



WCRF International Consultation Response

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

Web-based consultation submission:

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

June 2024

We thank WHO for the opportunity to provide our feedback and present brief recommendations that we believe will help to inform the recommendations to be included in the report of the WHO Director-General to the WHA 2025 titled *Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2025*.

Our comments on the key priority areas for each objective in the *WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030* ([NCD-GAP](#)) relate to efforts to support cancer prevention and survivorship. World Cancer Research Fund (WCRF) International is a leading authority on the links between diet, nutrition, weight and physical activity and cancer. We are a not-for-profit organisation in official relations with the World Health Organization (WHO) since 2016. We work with partners around the world to promote policies that prevent cancer and other non-communicable diseases.

We also support the submission prepared by the NCD Alliance.

NCD-GAP Objective 1: To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

Cancer prevention should be a core priority for all governments. The global cancer burden is growing: there are an estimated 20 million new cancer cases per year¹, and it is predicted to rise to 35 million by 2050 (77% increase). Approximately 1 in 5 people are developing cancer in their lifetime, with vulnerable populations being disproportionately impacted. There is an urgent need to address cancer risk factors, including health inequities.

National responses to cancer and NCDs remain grossly underfunded to address this growing burden. There are 41 million deaths from NCDs every year, and is expected to rise to 52 million by 2030²—with the majority of premature deaths occurring in low- and middle-income countries (LMICs). Despite this, only 1-2% of global financing investment for health has been allocated to address NCDs³.

¹ WHO. *Global Cancer Burden Growing, amidst Mounting Need for Services*. <https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services>

² NCD Alliance. *Financing NCDs*. <https://ncdalliance.org/why-ncds/financing-ncds>

³ WHO. *Global NCD Compact 2020-2030*. <https://www.who.int/initiatives/global-noncommunicable-diseases-compact-2020-2030>

The cost of NCDs further deepens this deficit to society. Direct and indirect costs, including healthcare expenditure and loss of human capital and productivity, has been estimated to cost more than US\$2 trillion per year². Out-of-pocket expenditures push millions into medical poverty each year. And, beyond the economic costs to society, the negative impacts NCDs are having on quality of life and livelihoods are both staggering and deeply impactful to individuals and families all over the world.

Sustainable financing and investment in NCD prevention and control must be prioritized and established across global, regional and national health agendas. To support the 14th General Programme of Work (GPW14), that was agreed upon by Member States at the 77th World Health Assembly, WHO's Investment Round should commit allocation of funding to directly and sustainably address NCDs, their risk factors, and the wider determinants of health. Further, funding commitments should also be made to invest in universal health (UHC) coverage and expansion of primary health care provision globally.

National governments, including heads of state, should strongly reaffirm their political commitment to the implementation of the 2011 political declaration on the prevention and control of NCDs, as well as the outcome documents from 2014 and 2018's high-level meetings of the General Assembly. Commitments should also be made for representation and participation of Heads of State and governments at the high-level meeting on NCDs in September 2025.

WHO should take a convening role to strengthen and support international cooperation and advocacy. Providing technical support, as well as facilitating coordination, collaboration and cooperation between Member States, UN Agencies, civil society and private sector (where appropriate) would help to enable engagement with GPW14's commitments to addressing NCDs, their risk factors, and determinants of health. Further, NCD prevention efforts should be aligned with efforts to address planetary health, climate change, and reduction in air pollution.

WHO should also provide support to strengthen capacity in countries to implement best buy policies. Our evidence shows that approximately 40% of cancers are preventable⁴. To address the links between diet, weight, physical activity, alcohol intake, breastfeeding, and cancer risk, evidence-based policies like the best buys would support improving access to healthy diets, increase rates of physical activity, and reduce alcohol consumption.

NCD-GAP Objective 2: To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.

In order to achieve Objective 2, it is necessary to take a health-in-all policies approach.

Within the health sector, countries should develop national cancer strategies and plans that emphasize the importance of prevention. Setting targets and indicators on progress should

⁴ WCRF International. *About Our Cancer Prevention Recommendations*. <https://www.wcrf.org/diet-activity-and-cancer/cancer-prevention-recommendations/about-our-cancer-prevention-recommendations/>

be established. Overall, prevention and control of NCDs should be incorporated into national health plans, as part of plans to increase investment in UHC and people-centred primary health care. Setting deadlines for development and implementation will help to accelerate action in these areas.

Beyond the health sector, multisectoral stakeholders must be able to recognize their own role in impacting and improving health outcomes. Engaging with various ministries and forming coalitions and alliances within governments can help champion advancements in policies that support cancer and other NCD prevention and control. For example, this can include ministries such as transport (e.g. improving access to active transport), trade (e.g. health warning and front-of-pack labels), and finance and economics (e.g. the direct and indirect costs of inaction and burden of disease on society).

WHO can support further action to achieve Objective 2 by providing technical support and facilitating regular inter-country dialogues on NCDs, setting short and long-term objectives (that go beyond election terms), to find ways to develop and implement policies that can sustainably address NCDs.

Dissemination of case studies and best practices would also help to provide a roadmap for countries to develop, implement and adapt prevention strategies to their own country-context. Benchmarking and evaluation tools (such as the [CO-CREATE country snapshots](#), which are assessments of diet and physical activity policy design of 30 European countries) can help to evaluate the need for increased and/or improved policies, and incentivize national action. In some cases, collection and dissemination of legal arguments to help pass legislation and combat interference from industry would be beneficial to support governments in implementing best buy policies in their own countries. Our [Building Momentum report series](#) could also assist policymakers in this area, as they detail country experiences in policy design and implementation, and overcoming industry interference.

Supporting existing WHO initiatives and engaging more deeply at a country level would also be beneficial for advancing NCD prevention and control, such as the WHO Acceleration Plan to STOP Obesity. Obesity is linked to the development of 13 different types of cancers, and a predominant risk factor for other NCDs. Building capacity and scaling up interventions within committed front-runner countries would be beneficial to help reduce NCD incidence, and well as build momentum and hopefully incentivize and accelerate action for other countries to engage with the coalition.

Finally, increased surveillance and monitoring of policy interventions and implementation is necessary to improve accountability and action for NCD prevention and control. WHO can support setting national targets and/or developing monitoring frameworks that are applied contextualized to country disease burdens and needs.

NCD-GAP Objective 3: To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.

Accelerating implementation of best buy policies within countries will promote a shift towards environments that promote health, and away from hyper-consumption. Comprehensive approaches to marketing, fiscal measures, and labelling for health-harming products would support a reduction of exposure to risk factors for cancer and other NCDs, particularly among vulnerable populations. Civil society can play an active role in the promotion and

support of these initiatives, through engagement with governments and policy makers, and development of policy tools—such as [WCRF International's Building Momentum series](#), which addresses overcoming barriers towards the implementation of evidence-informed NCD prevention policies.

Addressing the impacts of the commercial determinants of health, including the regulation of health-harming commodity industries such as alcohol, breastmilk substitutes, tobacco, fossil fuels, and foods high in fat, salt and sugar is necessary to improve environments that impact our health. Further, it is essential that mechanisms are in place within governments to safeguard policy development and implementation from industry interference and conflicts of interest.

WHO should provide technical support for Member States to implement and engage with the fourteen recommendations in the forthcoming WHO World Report on Social Determinants of Health Equity to help reshape our health systems globally. To further support implementation, we recommend scaling up collection of disaggregated data and/or development of a national monitoring mechanism on social determinants of health equity, to improve measurement of determinants, and monitor impacts of equitable interventions on health outcomes.

NCD-GAP Objective 4: To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.

To strengthen and orient health systems to address the prevention and control of cancer and other NCDs, capacity must be developed for the integration of nutrition and physical activity interventions in primary health care and UHC benefits packages. This includes whole-of-government and multisectoral collaboration to integrate this into national health systems and financing mechanisms, as well as through health care provider training and practice (e.g. overcoming barriers and case studies for integrating physical activity into primary health care are outlined in WCRF's fourth Building Momentum report: [Establishing robust policies to promote physical activity in primary health care](#)).

It would also be essential to enable equitable access to cancer and other NCD screening, medications, treatments and care for living with and beyond an NCD diagnosis. This would involve UHC health benefits packages that include access to treatments and/or programmes that would support a reduction of incidence of cancer and other NCDs (e.g. weight management programmes) and other social support programmes (e.g. healthy food procurement). Adequate funding allocation and commitments for such programmes would be essential.

WHO can provide Member States with technical assistance and support to engage with the recently adopted resolution on social participation. Empowering people, communities and civil society through inclusive participation across decision-making processes and at all points of the policy-making cycle would provide opportunities for an evolution towards more responsive, equitable, and resilient health systems globally.

NCD-GAP Objective 5: To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.

There is an urgent need for more data to support the development, delivery and evaluation of cost-effective pathways for cancer and NCD prevention and control, particularly for LMIC settings. Promotion of research focussed on policy implementation would provide evidence needed to facilitate action and remove barriers to effective, evidence-based policy interventions.

Development of national cancer registries and databases, particularly in LMICs, would also help to track disease incidence, outcomes, and measure of success of prevention policies and strategies.

NCD-GAP Objective 6: To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.

An update and revision of the Global Monitoring Framework on NCDs from WHO would support the maintenance of the voluntary global targets and help to establish revised longer-term goals and targets. It would be beneficial to align with WHO Progress Monitor indicators to comprehensively track cancer and other NCD risk factor exposure, disease incidence, health outcomes, and policy implementation.

National surveillance and monitoring systems should be strengthened to increase collection of disaggregated data to support monitoring of cancer and other NCD incidence, prevalence and mortality rates. This data can be utilized to incentivize interventions, adequate funding, action to ensure equitable responses, and accountability.

Development and utilization of policy evaluation tools can support increased monitoring and evaluation of progress of NCD prevention and control. Utilization of existing policy frameworks, such as WCRF International's nutrition ([NOURISHING](#)) or physical activity ([MOVING](#)) frameworks, can identify gaps in national policies, and areas that require improvement and increased policy action. Benchmarking tools, such as the [CO-CREATE country snapshots](#) (which evaluate the status of design of diet and physical activity related policies for NCD prevention and control for European nations), can be used for increased advocacy, and accountability, as well as incentivize acceleration of policy action within and between countries.

Additional: To promote mental health and well-being as a vital component of achieving SDG target 3.4.

WCRF International recognizes that it is difficult to engage with [cancer prevention recommendations](#) when foundational needs for mental health and well-being are not established. It is essential that mental health and well-being promotion are integrated alongside interventions to prevent and control NCDs.