on investment of US\$ 9.13 per US\$ 1 invested, then investment on tobacco reduction, with a return on investment of US\$ 7.43 per US\$ 1 invested, and lastly, investment on improved physical activity, which has a return on investment of US\$ 2.80 for every dollar spent²⁴.

Additionally, investing US\$ 1.27 per person per year by 2030 in NCD prevention and control measures in low- and lower-middle-income countries (LLMICs) would result in improved health and economic outcomes, close to 8.2 million lives saved, 15% reduction in premature mortality, prevention of 17 million cases of ischemic heart disease and stroke, and an overall return on investment of nearly US\$ 7 for every dollar invested by 2030. This would generate US\$ 350 billion in economic growth in LLMICs by 2030²⁵.

As NCDs weigh ever more heavily on fragile health systems all over the world, the effective implementation of WHO's Best Buys for NCD prevention and control would better protect populations against future epidemics by improving general population health. Hence, investing and adopting NCD Best Buys in prevention ought to be part of efforts to strengthen primary care and UHC, and part of national plans and international support for pandemic preparedness and health system resilience.

Over the past few years, the UN Interagency Task Force on the Prevention and Control of NCDs (UNIATF) held yearly meetings gathering health economists and public health specialists to work on country-tailored investment cases, developed under the WHO-UNDP Global Joint Programme on NCDs and the Convention Secretariat's Framework Convention on Tobacco Control 2030 (FCTC2030) project. Investment cases have become a critical advocacy tool, catalysing countries' efforts to scale up the implementation of evidence-based, cost-effective interventions against NCDs and their risk factors²⁶. Hence, one of the key priorities of the WHO-UNDP Global Joint Programme on NCDs is to support governments, on request, in completing national NCD investment cases, which provide a tailored economic assessment of recommended policy interventions based on local data (e.g. economic burden and impact of NCD and risk factors)²⁷. Civil society organisations (CSOs), including national NCD alliances, have leveraged these processes by participating and sharing inputs on the positive economic impact of investing in NCD prevention and control, such as in the recent cases of South Africa, Uganda and Zambia, and particularly offering the views of those living with NCDs.

Civil society can develop and support independent economic cases for investing on NCDs, highlighting 'win-win' situations to convince decision-makers and relevant stakeholders to adopt appropriate prevention policies as part of their efforts to achieve UHC and address financing gaps. Such was the case in Mexico in 2013, where CSOs partnered with academic institutions to gather and disseminate evidence on the economic benefits of approving a tax on sugary drinks, evidence that was used by the Ministry of Finance and Congress to approve and implement a tax from 2014²⁸. Tailored to each national and regional context, the strategic benefits of NCD prevention policies should be stressed, such as the potential reduced demand for healthcare in the context of overstretched health systems and the reduction of high, NCD-related out-of-pocket expenses.

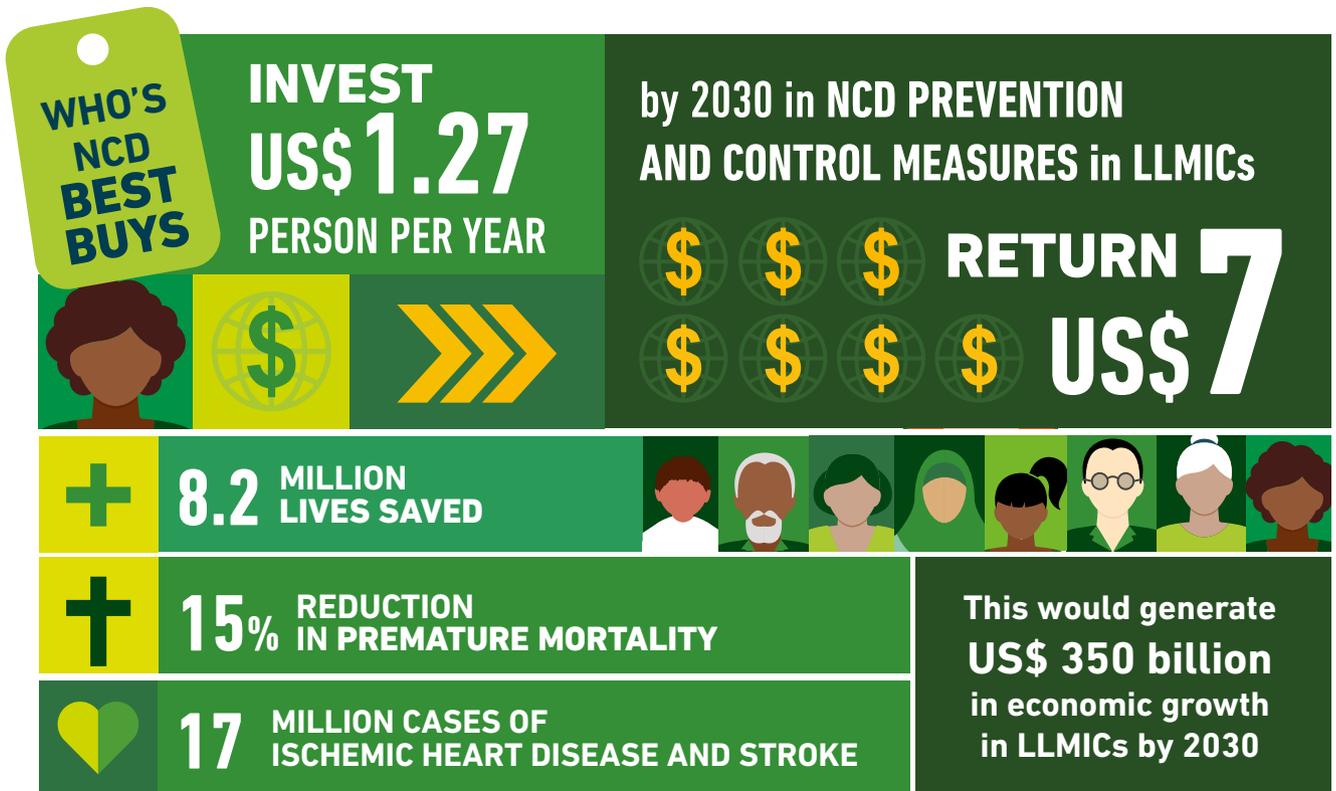
24 World Health Organization. (2018). *Saving lives, spending less: a strategic response to noncommunicable diseases* (No. WHO/NMH/NVI/18.8). World Health Organization. Available at <https://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf>.

25 World Health Organization. (2021). *Saving lives, spending less: the case for investing in noncommunicable diseases*. Available at <https://www.who.int/publications-detail-redirect/9789240041059>.

26 World Health Organization (2021, May 20). *Fourth annual meeting of experts working on investment cases* [Press release]. Retrieved from <https://www.who.int/news-room/events/detail/2021/05/20/default-calendar/fourth-annual-meeting-of-uniatf-experts-framing-health-as-an-investment>.

27 World Health Organization. (2019). *Non-communicable disease prevention and control: a guidance note for investment cases* (No. WHO/NMH/NMA/19.95). World Health Organization.

28 Donaldson, E. (2016). *Advocating for Sugar-Sweetened Beverage taxation: A Case Study of Mexico*. https://www.jhsph.edu/departments/health-behavior-and-society/_pdf/Advocating_For_Sugar_Sweetened_Beverage_Taxation.pdf.



The role of civil society in the uptake of NCD prevention policies

NCD civil society plays an important role in the adoption of NCD prevention policies, by increasing awareness of the main risk factors and the availability of cost-effective policy solutions to address them, in advocating for strong political commitment and action, and in holding governments and unhealthy commodity industries accountable for policies implemented and those yet to be. Civil society also has an important agenda-setting role in NCDs, from raising public demand for policies, laws, and action to ensuring that prevention policies have a real impact on the health of our communities. Through close connection with their communities, especially people living with NCDs and youth, CSOs can support governments to have a broader understanding of community needs and opportunities, drawing from the lessons learned and best practices in their advocacy work²⁹.

Although civil society has gained an important role in key global, regional and national decision-making bodies in support of the NCD response, both CSOs and communities, such as people with lived experience of NCDs, are still largely absent from formal decision-making processes³⁰. Therefore, there is a need for governments and international organisations to create truly inclusive processes at all levels of policy and programme design, governance and service delivery, and creation and implementation of accountability mechanisms to provide CSOs and communities with opportunities to engage and contribute as equal partners and experts in their own right in the prevention of NCDs.

29 NCD Alliance. (2020). *Bridging the Gap on NCDs. From global promises to local progress*. Available at: <https://ncdalliance.org/resources/bridging-the-gap-on-ncds-from-global-promises-to-local-progress-policy-brief>.

30 World Health Organization. (2020). Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of NCDs 2013–2020 (NCD-GAP). Available at <https://www.who.int/publications/m/item/mid-point-evaluation-of-the-implementation-of-the-who-global-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-2013-2020-%28ncd-gap%29-evaluation-brief-november-2020>.



It is also important to note that WHO analysed the health impact and economic returns of the NCD Best Buys in 78 LMICs and demonstrated that adopting all of the cost-effective and recommended interventions will yield greater cumulative return on investment compared to implementing them individually³¹. Although a comprehensive and integral adoption of Best Buys is desired, NCD civil society advocates must assess their country context, including burden of disease, exposure to risk factors, commercial and socioeconomic determinants of health, and the policy and political environment, which influence the adoption of NCD Best Buys. This entails considering factors such as the support and buy-in of high-level political actors, the undue influence of unhealthy commodity industries (e.g., tobacco, alcohol, soda, ultra-processed food, fossil fuels and other pollutants), and the windows of opportunity to increase the level of investment in NCD prevention.

To support governments in selecting the most appropriate and impactful Best Buys, NCD civil society can follow WHO criteria while defining their campaigns in support of prevention policies. Such criteria include:

- Interventions that will bring the highest return on investment in national responses to the overall implementation of the 2030 Agenda for Sustainable Development and the SDGs.
- Priority government sectors that need to be engaged (particularly health, finance, trade, economic development, agriculture, environment, education, transport, and planning).
- Concrete coordinated sectoral commitments based on co-benefits for inclusion in national SDG responses.

NCD civil society advocates need also to be aware of other social, political, and commercial determinants influencing the adoption of Best Buys. Prior to advocating for the implementation of these interventions, it is also important to give due emphasis to non-financial criteria, including:

- Level of skills and capacity of decision and policy makers for adopting, implementing, and enforcing appropriate regulations.³²
- Whole-of-government approaches, facilitating coordination, and policy coherence between different government agencies (ministries, departments, etc).
- Whole-of-society approaches, facilitating involvement of civil society working on NCDs, health and development. Existing capacities and capacity gaps among health providers and within national health systems.

In the following sections this guide will describe the importance of global health frameworks guiding NCD prevention, as well as the list of Best Buys and other recommended interventions to address the main risk factors. It will also provide examples of how countries and NCD CSOs have advocated for implementation of the policies, held governments and industry to account, and monitored their implementation.

31 World Health Organization. (2021). Saving lives, spending less: the case for investing in noncommunicable diseases. Available at <https://www.who.int/publications-detail-redirect/9789240041059>.

32 World Health Organization. (2017). Best Buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization. Available at <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf?sequence=1&isAllowed=y>.

3

Global health frameworks guiding NCD prevention

Addressing the risk factors for NCDs has been given high priority in various WHO and UN global strategies and commitments for the prevention and control of NCDs.

This includes the outcome document of the 2011 UN High-Level Meeting on NCDs, the political declarations of the 2014 and 2018 UN High-Level Meeting on NCDs, the 2030 Agenda for Sustainable Development, the Global NCD Action Plan 2013-2020 (now extended to 2030) and the WHO technical packages on specific risk factors such as REPLACE (trans fats), SHAKE (salt), SAFER (alcohol) and MPOWER (tobacco), among others.



Global political commitments on NCDs

In September 2011, the UN and its Member States held the first UN High-Level Meeting on NCDs, making it the second health topic, after HIV/AIDS, to be addressed by the UN at such a high level. At the meeting, Heads of State and Government adopted the first UN Political Declaration on the Prevention and Control of NCDs³³, which committed countries and UN agencies, including the WHO, to combat the NCD epidemic. This Political Declaration acknowledges NCDs as a major public health challenge and a threat to social development and economic growth. It recognises that the most important NCDs are linked to four common risk factors: tobacco use, alcohol use, unhealthy diets, and physical inactivity, resulting in the so-called '4x4' approach to NCDs (the four main risk factors and four major NCDs: cardiovascular disease, cancer, diabetes, and chronic respiratory disease). The Declaration further included 22 political commitments, calling for a whole-of-society and multisectoral response to prevent and control NCDs, with active participation of civil society, and through the adoption of cost-effective and evidence-based interventions addressing determinants of health (economic, social, gender, political, behavioural, and environmental). This response would build on existing global health mechanisms for NCD prevention, including the Global Strategy for the Prevention and Control of NCDs 2008-2013, WHO Framework Convention on Tobacco Control (WHO-FCTC), the Global Strategy on Diet, Physical Activity and Health, 2004, and the Global Strategy to Reduce the Harmful Use of Alcohol, from 2010. Specifically, on NCD prevention, the Political Declaration calls for greater action to reduce the consumption of alcohol, tobacco, and unhealthy foods and beverages (as well as specific unhealthy compounds such as salt, sugar, and fats), through taxation, legislation, and regulations.

The historic 2011 Political Declaration has played a critical role in establishing a sustained global movement against NCDs, allowing for increased political awareness and commitments and the organisation of two subsequent UN High-Level Meetings in 2014 and 2018, with a fourth meeting scheduled for 2025³⁴. The 2014 UN High-Level Meeting took stock of the progress made in implementing the 2011 commitments, but unfortunately no Heads of State or Government attended and the meeting ended with the adoption of a UN Outcome Document only, instead of a second Political Declaration. Still, this document validated the importance of addressing the growing burden of NCDs and called for a shift from global to national commitments, and called for governments to deliver on four time-bound commitments to accelerate progress on NCDs, which include national plans, targets, best buys for prevention, and health system strengthening³⁵.

The third UN High-Level Meeting in 2018 was a defining moment in the global fight against NCDs and the promotion of mental health and wellbeing, as it allowed Heads of State and Governments to conduct a comprehensive review of progress made since the last meetings in 2011 and 2014, and to suggest a more strategic roadmap of action based on a new Political Declaration³⁶. This new declaration expanded the 4x4 approach to NCDs to a 5x5 approach, adding mental health as a major NCD and air pollution as a major risk factor.

This shift in the approach to NCDs emphasised the importance of mental health conditions and key environmental risk factors, thus implying an expanded approach that broadened the existing focus on behavioural risk factors to environmental risk factors, including indoor and outdoor air pollution, water and soil pollution, as well as a more direct link with the environmental movement and countries and communities most effected by pollution and climate change³⁷.

33 UN General Assembly. Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of NCDs. September, 2011. Available at <https://undocs.org/en/A/66/L.1>

34 World Health Organization. (n.d.). Framework for action to implement the United Nations Political Declaration on NCDs. <https://applications.emro.who.int/docs/EMRPUB-NCD-146-2019-EN.pdf?ua=1&ua=1&ua=1>.

35 NCD Alliance. (2018, April 11). FAQ: 2018 United Nations High-Level Meeting on NCDs. Available from: <https://ncdalliance.org/resources/faq-2018-united-nations-high-level-meeting-on-ncds>.

36 World Health Organization. (2018). *Third UN high-level meeting on non-communicable diseases*.

37 Linou, N., Beagley, J., Huikuri, S., & Renshaw, N. (2018, November 27). *Air Pollution Moves up the global health agenda*. The BMJ. <https://doi.org/10.1136/bmj.k4933>.

Four time-bound commitments on NCDs from the Outcome Document of the 2014 High-Level Meeting on NCDs

TARGETS		Consider setting national NCD targets for 2025
PLANS	By 2015	Consider developing national multisectoral policies and action plans to achieve the national targets for 2025
BEST BUYS for prevention	By 2016	Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan 2013-2018 (Appendix 3: NCD Best Buys and other recommended interventions)
HEALTH SYSTEM STRENGTHENING		Strengthen health systems to address NCDs through people-centred primary health care and UHC

The Global NCD Action Plan 2013-2020

The 2011 Political Declaration on NCDs triggered a series of efforts to advance the NCD agenda. One such effort was the adoption of the Global NCD Action Plan by the World Health Assembly (WHA) in 2013. The Action Plan provides a roadmap and a menu of policy options for addressing NCDs under six objectives and nine voluntary targets to be attained by 2025³⁸. As mentioned in previous sections, Appendix 3 to the Action Plan included a list of recommended and evidence-based interventions. After Appendix 3 was updated in 2017, the list of policy options came to be known as Best Buys and other recommended interventions, thus becoming a guide for governments, civil society, and other stakeholders to support policy and legislative and regulatory action on NCD prevention and control.

By the end of the period of implementation of the Global NCD Action Plan in 2020 it was noted that based on its activities nations had made only modest progress in the prevention and control of NCDs and the world was still not on course to achieve the Action Plan's six objectives and nine voluntary targets. By 2020, only a third of all NCD policies had been fully implemented across 194 countries, with LMICs having the lowest implementation rates. Additionally, implementation was lowest for policies relating to alcohol, tobacco, and unhealthy foods. For example, while 79% of countries had a tobacco policy in place and 74% an alcohol control policy by 2019, only a few countries had implemented cost-effective interventions like taxation, with only 19% of countries having a tax on tobacco and 24% a tax on alcohol³⁹. This helped to build a strong case for continuing to support countries in policy uptake and for advocating for the implementation of Best Buys for NCD prevention, particularly by LMICs⁴⁰. Thus, in May 2019 the WHA decided to prolong the Global NCD Action Plan to 2030 as well as ensuring its compatibility with the 2030 Agenda for SDGs, including by integrating additional pledges to decrease air pollution and enhance mental health⁴¹.

38 World Health Organization. (2020). *Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of NCDs 2013–2020 (NCD-GAP)*. Available at <https://www.who.int/publications/m/item/mid-point-evaluation-of-the-implementation-of-the-who-global-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-2013-2020-%28ncd-gap%29-evaluation-brief-november-2020>.

39 *ibid.*

40 World Health Organization. (2020, April 28). *Final evaluation of the WHO global coordination mechanism for the prevention and control of NCDs (GCM/NCD)*. Available at <https://www.who.int/news-room/articles-detail/final-evaluation-whogcmncd>.

41 World Health Organization. (2020). *Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of NCDs 2013–2020 (NCD-GAP)*. Available at <https://www.who.int/publications/m/item/mid-point-evaluation-of-the-implementation-of-the-who-global-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-2013-2020-%28ncd-gap%29-evaluation-brief-november-2020>.

The 2030 Agenda for Sustainable Development

NCDs are recognised as a serious public health concern in the UN's 2030 Agenda for Sustainable Development, which was approved in 2015. The 2030 Agenda includes 17 SDGs, with SDG 3 on health and wellbeing including target 3.4 aiming to reduce premature NCD mortality by one-third by 2030 through prevention and treatment and promotion of mental health and well-being⁴². The identification of NCDs as an SDG target can be attributed in part to the 2011 and 2014 high-level political commitments on NCDs, and tireless efforts from civil society to position NCDs at the heart of the development agenda. Several other SDG targets are pertinent to NCDs, covering risk factors (tobacco and alcohol use), management of NCDs (UHC and research and development on NCD vaccines and medicines) and food, air, water, and soil pollution, as follows:⁴³

<p>TARGET 2-1</p>  <p>UNIVERSAL ACCESS TO SAFE AND NUTRITIOUS FOOD</p>	<p>By 2030, END HUNGER AND ENSURE ACCESS BY ALL PEOPLE, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.</p>	<p>TARGET 3-5</p>  <p>PREVENT AND TREAT SUBSTANCE ABUSE</p>	<p>On strengthening the PREVENTION AND TREATMENT of substance abuse, including narcotic drug abuse and harmful use of alcohol.</p>
<p>TARGET 3-9</p>  <p>REDUCE ILLNESSES AND DEATH FROM HAZARDOUS CHEMICALS AND POLLUTION</p>	<p>On REDUCING THE NUMBER OF DEATHS and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.</p>	<p>TARGET 3-8</p>  <p>ACHIEVE UNIVERSAL HEALTH COVERAGE</p>	<p>On achieving UHC, including FINANCIAL RISK PROTECTION, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.</p>
<p>TARGET 3-A</p>  <p>IMPLEMENT THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL</p>	<p>On strengthening TOBACCO CONTROL efforts through the implementation of the WHO-FCTC in all countries.</p>	<p>TARGET 3-B</p>  <p>SUPPORT RESEARCH, DEVELOPMENT AND UNIVERSAL ACCESS TO AFFORDABLE VACCINES AND MEDICINES</p>	<p>On supporting the RESEARCH AND DEVELOPMENT OF VACCINES AND MEDICINES for the NCDs and communicable diseases that primarily affect developing countries⁴⁴.</p>

Two of the main strategies recommended to implement and achieve these targets are to substantially increase health financing and recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing states.

⁴² UNDP. *Sustainable development goals*. UNDP. <https://www.undp.org/sustainable-development-goals#good-health>.

⁴³ United Nations. *SDG indicators - SDG indicators*. <https://unstats.un.org/sdgs/metadata?Text=&Goal=3&Target>.



Addressing NCD prevention alongside the environmental agenda

The impact of environmental factors on NCDs has been increasing since the last decade. Several environmental risks play a key role in the growth of NCDs, with outdoor air pollution causing 4.2 million premature deaths, household air pollution 3.8 million deaths, and occupational risks more than 1 million NCD deaths per year. Physical inactivity and the use of motorised transportation have increased at the same time that enabling safe public transport and means for walking and cycling could promote physical activity and reduce air pollution. Moreover, climate change has negative implications for our food systems, reducing yields of crops and access to fresh fruits and vegetables and creating reliance on ultra-processed foods, which further damages the environment⁴⁴.

The Conference of the Parties to the UN Framework Convention on Climate Change at the end of 2021 in Glasgow, Scotland (COP26), highlighted evidence-based interventions to mitigate the effects of climate change on health, including reducing the burden of NCDs⁴⁵. Countries were urged to conduct a climate change and health vulnerability and adaptation assessment to understand the health risks from

current and future climate hazards; evaluate which populations are most vulnerable to the health impacts of climate change; identify gaps in current policies and programmes aimed at reducing the risks; and identify and prioritise effective adaptation interventions to respond⁴⁶. Additionally, a WHO survey launched at COP26 showed that countries face major barriers to progress on climate and health, including lack of funding, the impact of COVID-19, and insufficient human resource capacity⁴⁷.

The meeting also marked the first time in history that the health community had its own pavilion at a UN Climate Conference. The pavilion provided a space for the health community to share recommendations to link the health and climate agendas. An example was the launch of the report, “Climate change and health research: current trends, gaps, and perspectives for the future”⁴⁸, by WHO and the Research Committee of the WHO-Civil Society Working Group to Advance Action on Climate Change and Health, constituting a review of research on climate and health conducted over the past decade.⁴⁹

44 Health and Climate Network. (2021). Paris Climate Change Agreement: urgent priority for global health. Available at <https://cms.wellcome.org/sites/default/files/2021-10/Paris-Climate-Change-Agreement-urgent-priority-for-global-health.pdf>.

45 World Health Organization. (2021). 2021 WHO health and climate change global survey report. In *2021 WHO health and climate change global survey report*. Available at <https://www.who.int/publications/i/item/9789240038509>.

46 *ibid*.

47 World Health Organization. (2021, November, 21). *What has COP26 achieved for health?* Available at <https://www.who.int/news-room/feature-stories/detail/what-has-cop26-achieved-for-health>.

48 World Health Organization. (2021). Climate change and health research: current trends, gaps and perspectives for the future. World Health Organization. <https://apps.who.int/iris/handle/10665/353062>. License: CC BY-NC-SA 3.0 IGO.

49 Draft decision entitled “Glasgow Climate Pact,” proposed under agenda item 2(f) of the Conference of the Parties at its twenty-sixth session.

4

Addressing the five main NCD risk factors

Policy options and civil society action

This section describes the different Best Buys and other policy options recommended by WHO to address the five main NCD risk factors, as well as examples of civil society efforts to promote such policy options.

This section also notes the importance of the different technical packages that WHO has developed over recent years to support countries to prevent and reduce NCD risk factors, namely: MPOWER (for tobacco use reduction), SHAKE (salt intake reduction), REPLACE (trans fat elimination from the food supply), SAFER (alcohol use reduction), ACTIVE (physical activity increase), SAVE LIVES (road safety improvement), and HEARTS (cardiovascular health improvement) having a recent add-on named [HEARTS-D module](#) on the diagnosis and management of type 2 diabetes. These technical packages complement the various global frameworks and strategies for the prevention and control of NCDs linked to the NCD risk factors, mainly WHO's Global NCD Action Plan and the Best Buys.





Unhealthy diets

An unhealthy diet is associated with insufficient consumption of fruits and vegetables, excessive salt and sugar consumption, and high intake of fats and trans fats, all of which are associated with elevated blood pressure, high blood glucose, obesity, and high cholesterol; these four conditions being leading causes of death from NCDs.

Overall, unhealthy, poor diets are responsible for more than 12 million NCD deaths in adults every year⁵⁰. Inadequate fruit and vegetable consumption raises the risk of cardiovascular disease and various cancers. Salt consumption is a significant driver of blood pressure levels and overall cardiovascular risk; high blood pressure is a leading cause of mortality worldwide. High intake of saturated and trans fats is related to heart disease, which in turn is the leading cause of mortality worldwide⁵¹.

Low intake of whole grains, fruits, and vegetables and high intake of salt account for more than 50% of deaths and 66% of DALYs⁵² attributable to diet. For example, while high intake of sodium/salt is the leading dietary risk for deaths and DALYs in China, Japan, and Thailand, low intake of whole grains is the leading dietary risk factor for deaths and DALYs in the United States, India, Brazil, Pakistan, Nigeria, Russia, Germany, and Turkey⁵³.

Currently, one of the leading risks from unhealthy diets worldwide is childhood overweight and obesity, influenced by increased exposure to obesogenic environments, including cheap, ultra-processed, easily available, energy-dense, nutrient-poor foods and reduced physical activity. Overweight and obesity are now rising in LMICs, and are a growing issue in Africa, where the number of children who are overweight or obese has nearly doubled from 5.4 million in 1990 to 10.3 million in 2014⁵⁴.

50 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>.

51 World Heart Federation. *Global dietary changes threaten health*. https://world-heart-federation.org/wp-content/uploads/2021/05/Factsheet_Unhealthy_diet.pdf.

52 World Health Organization. Disability-adjusted life year (DALYs) for a disease or health condition are the sum of the years of life lost due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to prevalent cases of the disease or health condition in a population. More information in: <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158#:~:text=DALYs%20for%20a%20disease%20or,health%20condition%20in%20a%20population.>

53 Afshin, A., Sur, P. J., Fay, K. A., Cornaby, L., Ferrara, G., Salama, J. S., ... & Murray, C. J. (2019). Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet*, 393(10184), 1958–1972. Available at <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930041-8.>

54 World Health Organization. (2016). *Report of the commission on ending childhood obesity*. World Health Organization. Available at https://apps.who.int/iris/bitstream/handle/10665/204176/9789241510066_eng.pdf.

All of these factors have led to an array of prevention recommendations contained in the report of the WHO Commission to **End Childhood Obesity**⁵⁵, as well as in **WHO's Best Buys and other recommended interventions**, including:

The infographic is a grid of green and yellow panels with icons and text. The top row includes: a hand pouring salt, a downward arrow, 'REDUCE SALT INTAKE THROUGH LEGISLATION AND POLICIES', a 'HIGH IN SODIUM' warning sign, a gavel, and a globe. The second row includes: 'MASS MEDIA CAMPAIGNS ENCOURAGING HEALTHY DIETS' with a plate of food, a heart, a person drinking water, an apple, a plant, and a person eating. The third row includes: 'REDUCE SUGAR CONSUMPTION through effective taxation on sugar-sweetened beverages (SSBs)' with a downward arrow, a bottle and sugar cubes, a 'HIGH IN SUGAR' warning sign, and shaking hands. The bottom row includes: 'ELIMINATE THE PROVISION OR SALE of unhealthy foods, such as SSBs and energy-dense, nutrient-poor foods, IN SCHOOLS' with a school cap, a bottle with a prohibition sign, a water drop, and a person's head.

Further, to respond to the epidemic of diet-related NCDs and to complement other existing interventions, the WHO has developed the SHAKE and REPLACE technical packages for reducing salt consumption and eliminating industrially produced trans fats, respectively. To note, the development of these two technical packages received important civil society support, namely from Resolve to Save Lives, whose work focuses on hypertension and cardiovascular health.

55 *ibid.*

REDUCING SALT CONSUMPTION

SHAKE technical package

The SHAKE technical package has been designed to assist Member States with the development, implementation, and monitoring of salt reduction strategies to enable them to achieve a reduction in population salt intake. The NCD Global Monitoring Framework includes a voluntary target of achieving a 30% relative reduction intake of salt/sodium by 2025⁵⁶.

SHAKE stands for⁵⁷:

S

SURVEILLANCE

Measure and monitor salt use

H

HARNESS INDUSTRY

Promote reformulation of foods and meals to contain less salt

A

ADOPT STANDARDS FOR LABELLING AND MARKETING

Implement standards for effective and accurate labelling and marketing of food

K

KNOWLEDGE

Educate and communicate to empower individuals to eat less salt

E

ENVIRONMENT

Support settings that promote healthy eating

In 2014, 75 countries adopted salt reduction policies, increasing to 96 in 2019. As numerous countries are taking action on salt reduction, the adoption of the SHAKE package in every country would save millions of lives every year, particularly in LMICs where the risk of death from high blood pressure is more than double that in high-income countries. However, of these 96 countries, 40 were in Europe, 19 in the Western Pacific, 18 in the Americas, 13 in the Eastern Mediterranean, 5 in Southeast Asia, and 1 in Africa. This shows the need for increased action, especially in LMICs⁵⁸.

COUNTRY HIGHLIGHT

Promoting healthy diets in school canteens in England

In England, the implementation of legislation and regulation of school canteens proved successful in reducing salt content through setting standards on what canteens can provide for children, and engaging civil society as part of these efforts. For example, the civil society movement Children's Food Trust worked with caterers, schools, pupils, parents, manufacturers, food distributors, and institutions to provide education for catering staff and promote a coordinated programme of change. With the introduction of the legislation and regulation there was clear improvement in the attitude of pupils, parents, and others towards healthier food. Baseline and end line primary school food surveys have shown a notable 30% reduction in the salt content of school lunches since food standards were set in 2006. As a result, similar initiatives have been implemented in Australia, Canada, and the United States⁶⁰.

56 PAHO. *NCDs and Mental Health. Salt/Sodium Intake Reduction Policies*. <https://www.paho.org/en/enlace/saltsodium-intake-reduction-policies>.

57 World Health Organization. (2016). *SHAKE the salt habit* (No. WHO/NMH/PND/16.4). World Health Organization. Available at <https://www.who.int/publications/i/item/WHO-NMH-PND-16.4>.

58 Joseph A, Dejen T, Emalie R, Nadia F, Laura C, Ayoub A, Warrick J, Joao B, Stephen W, Norm C, Bruce N, Jacqui W, and Kathy T. (2021). *A Systematic Review of Salt Reduction Initiatives Around the World: A Midterm Evaluation of Progress Towards the 2025 Global Non-Communicable Diseases Salt Reduction Target*. Available at <https://academic.oup.com/advances/article-pdf/12/5/1768/40473123/nmab008.pdf>.

59 Nelson, M., Nicholas, J., Haroun, D., Harper, C., Wood, L., Storey, C., & Pearce, J. (2014). 12 The Impact of School Food Standards on Children's Eating Habits in England. *Improving Diets and Nutrition*, 137.

ELIMINATING TRANS FATS

The REPLACE technical package

To support national governments to reach the **global trans fat elimination target** by 2023, WHO launched the REPLACE package in May 2018. **REPLACE** provides six strategic actions to ensure the prompt, complete, and sustained elimination of industrially-produced trans fats from the food supply⁶⁰.

Denmark pioneered restrictions on industrially-produced trans fats through legally imposed limits in packaged foods in 2003, and recorded a higher rate of reduced cardiovascular disease deaths than other countries of the Organization for Economic Cooperation and Development⁶¹.

According to the 2021 WHO report on global trans fat elimination, 40 countries now have best-practice trans fat elimination policies in effect, protecting 1.4 billion people around the world, although these are mainly high-income countries. Best-practice policies came into effect in 2021 in Brazil, Peru, Singapore, Turkey, United Kingdom, and the European Union, while in 2020 best-practice trans fat elimination policies were passed in Bangladesh, India, Paraguay, the Philippines,

and Ukraine. This marks important progress in the quest to eliminate trans fats by 2023. Surprisingly, the low-income countries with the most trans fats in their food supply have yet to pass these critical policies.^{62,63}

To advance with the REPLACE package, WHO has developed a Certification Programme for Trans Fat Elimination to recognise countries that have eliminated them from their national food supplies. It is envisaged that the programme will encourage more countries to work towards achieving trans fat elimination by 2023⁶⁴.

REPLACE stands for:

R	E	P	L	A	C	E
REVIEW	PROMOTE	LEGISLATE	ASSESS	CREATE	ENFORCE	
dietary sources of industrially-produced trans fats and the landscape for required policy change.	the replacement of industrially-produced trans fats with healthier fats and oils.	or enact regulatory actions to eliminate industrially-produced trans fats.	and monitor trans fats content in the food supply and changes in trans fat consumption in the population.	awareness of the negative health impact of trans fats among policy makers, producers, suppliers, and the public.	compliance of policies and regulations.	

60 World Health Organization (2021). Replace Trans-fat by 2023. <https://www.who.int/teams/nutrition-and-food-safety/replace-trans-fat#:~:text=The%20REPLACE%20action%20package%20provides,heart%20disease%20mortality%20and%20events>.

61 PAHO. (2018, May 14). WHO plan to eliminate industrially-produced trans-fatty acids from global food supply. Available at <https://www.who.int/news/item/14-05-2018-who-plan-to-eliminate-industrially-produced-trans-fatty-acids-from-global-food-supply>.

62 World Health Organization. (2021, December 7). Countries with regulations protecting people from industrially produced trans fat tripled over the past year. Available at <https://www.who.int/news/item/07-12-2021-countries-with-regulations-protecting-people-from-industrially-produced-trans-fat-tripled-over-the-past-year>.

63 World Health Organization. (2021). Countdown to 2023: WHO report on global trans fat elimination 2021.

64 World Health Organization. (2020, December 17). WHO announces certification programme for trans-fat elimination. Available at <https://www.who.int/news/item/17-11-2020-who-announces-certification-programme-for-trans-fat-elimination>.

CASE STUDY

Mexico Salud-Hable Coalition leverages the front-of-package labelling regulation to advance on trans fats elimination

ALLIANCE

Mexico Salud-Hable Coalition

WHO REGION

Americas

NAME OF PROJECT/CAMPAIGN

Advocating for the elimination of trans fats

THEMATIC AREAS OF WORK

Cardiovascular health, NCD prevention, nutrition, trans fats



OVERVIEW

After an advocacy campaign in 2019 resulted in the establishment of a new regulation on front-of-package warning labelling (FOPL) on foods and beverages, the Mexico Salud-Hable Coalition sought support for policies to limit the level of trans fats in the food supply. The alliance developed analyses to understand the policy landscape of trans fats in the country, focusing on the adoption of the WHO REPLACE technical package. Collaborating with allies from the Pan American Health Organization (PAHO) and other local actors from civil society and the Secretary of Health, they promoted a legislative proposal to reform the General Health Law to include the elimination of trans fats. The coalition hosted virtual advocacy events to position the proposal on the political and media agendas, working with a range of stakeholders, including legislators. The proposal, which empowers the Ministry of Health to develop a regulatory framework on trans fats elimination, was approved unanimously by the Senate in October 2021 and by the Chamber of Deputies in February 2023. The new regulation includes both REPLACE recommendations, a ban on partially hydrogenated oils (PHO) and a limit on TFA content to 2% of total fats in all foods. The President is now expected to sign the law within two months, while implementation could take six months. NCDCA is proud to support the work of Mexico Salud-Hable, including as part of its partnership with Resolve to Save Lives.

Strategic use of commitments, guidance and policy recommendations

Mexico Salud-Hable refers to the WHO REPLACE package and recommendations made by PAHO as critical components of its advocacy plans. The alliance also referred to SDG target 3.4, on the reduction of mortality due to NCDs.

They also draw from regional best practices, including from the United States, Canada, Brazil, Peru, Chile, and Uruguay.

“Countries need to align. We use the 2018 UN [High-Level Meeting on NCDs Political Declaration] to explain why we need to address NCD risk factors. In this way, international instruments help with national advocacy because behind these recommendations there is extensive microeconomic analysis and detailed evidence.”



LESSONS LEARNED

→ Expertise in one area of NCD prevention can be leveraged to address others:

The advocacy strategies for the FOPL, such as informing the public through social media, partnering with champions, and coordinating with NCD advocates throughout the country, fed into the alliance's work on trans fats elimination.

→ Cultivate political champions at the highest levels:

The alliance benefitted from respected stakeholders championing trans fat elimination, who disseminated their legislative proposal and advocacy messages. Along with PAHO, they co-hosted virtual forums with prominent senators, mainly Sen. Lilia Valdez Martinez, current President of the Senate's Health Commission, attended by high-level health authorities and experts, legislators, civil society, and PAHO country representatives.

→ Evidence is the foundation of all successful advocacy campaigns:

Mexico Salud-Hable has drawn from the work of Giandomenico Majone⁶⁵, an Italian political scientist with expertise in political governance within the European Union, to improve both the quality of evidence that they use and the timing of messages. The coalition used the REPLACE technical package to develop messages for the virtual forums, laying the groundwork for persuading legislators on the benefits of TFA elimination. Mexico Salud-Hable has also developed key reports analysing the state of TFA consumption in Mexico and its impact on health^{66,67}.

→ Seize windows of opportunity:

Mexico Salud-Hable use Jones and Baumgartner's⁶⁸ theory of interrupted equilibrium, highlighting that change can arise when a problem is defined differently, new actors get involved, or issues receive greater attention. To adopt the FOPL, the alliance and allies capitalised on the window of opportunity presented by the 2018 election of a government with the political will to act against the food industry's interests, coupled with greater international funding for advocacy. They also positioned NCD prevention as part of the national COVID-19 response.

65 Majone, G. (1997). *Evidencia, argumentación y persuasión en la formulación de políticas*. Fondo de Cultura Económica.

66 Dr. Luis Angel Medina Juárez. (2020). Evidencia científica de los efectos en la salud de los ácidos grasos trans o aceites parcialmente hidrogenados, Mexico Salud-Hable. Available at http://mexicosaludhable.org/replace/assets/pdf/repositorio-grasas/04-Evidencia-cientifica-de-los-efectos-en-la-salud-de-los-acidos-grasos-trans_7.pdf.

67 Mexico Salud-Hable. (n.d.). *Grasas Trans En México : Análisis de la situación en el marco de la estrategia REPLACE*. Available at [grasas-trans-en-mexico-digital.pdf \(mexicosaludhable.org\)](https://mexicosaludhable.org/grasas-trans-en-mexico-digital.pdf).

68 Baumgartner, Prand y Bryan D. Jones. "Agendas and Instability in American Politics", en Lodge, Martin et al (editors), *The Oxford Handbook of Classics in Public Policy and Administration*, July 2016.

RECOMMENDATIONS

1. Build sound evidence relevant for key decision-makers and effectively counter industry manoeuvres preventing policy change:

According to Mexico Salud-Hable, developing solid evidence and convening influential experts is critical in order to counter industry tactics to delay, divide, distort, and defame health policy change. The alliance even developed a shadow report on trans fat elimination across Latin America⁶⁹, in collaboration with the Healthy Latin American Coalition, highlighting country examples and the role of civil society in policy development, which has become a key accountability tool and a key information source for advocacy.

“The story of public health in regard to food is the same as the fight against tobacco. Industries seek protection of their economic interests, not the health of the population or the guarantee of human rights, and it is essential to be aware of this from the beginning.”

2. Learn from the experience of other countries:

The alliance emphasises the utility of adapting best practices from other settings. This is why it studied the regulation of trans fats in the Americas, including challenges and success stories in Argentina, Brazil, Chile, Peru, and Uruguay.

3. Publicly thank supporters to maintain and reinforce trustful relationships:

Mexico Salud-Hable praised allies and champions' contributions in public events. The coalition notes that support from funders, including from NCDAC through its partnership with Resolve to Save Lives, enhanced its advocacy capacity.

4. Conduct stakeholder and policy mapping to understand the context and inform the engagement and communication strategies:

Mapping exercises help in understanding the history of regulations (e.g., public policies on trans fats) and the positions of key stakeholders involved (backers or blockers) before setting an advocacy strategy. This exercise facilitates identifying stakeholders' level of power and interest, tailoring messages towards them, and gaining leverage when opportunities occur. For example, the alliance analysed trade implications for trans fat elimination, arguing that if Mexico wanted to be more competitive with its trading partners (United States and Canada), which have policies limiting hydrogenated oils, it needed to follow suit; an argument that appealed to the Ministry of Finance.



69 Coalic3n M3xico Salud-Hable (Marzo 2022). *Reporte Sombra de las Pol3ticas de las GrasasTrans de Producci3n Industrial: ¿Qui3 podemos aprender de los casos de 3xito en Am3rica Latina?*. <http://mexicosaludhable.org/replace/assets/pdf/ReporteSombraPol3ticasPublicasEliminacionGrasasTransProduccionIndustrial.pdf>.

CASE STUDY

Healthy Caribbean Coalition promotes accountability on childhood obesity

ALLIANCE

Healthy Caribbean Coalition

WHO REGION

Americas

NAME OF PROJECT/CAMPAIGN

Accountability framework for childhood obesity prevention in the Caribbean

THEMATIC AREAS OF WORK

Food policies, childhood obesity, accountability

OVERVIEW

In response to the rising prevalence of childhood obesity in the region, Healthy Caribbean Coalition (HCC) created a civil society action plan (2017-2021) grounded in WHO’s Best Buys, with strategies for taxation on sugar sweetened beverages (SSBs), bans on SSB sales and marketing in schools, and mandatory FOPL. HCC then developed the Accountability Framework for Childhood Obesity Prevention to track progress on governments’ commitments. This framework featured an online policy-tracking platform called the Childhood Obesity Prevention Scorecard (COPS), training for CSOs, public involvement in accountability measures, tracking industry interference, and support for managing conflicts of interest (COI). These initiatives have leveraged key NCD collaborations, including with WHO-PAHO in the COI work and in the development of the COPS and with the My Healthy Caribbean Schools online platform. Collaboration with the NOURISHING database and CO-CREATE project of World Cancer Research Fund International also strengthened HCC’s benchmarking capacity. NCDCA supported the development of the strategic plan and its ongoing tracking via the COPS platform, and the Caribbean Development Bank assisted HCC in COPS capacity development of CSOs. Support from the Global Health Advocacy Incubator (GHA) facilitated the monitoring of industry interference, strengthening of national and regional CSO-led multi-stakeholder food policy coalitions, and the implementation of regional advocacy campaigns, including recent regional digital campaigns implemented in partnership with PAHO, UNICEF and the Organisation of Eastern Caribbean States Commission.

The Caribbean Public Health Agency (CARPHA) and the Secretariat of the Caribbean Community (CARICOM) are important regional stakeholders in the overall success of these initiatives, which have led to: mobilising and strengthening childhood obesity prevention CSO coalitions; increased engagement of CSOs in food policy advocacy, including supporting social media campaigns, high-level policy maker advocacy, and use of the various tracking tools; increased capacity to effectively hold governments accountable for political commitments; greater awareness among CSOs of strategies to identify and manage COI; engagement of HCC at CARICOM meetings; and contribution to regional policy wins, including restrictions on SSBs in schools, impending SSB taxes, and advancement of a regional standard on front-of-package nutrition warning labels.





Strategic use of commitments, guidance and policy recommendations

The initiative supports national, regional, and global NCD, obesity, and nutrition targets. HCC refers to the WHO Best Buys and other recommended interventions “as foundational evidence-based policy recommendations,” drawing from those that address food policy, including taxation, labelling, media campaigns, school nutrition education, and regulation, and physical activity in schools. They also use the recommended policies in the WHO Commission on Ending Childhood Obesity Report, PAHO’s Plan of Action for the Prevention of Obesity in Children and Adolescents, and the CARPHA 6-point policy plan.

LESSONS LEARNED

→ Overcoming the food and beverage industry’s deep pockets proved challenging

Despite funding from donors, HCC found it challenging to compete with the huge ultra-processed food industry marketing budgets. HCC thus developed multi-layered communication strategies to counteract ubiquitous and detrimental industry marketing messages and tactics.

→ Capturing and maintaining the interest of policymakers

HCC faced challenges reaching policymakers due to the COVID-19 pandemic, as well as the outside influence of the industry lobby. COI can be exacerbated by the realities of living in resource-constrained small island developing states, as policymakers hesitate to regulate the industry, a major employer and economic driver in the region.

→ Flexibility is key to adapt to unforeseen circumstances

Prior to COVID-19, Caribbean governments were lagging behind on their NCD and obesity prevention commitments, despite HCC advocacy efforts supporting them. During the pandemic, building on the linkages between NCDs, obesity, and COVID-19, HCC launched a regional strategy making the case for a [transformative new agenda](#) calling for a new vision of NCD prevention and control grounded in equity and people power, and addressing the COVID-19 vulnerability of people living with NCDs with a rights-based lens.

RECOMMENDATIONS

1. Rely on the WHO's Best Buys and other recommended interventions to build the case for NCD prevention:

Refer to WHO guidance and provide links on specific recommendations to regional, national or district health authorities to ensure their support, and to support them in counteracting industry tactics aiming to undermine them.

2. Develop easy to use and co-created accountability platforms:

Track progress of NCD prevention policies in simple, accessible formats, and identify underlying factors where policy implementation is slow, including COI and industry interference, and collaborate with civil society and the public and relevant private sector to address these gaps. For example, the COPS provides a snapshot of regional policy implementation and the HCC industry tracker monitors industry actions against healthy food policies.

3. Build strong, diverse, and strategic coalitions:

HCC has involved a diverse array of key stakeholders, including young people, people living with NCDs, health and non-health CSOs, academia, public health professionals, health care providers, lawyers, agricultural groups, journalists/ wider media, and regional and global agencies.

“Coalitions not only amplify messaging by creating an army of voices in support of policies but importantly they are also protective when faced with industry interference, especially in small settings”.

4. Build the capacity of youth advocates:

HCC supports the development of the next generation of NCD prevention advocates through Healthy Caribbean Youth (the alliance's youth arm).

5. Invest in effective communication strategies:

Partnering with institutions and people who can effectively convey messages to various audiences and who will champion a given cause is paramount. HCC benefited from support from funders who provided expertise in crafting messages for different audiences: The research arms of GHAI and Vital Strategies provided evidence for effective messages; the GHAI media arm developed press release templates; and NCDA produced letters of action to tailor for local governments. HCC sought strategies to overcome journalist hesitancy to address obesity prevention policies by preparing media ready pieces and organising spokesperson media training for members and allies to tailor messages to distinct audiences and leverage the power of social media campaigns.

6. Understand the wider landscape to integrate advocacy objectives within existing priorities:

HCC tied advocacy on childhood obesity and healthy diets to other established priorities such as food security, nutrition, mental health, climate change, and COVID-19.

7. Plan strategies to smartly counter unhealthy commodity industry interference:

Countering industry misinformation and tactics is critical to arming the public and policymakers with accurate information, but can be time consuming and can quickly exhaust limited resources. Track industry interference tactics and instances of COI to build support for a campaign. Create standardised packages of materials (e.g. fact sheets) that clearly communicate policy demands, typical industry arguments, and evidence-based counterarguments and tailor these for different audiences. Choose battles wisely – don't get consumed with responding to every instance of interference, resulting in constantly rehashing counterarguments – this is an industry tactic designed to wear down advocates with limited resources.



Alcohol use

The use of alcohol is a contributing factor in over 200 diseases and injuries, such as mental and behavioural disorders, alcohol dependence, major NCDs such as liver cirrhosis, some cancers, and cardiovascular disease, as well as injuries from violence and road clashes and collisions.

Worldwide, 3.3 million deaths every year result from use of alcohol, representing 5.9% of all deaths⁷⁰. In 2016 about four out of 10 people in the world aged 15 years and over reported drinking alcohol. Although the percentage of drinkers has been declining since 2000 in the African, Americas, Eastern Mediterranean, and European regions, alcohol is still consumed by more than half of the population in the Americas, Europe, and Western Pacific⁷¹. It is important to note that although the percentage of drinkers might have fallen in African countries and some LMICs, heavy episodic drinking is still quite common. In addition to quality of health services, this may explain why there are disparities with the burden of alcohol consumption in some European and African countries.

In a bid to mitigate the effects of alcohol use on people's health, WHO recommended a number of prevention interventions contained in the 2013-2020 WHO Global NCD Action Plan and in the Best Buys, such as a voluntary declaration by Member States to achieve a 10% reduction in the use of alcohol, by regulating its availability, restricting/banning advertisement and promotions, and use of pricing policies such as excise taxes. Furthermore, to reduce alcohol use WHO has developed the SAFER technical package, and approved a new Global Alcohol Action Plan at the WHA in May 2022, which contains policy recommendations to advance progress towards achieving a 20% per capita reduction target, exceeding the initial 10% target and stressing the goal to considerably reduce morbidity and mortality due to alcohol consumption.

70 World Health Organisation. (n.d.). *Alcohol*. Available at <https://www.afro.who.int/health-topics/alcohol>.

71 World Health Organization (2018, September 17). *Global status report on alcohol and health 2018*. <https://www.who.int/publications/i/item/9789241565639>.

The Global Alcohol Action Plan 2022-2030

In line with SDG target 3.5, which focuses on strengthening the prevention and treatment of substance abuse, including the negative impact of alcohol use, a Global Alcohol Action Plan was approved by the WHA in May 2022 as WHO's *Action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority*⁷². This document includes specific policy actions and measures for alcohol control in line with the latest available evidence on effectiveness and cost-effectiveness, thus giving a strong mandate to WHO to support the development of alcohol policy at national, regional, and global levels⁷³. The Global Alcohol Action Plan recommends the strengthening of the role of WHO's Best Buys on alcohol and the SAFER technical package, in particular the adoption of alcohol taxes, availability and marketing restrictions, and multi-stakeholder coordination between governments, academia, and civil society.

REDUCING ALCOHOL USE SAFER technical package

In 2018, WHO launched a ground-breaking new initiative and technical package called SAFER, which serves as a road map to support governments in taking cost-effective steps to accelerate progress on health, social justice, and sustainable development through addressing alcohol harm.

The SAFER initiative's technical package focuses on five important alcohol policy measures, recognising the needs to protect public health policy-making from alcohol industry involvement and to strengthen monitoring and accountability mechanisms to track progress and successes⁷⁴.

SAFER stands for:



STRENGTHEN	ADVANCE	FACILITATE	ENFORCE	RAISE
Strengthen restrictions on alcohol availability	Advance and enforce drink driving countermeasures	Facilitate access to screening, brief interventions, and treatment	Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion	Raise prices on alcohol through excise taxes and pricing policies

72 World Health Organization. (2022). *Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority*. Available at <https://www.who.int/publications/m/item/global-alcohol-action-plan-second-draft-unedited>.

73 World Health Organization. (2020, November 16). *Developing a Global action plan to reduce the harmful use of alcohol*. Available at <https://www.who.int/news-room/articles-detail/global-action-plan-to-reduce-the-harmful-use-of-alcohol>.

74 World Health Organization. (2019, December 11). *The SAFER technical package*. Available at <https://www.who.int/publications/i/item/the-safer-technical-package>.

CASE STUDY

NCDs-Vietnam and mobilising communities for the passing of the 2019 alcohol control law

ALLIANCE

NCDs-Vietnam

WHO REGION

Western Pacific

NAME OF PROJECT/CAMPAIGN

Advocating for the 2019 national alcohol control law

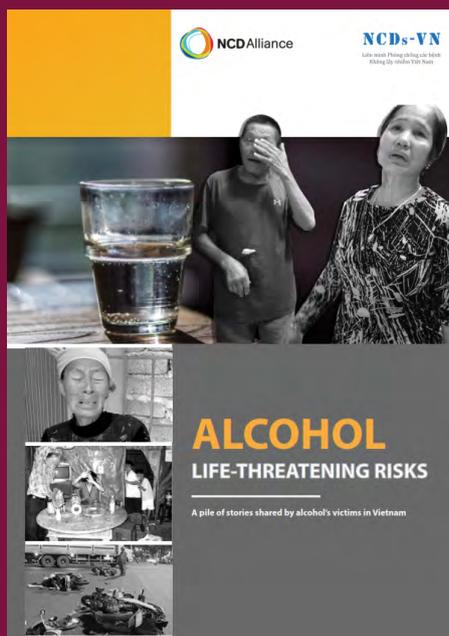
THEMATIC AREAS OF WORK

Alcohol control, meaningful involvement of people living with NCDs and those affected by alcohol, community engagement

OVERVIEW

With alcohol use on the rise in Vietnam (consumption doubled from 3.8 litres per capita in 2005 to 8.3 in 2016)⁷⁵, a draft law to curb alcohol consumption, under development since 2008, was released in April 2018. Seizing on this advocacy window of opportunity, NCDs-Vietnam devised a strategy to counter alcohol industry opposition to the bill and to build public support for its passage. Facing the industry’s misinformation campaign targeting the National Assembly, the alliance built a strong civil society coalition involving people affected by alcohol to raise public awareness, refocus the debate on scientific evidence, help dispel the myths, and expose industry tactics. The campaign also seized the momentum of the 2018 UN High-Level Meeting on NCDs to target the National Assembly’s first vote on the bill. The campaign highlighted a series of four alcohol-related teenage rape cases and accidents in the month before the Assembly’s final vote, contributing to the passage of the law in June 2019. Although it was weakened through the drafting process, with several of the WHO Best Buys removed, including initial proposals for taxation, a Health Promotion Fund (seeking to finance NCD prevention through taxes on unhealthy products), and civil society monitoring, the law is considered a critical milestone, accelerating the country’s commitment to NCD prevention. It retains a focus on beer, bans alcohol advertising and internet sales, sets an age limit for drinking, establishes alcohol levels for driving, and bans alcohol use in schools and health facilities. With the passage of the law, the alliance advocated for its implementation in the government’s One Health and Ecohealth initiatives. NCDA proudly supported these advocacy efforts through the first phase of the Advocacy Institute Seed Programme 2017-2019.

More recently, the alliance sought to position alcohol control as part of the COVID-19 response, as the government lacks funding to face the pandemic. In a January 2022 meeting held at the National Assembly, the alliance submitted a proposal to reconfigure the Vietnam Tobacco Control Fund to become a Health Promotion Fund, directing the revenue from increased excise taxes on alcohol and tobacco and new ones on sugary drinks, which would allow the government to have more resources to strengthen primary healthcare and NCD prevention efforts, a proposal positively received by Assembly leaders.



75 World Health Organization Vietnam. (2019). *Questions and answers on alcohol-related harms*. Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/325901/9789290618836-eng.pdf>.

Strategic use of commitments, guidance and policy recommendations

NCDs-Vietnam leveraged the WHO Global Strategy to Reduce the Harmful use of Alcohol, WHO Best Buys, and the SAFER technical package, advocating for tax increases on alcoholic beverages, as well as marketing and availability restrictions (reduced hours of sale).

LESSONS LEARNED

➔ Flexibility is important to seize windows of opportunities

NCDs-Vietnam tracked the law from start to finish. The initiative displayed agility in seizing the momentum around the 2018 UN High-Level Meeting on NCDs, National Assembly meetings, and tragic alcohol-related deaths. To do this, the alliance worked with the Ministry of Health, voiced NCD civil society views at National Assembly workshops, wrote letters to political leaders, and invited people affected by alcohol to speak publicly.

➔ Build and maintain multisectoral partnerships

NCDs-Vietnam learned about the power of forming strategic partnerships with the Ministry of Health and other agencies, such as by organising conferences on global perspectives on alcohol control. It maintained relationships with experts in public health, health economics, media, law, and advocacy, and sought support from organisations outside of the NCD community (groups in health, rights, gender-based violence prevention, and environment).

KIỂM SOÁT TÍNH SẴN CÓ

- Bao gồm các quy định điều tiết mật độ điểm bán rượu bia thông qua cấp phép; hạn chế thời gian được bán rượu bia (ngày, giờ); quy định độ tuổi được phép mua hoặc sử dụng rượu bia; và hạn chế uống rượu bia ở những nơi công cộng (Tổ chức Y tế thế giới, 2010, 2018).
- 141 quốc gia (86%) áp dụng hệ thống cấp phép, trong đó khoảng một nửa (55%) có giấy phép đối với tất cả các khâu nhập khẩu, sản xuất, phân phối, bán lẻ và xuất khẩu (Tổ chức Y tế thế giới, 2018).
- Hơn 50% quốc gia có quy định giới bán đối với bia, rượu vang và rượu mạnh. Gần 1/3 quốc gia có quy định giới hạn ngày bán tại các cửa hàng bán rượu bia sử dụng tại chỗ và mang về (Tổ chức Y tế thế giới, 2018).
- Hầu hết quốc gia có quy định kiểm soát sử dụng rượu bia ở địa điểm công cộng.

Kinh nghiệm quốc tế: Thái Lan

Luật kiểm soát đồ uống có cồn có hiệu lực từ năm 2008 và sửa đổi năm 2015 quy định:

- Đồ uống có cồn chỉ được phép bán từ 11 giờ sáng đến 2 giờ chiều và từ 5 giờ chiều đến 12 giờ đêm mỗi ngày. Vi phạm quy định bị phạt từ dưới 6 tháng và/hoặc tối đa 10.000 Bath.
- Cấm bán đồ uống có cồn cho: (1). Người dưới 20 tuổi và (2). Người đang say rượu. Vi phạm sẽ bị phạt từ dưới 1 năm và/hoặc tối đa 20.000 THB.
- Cấm bán đồ uống có cồn ở một số địa điểm công cộng. Vi phạm sẽ bị phạt từ 6 tháng và / hoặc phạt 10.000 Bath.

Thực thi quy định cấm sử dụng rượu bia ở địa điểm công cộng (số quốc gia)

Nguồn: WHO (2018). Báo cáo toàn cầu về sử dụng rượu bia và sức khỏe 2018

Loại hình địa điểm	Cấm bán phần	Cấm bán toàn phần
Cơ sở y tế	82	47
Cơ sở giáo dục	99	47
Cơ quan nhà nước	81	53
Giáo đường công cộng	71	50
Công viên	38	54
Đường phố	56	63
Sân vận động	22	68
Sân khấu	84	55
Nơi làm việc	57	42

LUẬT PHÁP QUỐC TẾ VỀ PHÒNG CHỐNG TÁC HẠI RƯỢU BIA

Luật kiểm soát rượu bia của Thái Lan (2008)

- Địa điểm cấm bán rượu bia: (1) Các địa điểm bán lẻ; (2) Các cơ sở y tế (3) Nhà ở tập thể (4) Cơ sở giáo dục; (5) Công viên - nơi giải trí của người dân nói chung; v.v
- Các hình thức cấm bán (1) Sử dụng máy bán tự động (2) Bán dạo
- Về khuyến mại: Cấm giảm giá cho mục đích khuyến mại; cấm đổi vỏ nhãn, hạn bán cũ với giá liên quan đến đồ uống có cồn để lấy bất kỳ thứ gì v.v
- Về quảng cáo:
 - Cấm quảng cáo và tiếp thị trực tiếp đến người tiêu dùng
 - Không được quảng cáo làm tăng giá trị chất lượng của rượu bia hoặc khuyến khích mọi người uống rượu bia một cách quá liều hoặc gian lận
 - Không được trưng bày tên hoặc thương hiệu của đồ uống có cồn;
 - Thời gian quảng cáo trên truyền hình phải cao 10 giây.

Luật rượu bia của New Zealand (2018)

- Quy định giới bán từ chiều tối về buổi sáng
- Cấm quảng cáo rượu bia trên các kênh truyền thông
- Ấn phẩm: cấm quảng cáo trên ấn phẩm dành cho trẻ em hoặc có hơn 20% độc giả là trẻ em; một trước và một sau của ấn phẩm; trên giấy gói/phong bì hoặc bia khác của một ấn phẩm; ấn phẩm có quảng cáo rượu bia vượt quá 20% không gian quảng cáo trong ấn phẩm;
- Chương trình truyền hình không được quảng cáo trong thời gian từ 10 sáng đến 10 tối.
- Rượu không được quảng cáo trên đài phát thanh vào 1 ngày trong tuần trong khoảng thời gian từ nửa đêm đến 10h sáng; hoặc 3h chiều đến nửa đêm.
- Quần áo trẻ em: cấm in tên sản phẩm rượu bia hoặc nhãn hiệu thương mại, biểu tượng, hình ảnh tiếp thị hoặc logo trên quần áo trẻ em.
- Cấm quảng cáo rượu bia tại các địa điểm nạp nhiên liệu, công viên hoặc không gian công cộng, bên trong hoặc bên ngoài phương tiện giao thông công cộng, bên tàu hoặc bến xe, điểm dừng xe buýt/đầu đường, trường học và chợ v.v 200m quanh trường học, bên chờ của địa phương và chợ v.v 200m quanh sân chơi.
- Cấm quảng cáo rượu bia tại các sự kiện thể thao và khu vực thể thao, sự kiện dành cho trẻ em hoặc có phần lớn người tham dự là trẻ em.
- Cấm tài trợ rượu bia cho các sự kiện, dành cho trẻ em hoặc có phần lớn người tham dự là trẻ em, liên quan đến lái xe hoặc đua xe cơ giới.
- Cấm khuyến mại: giảm giá hoặc tặng quà miễn phí bằng sản phẩm rượu bia hay bất kỳ sản phẩm thực phẩm khác.

KHUYẾN NGHỊ: Quy định và thực thi nghiêm kiểm soát quảng cáo, khuyến mại, tài trợ rượu bia; tăng thuế và giá rượu bia; và hạn chế tính sẵn có của rượu bia là biện pháp tốt nhất để được chứng minh đã phòng chống tác hại của rượu bia.

KINH NGHIỆM QUỐC TẾ VỀ KIỂM SOÁT RƯỢU BIA

CÁC CAN THIỆP HIỆU QUẢ NHẤT

Hạn chế tính sẵn có

Hạn chế hoặc cấm quảng cáo

Tăng giá

KIỂM SOÁT QUẢNG CÁO, KHUYẾN MẠI, TÀI TRỢ

- Quảng cáo rượu bia thúc đẩy quyết định sử dụng rượu bia lần đầu ở thanh thiếu niên và làm tăng mức độ tiêu thụ rượu bia ở những người đang sử dụng rượu bia (Tổ chức Y tế thế giới, 2018).
- Hạn chế quảng cáo rượu bia làm giảm tiêu thụ rượu bia, giảm tai nạn giao thông và gánh nặng bệnh tật do rượu bia:
 - Những mức cấm quảng cáo cả bia và rượu trên truyền hình và radio có tỷ lệ tiêu thụ rượu bia thấp hơn 11% và tỷ lệ tử vong do tai nạn giao thông cao hơn 23% so với những nước chỉ cấm quảng cáo rượu mạnh (Seiffer, 1989; Nghiên cứu sử dụng số liệu của 17 quốc gia trong 12 năm).
 - Giảm tăng mức lệnh cấm cả bia và rượu trên truyền hình, radio hoặc báo in làm giảm 8% tiêu thụ rượu bia (Seiffer, 2000; Nghiên cứu sử dụng số liệu của 20 quốc gia trong vòng 15 năm).
- Chiến lược toàn cầu về kiểm soát đồ uống có cồn có mục đích hạn chế và các khuyến nghị về biện pháp kiểm soát tiếp thị và quảng cáo rượu bia gồm:
 - Kiểm soát nội dung và mức độ quảng cáo;
 - Kiểm soát quảng cáo trên một số hay toàn bộ các phương tiện truyền thông đại chúng;
 - Kiểm soát các hoạt động tài trợ có tác động khuyến khích tiêu dùng (văn hóa, thể thao, nghệ thuật, âm nhạc v.v)
 - Kiểm soát các kỹ thuật và hình thức tiếp thị mới như mạng xã hội.

TÌNH HÌNH THỰC THI CHÍNH SÁCH VỀ KIỂM SOÁT QUẢNG CÁO RƯỢU BIA TRÊN THẾ GIỚI (2016)

Đơn vị: số quốc gia

Kênh quảng cáo	Cấm hoàn toàn			Hạn chế một phần về thời gian, địa điểm, nội dung quảng cáo		
	Bia	Rượu vang	Rượu mạnh	Bia	Rượu vang	Rượu mạnh
Truyền hình quốc gia	52	55	62	51	50	46
Truyền hình cáp/thương mại	43	48	58	56	50	44
Phát thanh quốc gia	52	56	64	52	47	42
Báo/tạp chí in	43	44	50	39	36	31
Print, áp phích	44	48	53	37	34	31
Điểm bán hàng	37	39	43	36	42	33
Rạp chiếu phim	41	41	46	34	31	27
Internet	30	33	40	29	25	20
Mạng xã hội	30	33	39	27	24	19
Tài trợ sự kiện thể thao	43	47	53	20	18	16
Tài trợ sự kiện thanh thiếu niên	48	49	54	17	16	14

Nguồn: Cơ sở dữ liệu CISAH, Tổ chức Y tế thế giới

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RECOMMENDATIONS

1. Promote the meaningful involvement of people living with NCDs

“CSO networks need to be the link between policy makers and communities in NCD prevention advocacy, and communities need to be put in the centre of policy development.”

NCDs-Vietnam learned the value of engagement from the experience of international partners such as WHO, Movendi International, Campaign for Tobacco Free Kids, and NCD Alliance’s Our Views, Our Voices initiative. More recently, the alliance endorsed the [Global Charter on Meaningful Involvement of People Living with NCDs](#), and received NCD Alliance’s support to develop the [Vietnam National Advocacy Agenda of People Living with NCDs](#) in 2021.

2. Leverage community-based evidence and global resources

Expand the evidence base beyond the scientific literature by producing relatable narratives to educate policymakers about why a given issue matters. The alliance conducted community consultations on alcohol consumption, health, economic loss, and gender-based violence to learn about the lived experiences of people affected by alcohol consumption. It also used international evidence to support local findings, mainly WHO Best Buys.

3. Plan strategies to counter industry interference

Alcohol industry tactics are notoriously difficult to counteract. The alliance employed a variety of strategies, including sending public letters to decision-makers and industry spokespeople to respond to misinformation and attempts to derail or weaken the law. They also linked efforts to an anti-corruption campaign run by the Ministry of Politics exposing how alcohol, tobacco, SSB, and fossil fuel industries have a conflict of interest.

4. Harness the power of traditional and social media

NCDs-Vietnam used social media to expose industry interference, update the public on the discussions of the law at the National Assembly, share campaign resources, and even to bypass mainstream media blocks by building their own infrastructure for live-streaming. They also invited journalists to workshops with victims and families of alcohol-related harm to ensure that their voices were heard and their stories appeared in mainstream and social media.



CASE STUDY

Ghana NCD Alliance and integrating alcohol control as part of advocacy efforts around the National NCD Policy

ALLIANCE

Ghana NCD Alliance

WHO REGION

Africa

NAME OF PROJECT/CAMPAIGN

Advocating for alcohol control regulations within the National NCD Strategy

THEMATIC AREAS OF WORK

alcohol control, meaningful involvement of people living with NCDs and those affected by alcohol, taxation of unhealthy commodities

OVERVIEW

Building on the momentum of the Vision for Alternative Development (VALD; Secretariat of the alliance) successful advocacy campaign for the National Alcohol Control Policy (launched in 2017), Ghana NCD Alliance advocated for the integration of NCD prevention into the National Policy for the Prevention and Control of NCDs. Using their experience addressing alcohol as an NCD risk factor, enabled them to look at NCD prevention critically and ensure that the National NCD Policy and the draft NCD Strategy had prevention measures for alcohol based on scientific evidence. The alliance engaged policymakers and the media through awareness campaigns on NCD risk factors, national CSO forums on government initiatives and best practices in prevention, and technical papers on NCDs and UHC. The alliance has also been advocating for increased taxes on unhealthy products to fund the national health insurance scheme, as well as a new national alcohol control regulation currently being discussed by the Ministry of Health, looking to adopt the policy recommendations of the WHO Global Strategy on the Harmful Use of Alcohol and SAFER technical package.

Strategic use of commitments, guidance and policy recommendations

Ghana NCD Alliance has relied upon the recommendations of the SAFER technical package, WHO Global Strategy on alcohol and the SDGs as guides for advocacy, emphasising the government’s commitment as a signatory. The alliance has specifically advocated for restrictions on the affordability of alcohol, through taxation; the physical availability of the alcohol through promoting alcohol free environments especially for children and youth; and alcohol marketing bans.



“We have drawn inspiration from the SAFER package to get proper recommendations and the key ingredients for good indicators. We link our strategies to the NCD Best Buys and connect the dots.”

LESSONS LEARNED

→ **Multisectoral collaboration extends the reach and potential impact of NCD prevention initiatives:**

Ghana NCD Alliance learned about the power of partnering with a range of stakeholders to meet collective goals (multidisciplinary experts in public health, health economics, media, law and advocacy), even working with academia to incorporate an advocacy angle into their research. They have also sought engagement with the Minister of Health and Minister of Planning, Ghana Health Service, Special Advisor to the President on SDGs, leadership of the Parliament Select Committee on Health, and the chair of the Inter-ministerial Committee on SDGs, Food and Drugs Authority, to discuss the importance of NCD prevention interventions such as the Best Buys. Their collaboration with people living with NCDs even led to a national meeting to provide recommendations for [Ghana's Advocacy Agenda of People Living with NCDs](#), supported by NCDA's Our Views Our Voices initiative.

→ **Overcoming industry's deep pockets is challenging**

For the alliance it has been challenging to compete with the huge budgets wielded by the Big Alcohol, Tobacco, Food and Beverage industries, but has engaged in developing strategies to counteract their messages and negative tactics.

RECOMMENDATIONS

1. Anticipate and be prepared to counter industry interference strategies

Under the guise of corporate social responsibility, unhealthy commodities industries employ aggressive marketing tactics to increase sales at the expense of public health and civil society needs to be prepared. Advocating for increased taxation to finance health insurance has been difficult because of the public acceptance of alcohol, the growth of the industry, and government support to some alcohol producing factories. Advocates need to anticipate these challenges, and even recognise the similar playbook of the alcohol and tobacco industries who deploy similar tactics and use similar arguments to prevent or delay regulations.

2. Foster cross learning among NCD prevention and control advocates

Draw upon the expertise of advocates who have worked on other risk factors to enhance campaigns. For example, the alliance learned from tobacco advocates about strategies for pre-empting moves by industry.

3. Build on evidence-based data to shape effective and impactful advocacy messages

Advocates used mortality data from the road traffic authorities indicating that alcohol use is a major risk factor for traffic accidents. They also have access to an unpublished study showing that children can readily purchase alcohol, with results that were in direct contrast to industry claims.

4. Seek prominent stakeholders and celebrities to serve as champions

Identify well-placed individuals who can champion a given cause, including legislators and celebrities, without any ties with unhealthy commodities industries. Finding champions for alcohol and tobacco control can sometimes be difficult due to the powerful industry advertising campaigns featuring popular musicians and celebrities.

5. Conduct media outreach

Use media as a vehicle to raise awareness about the need for policy change, and to amplify the voice of communities. Make sure that the media understands the broad benefits of prevention policies, such as taxation reducing consumption while increasing government revenue for the health system. In some settings where the media charges fees, civil society must find alternative ways to get earned media, such as luncheons or conferences with a media angle.

6. Seek opportunities to meaningfully involve young people in alcohol control advocacy

The alliance always seeks to involve young people, finding ways to make its campaigns attractive to them such as by using social media or offering a space to share about the effects of alcohol in their families.



Tobacco use

The tobacco crisis is one of the world's most serious public health hazards, killing more than 8 million people each year. Over 7 million of those deaths are directly related to tobacco use, whereas around 1.2 million are related to non-smokers being exposed to second-hand smoke.

The cost of tobacco-related sickness and mortality is the worst in LMICs, which are home to more than 80% of the world's 1.3 billion cigarette smokers. The 10 countries with the largest number of tobacco smokers in 2019, comprising nearly two-thirds of the global tobacco smoking population, were China, India, Indonesia, the United States, Russia, Bangladesh, Japan, Turkey, Vietnam, and the Philippines. In 2019, 341 million (30%) of 1.3 billion tobacco smokers were in China⁷⁶. Also, tobacco use has considerable economic implications, including large health-care expenses for treating illnesses, as well as lost human capital due to attributable morbidity and mortality⁷⁷. Studies undertaken since the onset of the COVID-19 pandemic, particularly from China, have drawn a link between smoking prevalence and increased vulnerability to the virus⁷⁸.

In response to the tobacco problem, WHO created the WHO Framework Convention on Tobacco Control (WHO-FCTC) in 2003, which came into force in 2005. As of July 2017, 187 countries were Parties to the WHO-FCTC and 7 countries have signed but not ratified it (Argentina, Cuba, Haiti, Morocco, Mozambique, Switzerland, and USA)⁷⁹. The WHO-FCTC's goal is to safeguard current and future generations from the devastating health, social, environmental, and economic repercussions of tobacco smoking and tobacco smoke exposure⁸⁰. The WHO also introduced the MPOWER technical package in 2008 to support the operationalisation of the WHO-FCTC and to assist in the country-level implementation of effective interventions to reduce the demand for tobacco. Further, the Global NCD Action Plan and the Best Buys highlight more recommendations for action and a voluntary commitment to reduce by 30% the prevalence of current tobacco use in persons aged 15+ years.

76 Reitsma, M. B., Kendrick, P. J., Ababneh, E., Abbafati, C., Abbasi-Kangevari, M., Abdoli, A., ... & Gorini, G. (2021). Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019. *The Lancet*, 397(10292), 2337–2360. Available at <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901169-7>.

77 World Health Organization. (2021, July 26). *Tobacco* [Fact sheet]. World Health Organization. Available at <https://www.who.int/news-room/fact-sheets/detail/tobacco>.

78 World Health Organization. (2020, June 30). *Smoking and COVID-19: scientific brief*. World Health Organization. Available at <https://apps.who.int/iris/handle/10665/332895>. License: CC BY-NC-SA 3.0 IGO.

79 FCA (2017). Parties to the WHO FCTC (ratifications and accessions). Available at <https://fctc.org/parties-ratifications-and-accessions-latest/>.

80 WHO FCTC. (2020, February 27) 15 years protecting and saving lives. Available at <https://fctc.who.int/newsroom/news/item/27-02-2020-who-fctc-15-years-protecting-and-saving-lives>.

The WHO-Framework Convention on Tobacco Control (WHO-FCTC)

The WHO-FCTC is an evidence-based treaty, and useful reference for civil society advocacy, that reaffirms the right of people to the highest standard of health, provides legal dimensions for international health cooperation, and sets high standards for compliance. Strengthening implementation of the treaty is specifically included in SDG target 3.a.



FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

The FCTC sets out specific steps for governments addressing tobacco use, including:

- 1 Adopting tax and price measures to reduce tobacco consumption;**
- 2 Banning tobacco advertising, promotion, and sponsorship;**
- 3 Creating smoke-free work and public spaces;**
- 4 Putting prominent health warnings on tobacco packages;**
- 5 Combating illicit trade in tobacco products**

Since the WHO-FCTC entered into force in 2005, it has succeeded in keeping tobacco control high on the global agenda, while saving lives and improving global health⁸¹. Between 2007 and 2019, smoking rates decreased from a global average of 22.7% to 17.5%, showing a relative reduction of 23% over 12 years⁸².

Studies have also shown a considerable high impact on the implementation of Best Buys for tobacco use prevention. In the United States for example, comprehensive tobacco control programmes, including interventions such as increasing cigarette taxes, smoke-free air laws in all indoor worksites, restaurants and bars, marketing restrictions, media campaigns, and graphic health warnings, lead to a short-term reduction on tobacco use of 8%. The impact increases in the long-term, with a 12% reduction in smoking prevalence, and the greatest impact observed on youth smoking⁸³.



81 Gravely, S., Giovino, G. A., Craig, L., Commar, A., D'Espaignet, E. T., Schotte, K., & Fong, G. T. (2017). Implementation of key demand-reduction measures of the WHO Framework Convention on Tobacco Control and change in smoking prevalence in 126 countries: an association study. *The Lancet Public Health*, 2(4), e166-e174. Available at <https://www.thelancet.com/action/showPdf?pii=S2468-2667%2817%2930045-2>.

82 World Health Organization (2021). WHO Report on the Global Tobacco Epidemic 2021.

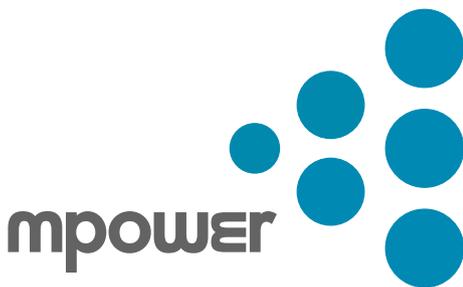
83 Levy, David T. PhD; Tam, Jamie MPH; Kuo, Charlene MPH; Fong, Geoffrey T. PhD; Chaloupka, Frank PhD The Impact of Implementing Tobacco Control Policies: The 2017 Tobacco Control Policy Scorecard, *Journal of Public Health Management and Practice*: September/October 2018 - Volume 24 - Issue 5 - p 448-457 doi: 10.1097/PHH.0000000000000780.

REDUCING TOBACCO USE

MPOWER technical package

In 2007, WHO introduced a practical cost-effective way to scale up implementation of the WHO FCTC on the ground through a new technical package called MPOWER. The MPOWER package consists of a set of six most effective strategies for fighting the global tobacco epidemic.

The six MPOWER measures are:



MONITOR	Monitor tobacco use and prevention policies
PROTECT	Protect people from tobacco use
OFFER	Offer help to quit tobacco use
WARN	Warn about the dangers of tobacco
ENFORCE	Enforce bans on tobacco advertising, promotion, and sponsorship
RAISE	Raise taxes on tobacco.

By 2020, more than 5.3 billion people – or 69% of the world’s population – were covered by at least one MPOWER measure. Inspiringly, at least two MPOWER policies have now been enacted in 98 countries⁸⁴.

Check out this case study in our [NCD Atlas 2020](#) with details on what civil society in Latin America have done to leverage the WHO FCTC to call out tobacco industry marketing violations. The work, led by the Healthy Latin American Coalition in 2018-2019, showcases how civil society have used litigation to prevent tobacco promotion in Brazil, mobilise civil society across a region, and even build bridges for civil society to collaborate with government agencies interested in protecting health. The judicial action on tobacco industry violations of Brazilian laws has created a compelling environment for compliance by other unhealthy commodity industries, such as alcohol and food and beverage, making the case for better and stronger regulation of NCD risk factors and their industries.

84 World Health Organization. (n.d.). MPOWER. Available at <https://www.who.int/initiatives/mpower>.

CASE STUDY

Healthy Philippines Alliance advocating to raise funds for the UHC Law through taxation on alcohol and tobacco

ALLIANCE

Healthy Philippines Alliance

WHO REGION

Western Pacific

NAME OF PROJECT/CAMPAIGN

Mobilising domestic resources for the 2019 UHC Act

THEMATIC AREAS OF WORK

UHC, taxation of unhealthy commodities, multisectoral collaboration, NCD prevention

OVERVIEW

Universal Health Coverage (UHC) was first included in the national agenda of the Filipino government in 2009. For years, the UHC debate had been focused on curative services, while NCD prevention was largely overlooked, with little public support to increase taxes on tobacco and alcohol products. With the formation of the Healthy Philippines Alliance (HPA) in 2018, its members carried out advocacy efforts to integrate NCD prevention in the UHC debate. Discussions to legislate UHC began in 2017, and after two years the national UHC Act (the first of its kind in the Western Pacific region) was passed. The Act automatically enrolls all Filipinos in the National Health Insurance Programme and provides access to the full continuum of health services and protection from financial hardship. In 2019 and 2020, in an important win for NCD prevention, President Duterte approved two separate laws increasing excise taxes on tobacco and alcohol products while also introducing a tax on e-cigarettes and heated tobacco products to help finance the implementation of UHC. HPA continues to advocate for tax increases for a “win-win” solution of increased revenue for UHC and decreased NCD risk.

Strategic use of commitments, guidance, and policy recommendations

Many members of HPA have a long history of advocating for best practices in NCD prevention. In 2019, a few months after the passage of the UHC Act, the United Nations Inter-Agency Task Force on NCDs published the “Prevention and control of NCDs in the Philippines: The case for investment,” demonstrating the utility of Best Buy interventions in tobacco control, alcohol use, physical inactivity, and unhealthy diets. HPA members used the recommendations of the report to convince policymakers to prioritise and sustain the implementation of the UHC Law and another landmark NCD-related law, the National Integrated Cancer Control Act, in the future. Aside from the investment case, advocates also found it helpful to discuss the Philippines’ commitment to the WHO FCTC, the SDGs, and the 2017 WHA Resolution for Cancer Prevention and Control in the Context of an Integrated Approach.



LESSONS LEARNED

→ Cultivating political champions furthers the advocacy work

Equipped with strong evidence-based asks, HPA cultivated a network of trusted parliamentarians to become NCD prevention champions, even tapping legislators who had personally been affected by NCDs to serve as champions. HPA also utilised an existing close relationship with the Departments of Finance and Health to advocate for tax increases.

→ Policy changes may follow the money

The groundswell for UHC advocacy arose when greater resources for health were provided as a result of the government's first major increase of tobacco and alcohol taxation in 2012, furthering the country's compliance with the FCTC and commitment to accelerate progress on the Millennium Development Goals.

“The clamour to reform taxation of alcohol and tobacco was supported by President Aquino and started this journey for an increase in resources for the health system. The Aquino administration (2010-2016) promised to provide health insurance through the social contract with the electorate, but first needed money. Advocates for tobacco taxation convinced him to support this”.

When the Duterte administration took over in 2016, they included UHC as a priority, supporting the passage of the UHC Act in 2019. Realising that significant resources would be required to implement and sustain UHC, the President's fiscal team looked for a viable source of funding. Hence, NCD advocates reminded the government about the benefits of increasing taxes on unhealthy products, helping usher in a new way of viewing taxes as an intrinsic part of health reform and linking UHC with NCD prevention.



RECOMMENDATIONS

1. Harmonise voices and tailor messages to various audiences:

Synchronising messaging is an essential formula for a successful campaign. HPA conveyed one clear message: place NCD prevention and health promotion at the heart of UHC, and utilise revenue from tax increases on tobacco, alcohol, and sugary drinks to fund implementation. When tailoring messages for policymakers, first conduct a political mapping to understand their positions, and translate solutions into concepts they can understand.

2. Meaningfully involve people living with NCDs, youth and other groups:

HPA members were able to capitalise on greater awareness of the importance of health promotion among patient groups, which traditionally have focused more on care. Bringing the voice of people living with NCDs to policy discussions helped to reframe UHC and health tax discussions, and engaging them can help balance the policy perspective of doctors and lawyers. HPA also engaged young people, including medical students, some living with NCDs, environmentalists concerned with water and air quality, and even brought in senior citizens who saw NCD prevention as a “legacy” for their grandchildren.

3. Engage the media:

HPA strategically engaged with traditional and social media. While support for tax reforms was initially weak in 2016, HPA and other advocates took advantage of official budget projections indicating a shortfall in funding for UHC. Capitalising on the strong popular support for UHC, HPA engaged the media (TV, radio, and online outlets) to put forward the argument that if politicians were supporting UHC, they needed realistic strategies for financing it, including through taxation.

4. Be prepared to confront industry and the private sector:

The tobacco and alcohol industries have strong lobbies and a repertoire of interference tactics to protect themselves against measures that may shrink profits. Mapping the power of industries can help plan strategies to counteract their tactics, which involve direct lobbying with policymakers, creation of front groups, paying off media outlets not to publish statements from NCD prevention advocates and controlling the narrative.

5. Get all the important players together in the same room:

Ensuring that disparate stakeholders communicate is essential to an effective NCD prevention campaign. For taxation to fund UHC, HPA recognised that both the Ministries of Health and Finance were key policy players, and that they needed to understand the synergy of finance and health outcomes. They helped the agencies meet and make decisions together, overcoming a disconnect and fostering a strong working relationship that persists.





Physical inactivity

Regular physical activity is proven to help prevent and manage NCDs such as heart disease, stroke, diabetes, and several cancers. It also helps prevent hypertension, maintain healthy body weight, and can improve mental health, quality of life, and well-being⁸⁵, and consequently deliver economic benefits such as savings in avoidable health care expenditure and limiting impacts on productivity⁸⁶.

Physical activity can also deliver environmental benefits by increasing walking, cycling, and other forms of mobility which contribute to reducing the adverse per capita environmental impact of cities (SDG 11.6)⁸⁷. Physical inactivity is linked to 6% of coronary heart disease, 7% of diabetes, and 10% of colon and breast cancer deaths globally. Because of the strong link between physical activity and major NCDs, WHO Member States agreed to a 10% reduction target in the prevalence of insufficient physical activity by 2025, as one of nine targets for NCD prevention and treatment in the Global NCD Action Plan, and a 15% reduction by 2030.

The COVID-19 pandemic, through its social distancing measures and restrictions, including lockdowns and the closure of sports facilities, playgrounds, and parks, has substantially limited physical activity across the globe. The pandemic has highlighted the importance of our environments and our access to opportunities to be physically active on a daily basis.

The Global NCD Action Plan and Best Buys propose the adoption of community-wide public education and awareness campaigns for physical activity, mainly targeting children, as well as other measures to change the physical environment to support behavioural change of physical activity levels.

85 World Health Organization. (n.d.). *Health topics, Physical activity*. Available at https://www.who.int/health-topics/physical-activity#tab=tab_1.

86 Cadilhac, D. A., Cumming, T. B., Sheppard, L., Pearce, D. C., Carter, R., & Magnus, A. (2011). The economic benefits of reducing physical inactivity: an Australian example. *International journal of behavioral nutrition and physical activity*, 8(1), 1-8.

87 World Health Organization. (2019). *Global action plan on physical activity 2018-2030: more active people for a healthier world*. World Health Organization. Available at <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf>.

The Global Action Plan on Physical Activity 2018-2030

The Global NCD Action Plan includes a 10% reduction target in the prevalence of insufficient physical activity by 2025⁸⁸. Reviews on progress towards this target have shown slow progress in LMICs and high progress in high-income countries, with challenges coming from outside the health sector. The WHO launched its Global Action Plan on Physical Activity 2018–2030, aiming to link it with the SDGs and build on existing NCD and physical activity strategies, guidelines, policy recommendations, and other relevant commitments endorsed by the WHO⁸⁹.

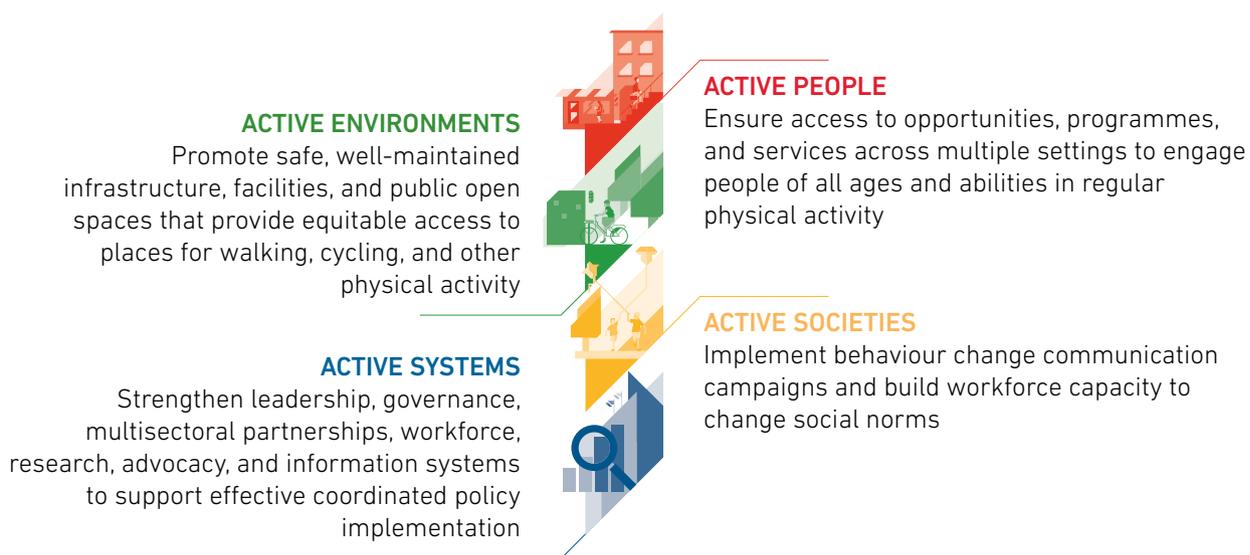
The Global Action Plan on Physical Activity aims to cut the global prevalence of physical inactivity in adolescents and adults by 15% by 2030, by implementing four strategic goals: build active societies, create active environments, create active people, and create active systems. It also lays out 20 policy initiatives to achieve those goals, including upstream activities aimed at enhancing the social, cultural, economic, and environmental aspects that encourage physical activity, as well as “downstream” educational and informational approaches targeted at individuals⁹⁰.

Furthermore, the Global Action Plan defines the costs of inactivity to health systems and society, and its impact on the attainment of the 2030 Agenda. WHO will prioritise the development of tools and training resources to assist Members States in implementing recommended policy actions on physical activity and sedentary behaviour.

PROMOTING PHYSICAL ACTIVITY

ACTIVE technical package⁹¹

WHO produced the ACTIVE technical package as the first of several implementation tools to help nations plan, execute, and assess the Global Action Plan on Physical Activity 2018-2030; it is a very useful tool for NCD civil society to advocate and monitor the adoption of policies and programmes to address physical inactivity. ACTIVE includes four policy action areas that clearly mirror the four objectives of the Global Action Plan agreed by the WHA in May 2018:



Through ACTIVE, WHO encourages countries to design and execute a whole-system strategy to raise physical activity levels, executing a mix of short-, medium-, and long-term policy interventions across many contexts in order to address social, cultural, economic, and environmental restrictions, as well as knowledge, motivation, and skills.

88 World Health Organization. (2013). *Global action plan for the prevention and control of noncommunicable diseases 2013-2020*. World Health Organization.

89 World Health Organization. (2019). *Global action plan on physical activity 2018-2030: more active people for a healthier world*. World Health Organization. Available at <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf>.

90 World Health Organization. (2019). *Global action plan on physical activity 2018-2030: more active people for a healthier world*. World Health Organization. Available at <https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf>

91 World Health Organization. (2018). *ACTIVE: a technical package for increasing physical activity*.

COUNTRY HIGHLIGHT

Promoting physical activity in Rwanda with the Kigali Car Free Day

The Kigali Car Free Day started as an initiative of the City of Kigali and as a monthly event in 2016 with the main objective of making Kigali a green city, while encouraging residents to adopt an active lifestyle, and therefore prevent NCDs. A year later, President Paul Kagame attended the event, commended the initiative, and recommended it be conducted twice a month. Car Free Day is run by Kigali City Council with support from the Ministry of Health, Rwanda Biomedical Centre, and Rwanda NCD Alliance. Children and adults of all walks of life are usually seen in sporting gear jogging, cycling, strolling, and exercising in areas in Kigali designated for the sporting event. Free medical check-ups and screenings are also offered. No vehicles are allowed to move in designated areas for at least four hours.

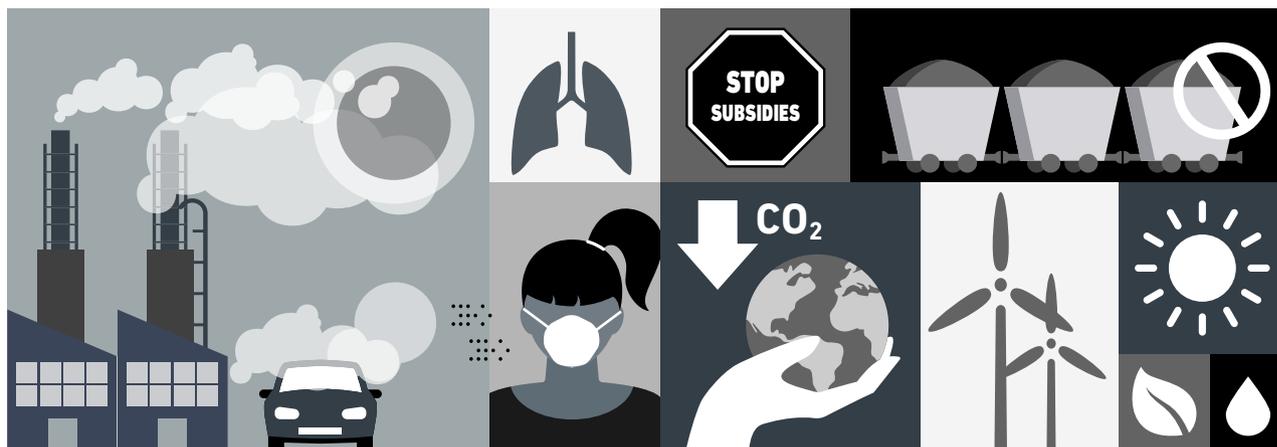
The initiative also contributes, to some extent, to reducing air pollution, and provides residents with an opportunity to interact. Kigali Car Free Day has become very popular in Rwanda, offering a space to be active and to mobilise for the protection of the environment⁹².

Nowadays, an average of 10,000 take part in each Car Free Day in Kigali, with many volunteers support the city to run the event. The route through the city allows people to ride their bikes or run several miles and eventually converge at a large park where they can do other physical exercises directed by a gymnastic specialist. The initiative has gained popularity in the African region, with countries such as Uganda and Ethiopia embracing similar activities⁹³.



92 Climate Chance.(n.d.). *Kigali Car Free Day. Making Kigali a green city, while mobilizing city residents for an active life style to prevent non-communicable diseases.* Available at <https://www.climate-chance.org/en/best-practices/kigali-car-free-day/>

93 United Nations. (2020, March 18). *Transport. Car-free days are taking hold in African cities.* Available at <https://www.unep.org/news-and-stories/story/car-free-days-are-taking-hold-african-cities>.



Air pollution

From smog hanging over cities to smoke inside homes, air pollution poses a major threat to health, and its reduction can also help to mitigate the impacts of climate change. It is estimated that air pollution causes 7 million premature deaths per year, as well as the loss of millions of healthy years of life.

The most prevalent causes of early death in adults due to outdoor air pollution are ischemic heart disease and stroke, although evidence of additional consequences, such as diabetes and neurodegenerative disorders, is now developing. Recent data reveals that the burden of illness caused by air pollution is comparable to that of other important global health concerns such as tobacco use. In this context, the third UN High-Level Meeting on NCDs in 2018 identified indoor and outdoor air pollution as a risk factor for NCDs, among the four risk factors already identified: unhealthy diets, tobacco and alcohol use, and physical inactivity⁹⁴.

In 2021, WHO updated its Global Air Quality Guidelines (AQGs) followed in 2022 by an update of WHO's Air Quality Database, with the shocking conclusion that 99% of the world's population is exposed to unhealthy levels of air pollution⁹⁵. NCD civil society can stress the importance both of setting national air quality standards and monitoring population exposure to pollutants, as well as setting binding emissions standards that mandate energy efficiency and the use of less polluting equipment and energy sources in industry, transport, buildings, and individual households. It is also essential to set standards to reduce air pollution emissions from agriculture and forestry (e.g., crop stubble burning, deforestation to clear land, and nitrate pollution). As a major contributor to air pollution and the leading cause of climate change is the combustion of fossil fuels⁴⁶, health advocates can also call for investments in cleaner energy, public transport, and urban design, which includes the creation of green areas and infrastructure for active mobility (such as walking and cycling). Reducing and shifting individual motorised transportation with other types of transportation methods, such as clean public/collective transport, cycling and walking, which are in turn forms of physical activity, can have a good impact on individuals' health while also helping to reduce air pollution.

94 World Health Organization. (n.d.). *Health Topics, Air Pollution*. Available at https://www.who.int/health-topics/air-pollution#tab=tab_1

95 World Health Organization. (2022, April 4). *Billions of people still breathe unhealthy air: new WHO data* [News release]. Available at <https://www.who.int/news/item/04-04-2022-billions-of-people-still-breathe-unhealthy-air-new-who-data>.

Although there is great room for improving and extending policy options to address air pollution seen through a health and NCD lens, the WHO has already created the AQGs (in 2005, updated in 2021), which outline the harm that air pollution causes to human health. As a result, the WHO has proposed new air quality standards to safeguard people’s health by lowering levels of major air pollutants, some of which also contribute to climate change⁹⁶. WHO was mandated by the WHA to recommend Best Buys on air pollution, but these have not been delivered yet. The UN Environment Programme has produced a guide to air pollution policies and the UN Development Programme and UNIATF are also active in supporting Member States with investment cases on policies to improve air quality^{97,98}. Most recently, the WHO published in 2022 the *Compendium of WHO’s and other United Nations’ guidance on health and environment*, in line with the 2021 AQGs. From 2023 onwards, these will be used as initial references for the development of recommended interventions on air pollution, following in-depth analyses about cost-effectiveness.

Despite the current absence of Best Buys on air pollution, we already know that programmes to reduce air pollutant emissions rapidly show significant air quality and health advantages, and that the environment and health benefits surpass the expenses of putting air quality measures in place. For example, in the United States implementation of the Clean Air Act adopted in 1970 has proven to lower mortality (i.e., prevention of an estimated 230,000 deaths per year caused by polluted air), reduce medical expenses for air pollution-related illnesses, and has increased worker productivity⁹⁹. These benefits, valued at US\$ 2 trillion dollars in 2020, are 30 times greater than the costs of the Act’s implementation, resulting in net increases in economic growth and population welfare¹⁰⁰. NCD civil society can learn from these examples, trying to find the most appropriate and context-specific framing to link such initiatives with the NCDs agenda, and thus promote greater links between the climate, air pollution, and NCDs policies and programmes.

Additionally, there is an urgent need to transition to clean energy sources and away from reliance on fossil fuels to reverse global trends on the increasing burden of death and disability due to air pollution. Globally, governments provide nearly US\$ 300 billion in pre-tax subsidies for fossil fuels, which results in more than US\$ 2.7 trillion in health costs. Cutting or redirecting fossil fuel subsidies to advance renewable sources of energy or social and health programmes is critical to reducing the NCD burden and diminishing the cost of UHC. For example, India as a major coal producer worldwide, is redirecting its coal subsidies to cleaner-burning liquefied petroleum gas for the poorest population groups. Hence, from 2016 to 2017 subsidies for polluting fossil fuels declined by US\$ 2 billion while subsidies for renewable energy increased by US\$ 0.8 billion (a sixfold increase since 2014). NCD civil society can call on governments to implement evidence-based strategies to redirect funds from fossil fuel subsidies to prevent NCDs, thereby reducing the NCD burden and cost of UHC¹⁰¹.



96 World Health Organization. (2021, September 22). *News, New WHO Global Air Quality Guidelines aim to save millions of lives from air pollution*. Available at <https://www.who.int/news/item/22-09-2021-new-who-global-air-quality-guidelines-aim-to-save-millions-of-lives-from-air-pollution>.

97 United Nations Environment Programme (2021). *Actions on Air Quality: A Global Summary of Policies and Programmes to Reduce Air Pollution*. Nairobi.

98 *Compendium of WHO and other UN guidance on health and environment*. Geneva: World Health Organization; 2021 (WHO/HEP/ECH/EHD/21.02). License: CC BY-NC-SA 3.0 IGO.

99 NCD Alliance. (2019). *Clean Air Now, rapid solution to the air pollution emergency*.

100 Hoffmann, B., Boogaard, H., de Nazelle, A., Andersen, Z. J., Abramson, M., Brauer, M., Brunekreef, B., Forastiere, F., Huang, W., Kan, H., Kaufman, J. D., Katsouyanni, K., Krzyzanowski, M., Kuenzli, N., Laden, F., Nieuwenhuijsen, M., Mustapha, A., Powell, P., Rice, M., ... Thurston, G. (2021, September 23). *WHO air quality guidelines 2021—aiming for Healthier Air for all: A joint statement by Medical, Public Health, scientific societies and patient representative organisations*. *Frontiers*. Retrieved January 16, 2022, from <https://www.sspj-journal.org/articles/10.3389/fjph.2021.1604465/full#B19>.

101 NCD Alliance. (2019). *Fueling an Unhealthy Future: How propping up unhealthy industries will sicken millions and cost trillion*. Retrieved March 11, 2022, from [Fueling-an-Unhealthy-Future.pdf \(vitalstrategies.org\)](https://www.vitalstrategies.org/Fueling-an-Unhealthy-Future.pdf).

5

Lessons learned and recommendations for civil society NCD prevention advocacy

Lessons Learned

With the burden of NCDs accounting for over 41 million deaths annually, NCDs continue to be a global challenge despite the many agreements and political declarations made in the international arena, hence the need for civil society to continue positioning NCD prevention and control at the highest political levels and to ensure decision makers walk the talk by translating discourse into action. The implementation of the Best Buys will be a game changer in the fight against NCDs, and in return will reduce NCD mortality by 15% by 2030. This will help prevent 17 million cases of ischemic heart disease and stroke in LMICs, generate approximately US\$ 350 billion in economic growth, and result in an overall return on investment of nearly US\$ 7 per every dollar invested.

Civil society ought to take a proactive and strategic role in advocating for governments to adopt the globally and regionally recommended NCD prevention Best Buys and interventions, including the different WHO technical packages, as well as to hold governments accountable for delayed or insufficient progress and counter interference from unhealthy commodity industries in policy-making processes. CSOs worldwide are therefore encouraged to strengthen their advocacy role by seizing all windows of opportunity to prevent the five main risk factors, monitor policy implementation, and encourage government to adopt the NCD prevention Best Buys, and hold governments and private sector to account when needed¹⁰².

The case studies in this guide demonstrate that NCD civil society also must come up with innovative ways to ensure the success of their advocacy efforts, including promoting evidence-based solutions, mapping and understanding their audiences, and developing multisectoral partnerships for advocacy, knowledge sharing, and accountability. The case studies also reveal that following the Best Buys and other recommended interventions is not always enough for a policy to be approved and properly implemented, as there is much resistance from the food, tobacco, and alcohol industries to policies like taxes and marketing bans. To address their strong and well-funded influence, civil society need to increase awareness of the effects of these industries in policy-making, involve relevant stakeholders to counter their efforts (including people living with or at risk of NCDs and youth), and advocate for greater political buy in and support to advance the NCD prevention agenda. In that respect, NCD Alliance developed a conflict-of-interest policy that could guide and support CSOs and governments in identifying conflicted interests that should be formally excluded from health-related, decision-making processes¹⁰³. WHO has also developed a roadmap to help Member States identify, prevent, and manage potential conflicts of interest in any engagement with non-state actors in their nutrition policies and programmes¹⁰⁴.

102 NCDA developed the toolkit “Pushing Progress for NCDs” to support civil society-led accountability actions to push further progress on NCDs to inform civil society organisations’ strategic planning in identifying advocacy priorities, best ways to address the main NCD risk factors, and to undertake accountability actions within their local context in accordance with the WHO NCD Best Buys. The toolkit is available here: <https://ncdalliance.org/es/node/10818>.

103 NCD Alliance. (2020). NCD Alliance Organisational Conflict of Interest Policy. Retrieved March 11, 2021 from [NCDA Organisational COI Policy April 2020 FINAL.pdf \(ncdalliance.org\)](https://ncdalliance.org/Policy_April_2020_FINAL.pdf).

104 World Health Organization. (2021). Preventing and Managing Conflicts of Interest in Country-level Nutrition Programs: A Roadmap for Implementing the World Health Organization’s Draft Approach in the Americas. Available at https://iris.paho.org/bitstream/handle/10665.2/55055/PAHONMHRF210014_eng.pdf?sequence=1&isAllowed=y.

Recommendations

The five case studies of efforts led by NCD civil society in the Caribbean, Ghana, Mexico, the Philippines, and Vietnam, reveal the power of advocacy in advancing towards stronger NCD prevention policies, through the adoption of interventions included in global health frameworks and technical packages. Other civil society groups interested in NCD prevention can learn much from their experience. Key recommendations from these case studies include:

1

Rely on the WHO's Best Buys and other recommended interventions to build the national NCD prevention advocacy case

The WHO Best Buys and other recommended interventions can influence the NCDs control and care agendas and serve as guides for government action and for civil society advocacy at national level. Civil society can help governments to assess opportunities to adopt the Best Buys (such as through investment cases), as well as the required policy and regulatory frameworks for their implementation. It is critical for CSOs to identify and leverage windows of opportunities to push for change, while considering how these might be influenced by, sometimes unexpected, factors such as a pandemic. CSOs can play a role in provoking windows of opportunity for policy proposal, adoption, and implementation of the NCD Best Buys by creating awareness, increasing demand among key stakeholders and the broader public, and, equally important, supporting and disseminating the economic benefits of NCD prevention policies. CSOs engagement efforts with policy-makers must be strengthened to translate global commitments and recommendations into national action, progress and demand accountability for NCDs.



2

Map out policy and regulatory frameworks for NCD prevention

Just like the Mexico Salud-Hable Coalition developed a situational analysis to map out existing policies supporting the elimination of trans fats through a reform of the General Health Law, it is very important for civil society advocates to understand existing policies and regulatory frameworks, as well as the potential gaps, before starting any advocacy campaign. Identifying policy and regulatory gaps and opportunities will help identify what internationally recommended policies are missing (including those in the WHO's Global NCD Action Plan, Best Buys, and technical packages), and the most appropriate ways of promoting them. Identifying the existing policy frameworks and dynamics will also help civil society track their implementation, effectiveness, as well as challenges for future action.

3

Assess how different NCD prevention interventions overlap and complement one another

Certain NCD prevention policies and interventions included in global health frameworks overlap and complement, which can help civil society advocates link advocacy campaigns on different topics and even gain more support and allies. For example, the case study from Mexico shows how the new front-of-package labelling on foods and products helped advance the regulatory route for the elimination of trans fats. As the new labelling system includes a label on trans fats, it opened the door to new legislative solutions to advance the adoption of the REPLACE package and thus became a country best practice.

4

Map advocacy champions and mobilise political support for NCD prevention

Whether to formulate new policies or to take action, NCD civil society advocates need to map out all the relevant stakeholders involved in their specific prevention priority, classify them as potential allies, opponents, or neutral, and assess their level of influence in the policy process. Some of the most important political stakeholders to consider are government bodies (health, finance, trade, etc.), elected leaders, and policy makers. To note, civil society needs to invest in its champions by supporting them to increase their capacity to engage in campaigns, recognise their support, and cultivate a mutually beneficial relationship. Investment cases providing data on the economic benefits of adopting NCD prevention Best Buys that are supported and/or developed by CSOs can help convince and mobilise key decision-makers in favour of prevention policies. The case studies of Mexico, the Philippines, and Vietnam show the relevance of mapping out allies in legislative power and engaging with allied parliamentarians to work together for the approval of recommended NCD prevention legislation.

5

Mobilise affected communities in support of prevention campaigns

The cases of Ghana and Vietnam highlight the importance of leveraging the lived experience to guide advocacy efforts, to incorporate people-centred arguments in communication strategies, and to influence policy makers. Different community groups, including people living with NCDs and youth, can be meaningfully involved to become active advocates of NCD prevention interventions, as many know first-hand the impact of NCD risk factors in their health and surroundings. NCDA's global Advocacy Agenda of People Living with NCDs, launched in 2017, is a strategic guiding document showing links between prevention and care. The meaningful involvement of vulnerable and marginalised communities in decision-making spaces and processes as key actors, recognizing their different identities, needs, and capacities, is critical to influence decision-makers in adopting a human rights-based approach when developing policies to address NCDs and the broader spectrum of health inequalities.



6

Incorporate a broader policy angle into NCD prevention advocacy

Health data and arguments are very important to position policy priorities, but advocates also need other social, economic, and development evidence to back up their proposals and increase community mobilisation and political buy-in. For example, assessing the economic benefit of policies will increase the support to pricing policies and taxation, as the revenue collected could convince governments to fund other health and social initiatives, including those beyond prevention such as primary health care or UHC. The cases of Mexico and Vietnam flag the relevance of framing NCD prevention as part of other development agendas, such as on gender, poverty, environment, and human rights, while the case of the Caribbean shows the importance of engaging non-health groups in prevention campaigns. A broad evidence-based advocacy campaign can reduce political resistance and increase the chances of achieving relevant policy gains and wins. Additionally, given the intersections of COVID-19 and NCDs, a key strategy to build back better and stronger from the pandemic is the promotion of healthy environments and ensuring that NCDs are more effectively prevented, diagnosed, managed, and treated. It is important to recognise communities that are highly exposed to NCD risk factors, as they are more vulnerable to other threats like infectious diseases. NCD prevention and the adoption of NCD prevention Best Buys should therefore be part of advocates' efforts to promote an NCD vision and agenda that foster efforts to build back better and fairer from the pandemic, through health systems recovery and resilience¹⁰⁵.

7

Invest in effective communication strategies

Just as all the case studies point out the importance of communication strategies, including media engagement, civil society advocates need to find the best outlets to disseminate their efforts and solutions. To be effective, their messages need to be appealing, concise, and relatable, and adapted to a given audience. Thus, civil society needs to develop a wide range of communication materials when engaging with policy makers, young people, and those living with an NCD. For example, youth are more likely to be actively engaged in social media and might be more sensitive to messages from celebrities, while a legislator might need to be targeted with other factual and visually attractive materials detailing the social and political benefits of their support.



105 NCD Alliance. (2021). *A Global NCD Agenda for Resilience and Recovery from COVID-19*. Available at: <https://ncdalliance.org/ncd-covid-19-recovery-agenda-report>.



8

Anticipate and be prepared to counter industry interference

Many Best Buys focus on adopting policies, regulations, and legislation targeting the interests of unhealthy commodity industries (e.g., tobacco, alcohol, soda, ultra-processed food, fossil fuels, and other polluters). Therefore, NCD civil society advocates must understand how industry operates in order to counter its efforts. Using evidence-based data for advocacy is a powerful way to counter industry arguments, as displayed in all the case studies. Mapping exercises also help understand industry actors' position and arguments on a specific policy option, and to monitor their potential interference in the policy process. NCD civil society coalitions and alliances should also consult trusted allies when vetting new collaborations and perform due diligence to rule out those compromised by conflicts of interest, to avoid being interfered from within. In that regard, CSOs should promote robust conflict of interest policies and processes to protect NCD prevention policies from the undue influence of health-harming industries (alcohol, polluting industries, junk food, and tobacco), and call out government bodies that adopt such policies.

9

Look for opportunities when confronted with challenges

Civil society needs to turn challenges into advocacy opportunities. For instance, COVID-19 has posed a challenge for health systems, reducing the funds available for NCD prevention and care, with many countries redirecting available resources towards combating the pandemic. However, during the pandemic we have seen how people living with NCDs are one of the most vulnerable groups to COVID-19, and different industry groups have expanded the marketing strategies of their unhealthy products. Therefore, it is important to position NCD prevention as part of COVID-19 response plans and to address avoidable infections and mortality. The cases of the Caribbean and Vietnam highlight how the pandemic represented a window of opportunity to advance the NCD prevention agenda, either by increasing awareness on the vulnerability of people living with NCDs to COVID-19, or by advocating for greater resources, through taxation of unhealthy products, to fund the COVID-19 response.



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