



## FORUT Policy Position 4<sup>th</sup> UNHLM NCDs 2025

The United Nations will hold a High-Level Meeting on Non-Communicable Diseases (UNHLM NCDs) on 24 September with the theme “*Equity and Integration: Transforming lives and livelihoods through leadership and action on noncommunicable diseases and mental health.*” It will be the fourth such meeting after the ones in 2011, 2014 and 2018. When High-Level officials from Member States convene in New York in September, there is an urgent need for action to reduce the global burden of NCDs

### **Policy request:**

*FORUT aligns with the NCD Alliance in requesting that the HLM should result in the approval of a forward-looking, concise, and action-oriented outcome document with specific, measurable commitments that boost NCD investment and accelerate action on NCDs by strengthening their integration with other global health agendas and across the Sustainable Development Goals.*

FORUT, as a Norway-based international development NGO, has been involved in the NCD agenda since 2011. At the first UNHLM NCDs that year, FORUT was included in the official Norwegian delegation.

We are concerned about the burden for Low- and Middle-Income Countries (LMICs) from NCDs and stress the need to include this in the development agenda. We also have a special focus on mental health as an NCD and on alcohol as a shared risk factor across all NCDs. For the 4<sup>th</sup> UNHLM NCDs, FORUT wants to bring the following issues to the attention of Member States.

### **1. NCDs, risk factors and integration with the UHC and SDG agenda.**

The surge in the health burden from NCDs is not only seen in High-Income Countries. Low- and Middle-Income countries (LMICs) are experiencing a rise in morbidity and mortality from these diseases, and the burden of NCDs continues to rise disproportionately in developing countries. (1). Five common risk factors have been identified as the drivers of NCDs. They are tobacco, alcohol, unhealthy food, lack of physical activity and air pollution. Combating NCDs, including addressing the risk factors, is essential to the Sustainable Development Goals (SDG) agenda.

The prevention of NCDs also needs to be prominent in the agenda to achieve universal health coverage (UHC). No health system in the world will be able to cure their way out of the wave of NCDs.

### **Policy request:**

*FORUT requests Member States to address NCDs and the risk factors for NCDs as part of the SDG and UHC agendas.*

## 2. Support for Low- and Middle-Income Countries

The theme of the fourth UN HLM NCDs is “equity and integration” and there is a strong need to address the inequitable burden of NCDs, both within countries and globally. NCDs need to be part of the development agenda. Norway declared in 2020 that it would be at the forefront of the battle against NCDs in low-income countries and developed a strategy for integrating NCDs into the Norwegian development policy (2). Unfortunately, this declaration of goodwill has not been followed with action, and other countries have not given NCDs the place they need in the development agenda.

An analysis to measure the implementation of NCD policies across 194 countries in the period 2014-2021 concluded that NCD policy implementation has stagnated, particularly for those related to unhealthy commodities (3). The authors pointed out alcohol policies as an area of concern and described how the implementation of sales restrictions and advertising bans decreased between 2019 and 2021 while taxation of alcohol remained unchanged (3).

This confirms the trend from a previous evaluation of the implementation of NCD policies in 151 countries from 2015-2017. That evaluation showed that alcohol measures were very poorly implemented, particularly so in Sub-Saharan Africa and other LMIC (4). Implementation rose for several policies, except for those targeting alcohol and physical activity (4). Alcohol advertising restrictions were the one best buy that was least widely implemented, with decreased uptake in the two-year period (4).

Projections of trends in alcohol consumption post-COVID-19 indicate that the 20% reduction target between 2000 and 2030 is not within reach (5). Many Low and Middle-Income Countries (LMICs) are particularly vulnerable. These are the ones targeted by the alcohol industry as their “emerging markets”. These are also the countries which have the least protection in the form of alcohol policies and legislation.

### **Policy request:**

*FORUT requests Member States to place equity and the need of LMICs for assistance in addressing NCDs, including evidence-based measures to mitigate risk factors and unhealthy commodities, to the forefront of the outcome document and make resources available for LMICs to implement effective regulatory policies.*

## 3. Protection against vested interests

One challenge in addressing NCDs both in HIC and LMIC countries is the influence of vested interests of the unhealthy commodity industries, including alcohol, tobacco and unhealthy food, and their front organisations.

The transnational corporations, individually and through their public relations organisations and national partners, are active in the global health policy space. Transnational corporations also have a track record of opposing and delaying any of the public health policies that are proven cost-effective and efficient (“best buys”) and promoting ineffective policies or measures based on individual “responsibility”. Alcohol industry actors, for example, are highly strategic and rhetorically sophisticated with a high level of industry penetration in many jurisdictions (6) influencing international negotiations and national policymaking.

**Policy request:**

*FORUT requests Member States to address conflicts of interest in the development of the outcome document and ensure that development policies related to NCD risk factors are free from industry influence and prioritise public health.*

#### 4. Mental Health – need for broader perspective and a multi-stakeholder engagement

Mental health was included in the Political Declaration from the third UN HLM on NCDs in 2018 (1). Mental health disorders represent a significant health burden, and there is a lack of access to health services for people with such disorders. The result is that millions of children, young people and families suffer needlessly, experience human rights violations, or struggle to function at home, school and in the broader community.

The United Nations Development Programme (UNDP) report 2021-2022 emphasized how mental distress impacted human development with a significant burden on children's mental health and increased risk of intergenerational cycles of mental distress and socioeconomic inequalities. (7) These were amplified by the geopolitical challenges brought about by the COVID-19 pandemic.(7) The report called for action from communities and policymakers to prevent distress, mitigate crises and build psychological resilience (7) .

There is a huge gap in the health system resources for mental health, particularly in LMICs. The number of specialized and general health workers dealing with mental health in low-income and middle-income countries is grossly insufficient (8). Almost half the world's population lives in countries where, on average, there is one psychiatrist to serve 200,000 or more people (8).

To achieve the global objectives set out in the WHO Comprehensive Mental Health Action Plan 2013–2030 and the Sustainable Development Goals, the call is clear to transform our attitudes, actions and approaches to promote and protect mental health and to provide and care for those in need (9).

National health systems cannot alone fill the mental health gap. The WHO Special Initiative calls for a broader perspective and a multi-stakeholder engagement with civil society and non-health specialist actors, especially at the community level (10). Since 2019, nine countries began formative work to plan for and design a transformation in mental health services and introduce new services at the primary and secondary healthcare levels (10) as a model for others to follow.

**Policy request:**

*FORUT requests Member States to commit to integrating mental health services into primary health care and engage civil society in providing care and support at the community level towards achieving the Universal Health Coverage (UHC) agenda and to de-stigmatise mental illness.*

#### 5. Alcohol – a major risk factor for NCDs

Alcohol is identified as one of the major modifiable risk factors for NCDs and makes significant contributions to the Global Burden of Disease, including cancers, cardiovascular disease, liver

disease, and mental health. Furthermore, alcohol contributes to road traffic and other accidents, intentional and unintentional injuries, as well as socio-economic problems. Often, alcohol harm arises earlier in life than other risk factors, thereby having a more significant effect on Disability Adjusted Life Years (DALYs). In 2019, 2.6 million deaths were attributable to alcohol consumption (5).

In 2010, the World Health Assembly (WHA) endorsed the Global strategy to reduce the harmful use of alcohol (11) and later adopted the Global Alcohol Action Plan (12). Alcohol was also recognised as a risk factor for NCDs, including in the Political Declaration from the UNHLM NCDs 2011 (13).

Cost-effective measures to reduce harm from alcohol use have a strong research foundation (14). The most effective measures are included in the NCD Best Buys (15) and the WHO SAFER Alcohol Policy initiative (16) (see text box).

**SAFER Alcohol Policy:**

**Strengthen restrictions on alcohol availability**

**Advance and enforce drink driving counter measures**

**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**

**Policy request:**

*FORUT requests Member States' commitment to implementing the WHO Global Alcohol Action Plan, specifically the cost-effective alcohol policy measures identified in the NCD Global Action Plan and the WHO SAFER alcohol policy initiative.*

Gjøvik, 21 February 2025

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