

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

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

Directions

The WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030 ([NCD-GAP](#)) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, from local to global, to attain the nine voluntary global targets. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions. These inputs may inform the recommendations to be included in the report of the WHO Director-General to the WHA 2025 titled *Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2025*.

#	NCD-GAP objective	Comments on key priority areas
1	To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.	<p>The European Society for Medical Oncology (ESMO), representing more than 35,000 oncology professionals from over 172 countries, welcomes the consultation on key priority areas in the WHO-Director General’s report.</p> <p>Addressing cancer is crucial to the broader health and development agenda, and the implementation of the 2023 Political Declaration on UHC. To this end, Member States should:</p> <ul style="list-style-type: none">- Guarantee their entire population Health Benefit Packages that include a core set of comprehensive, safe, affordable, effective, and high-quality services for cancer prevention, screening, diagnosis, treatment according to guidelines, and rehabilitation, and supportive and palliative care that are well funded and delivered by an adequate number of well-trained and well-resourced health workforce, and address quality of life, side-effects, as well as all aspects of toxicity.- Ensure that these essential services do not result in financial hardship for patients or lead to catastrophic and generational impoverishment.- Develop and strengthen robust referral systems to ensure timely and affordable access from primary to secondary and tertiary

		<p>care where patients with cancer are predominately treated.</p> <ul style="list-style-type: none"> - Ensure equitable access to cancer medicines, including opioids for pain relief and post-treatment medicines; - Optimise the oncology workforce through measures to improve education, training and retention; - Comprise cancer services into health emergency and pandemic preparedness and response planning, including strengthening health systems preparedness at secondary and tertiary care levels, protecting healthcare workforce physical and mental health, and ensuring continuance of active clinical trials. - Introduce or strengthen the implementation of vaccination programs for Human Papillomaviruses (HPV) and the Hepatitis B virus (HBV) to boost cancer prevention, whilst providing vaccination free of charge for all. <p>ESMO’s cancer resources can support the efforts to deliver the three strands of Universal Health Coverage with regards to NCDs:</p> <ol style="list-style-type: none"> 1. The Global Curriculum in Medical Oncology supports training the necessary workforce to ‘increase population coverage’; 2. The evidence-based Clinical Practice Guidelines and Pan-Asian Adapted Guidelines support decisions to cost-effectively ‘expand essential health services’; and 3. ESMO-Magnitude of Clinical Benefit Scale facilitates improved decision-making regarding the value of anti-cancer therapies, promotes accessibility and reduces inequity of access to high value cancer treatments thereby helping to ‘reduce the financial burden of health services’.
2	To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.	
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	Prevention offers the most cost-effective long-term strategy for cancer control, as between 30% and 50% of cancer deaths could be prevented by modifying or avoiding key risk factors and implementing existing evidence-based prevention strategies. To this end, Member States should:

Implement the cancer-specific interventions in the [WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2030 Appendix 3](#).

Accelerate cancer prevention with regards to tobacco products

Tobacco consumption remains a leading cause of preventable illness and premature death, contributing towards many forms of cancer; and emerging evidence shows that new products like e-cigarettes and heated tobacco products pose serious health risks. Member States should urgently support the implementation of comprehensive tobacco control measures to reduce tobacco use, including:

- Introduction of mandatory plain-packaging with 80% front and back pictorial health warnings for all tobacco products;
- Harmonise the definitions of tobacco and related products;
- Strengthen rules on tobacco advertising, promotion and sponsorship, with a particular focus on e-cigarettes and heated tobacco products (HTPs);
- Ban cross-border distance (online) sales of tobacco products and e-cigarettes;
- In the EU, introduce a definition for HTPs and subject them to the full effect of the Tobacco Products Directive (TPD) and revise the definition and regulatory pathway of 'novel' tobacco products.
- Protect public health policy from tobacco industry interference as per WHO Framework Convention on Tobacco Control (FCTC).

Legislate to reduce air pollution

Exposure to air pollution is linked to lung cancer incidence and mortality, and scientific evidence clearly demonstrates links between [air pollution and lung cancer in non-smokers](#) as well as between [air pollution and the incidence of breast cancer](#). Member States should legislate to align their air quality standards with the WHO's recommendations, in particular the annual limit value for fine particulate matter (PM_{2.5}) should be reduced to 5 µg/m³ by 2030, thereby significantly reducing the incidence of the aforementioned cancers.

Accelerate cancer prevention with regards to alcohol consumption

[Alcohol consumption causes seven cancers](#): oral cavity and pharyngeal, laryngeal, oesophageal, colorectal, liver, breast (ongoing research on stomach and pancreatic cancers). Alcohol (as ethanol) can cause cancer through DNA damage and causes also disruption in hormonal imbalance (link to breast cancer which represents half of cancer causes associated with alcohol).

Member States should introduce initiatives to reduce alcohol consumption:

- More implementation research and tailoring recommendations/strategies across different population groups;
- Introducing mandatory labelling of alcoholic beverages;
- Raising awareness of cancer risk from alcohol consumption.

The WHO Framework Convention on Tobacco Control includes an article protecting public health policy from tobacco industry interference, and such measure should be implemented also for the alcohol industry.

Step-up actions on vaccine-preventable cancers

Vaccination coverage against cancer-causing viruses such as Human Papillomaviruses (HPV) and the Hepatitis B virus (HBV) should be increased. To this end, Member States should:

- Establish robust policies to make vaccines more easily accessible and raise public awareness of the health benefits of vaccines;
- Include gender-neutral, routine vaccination against human papillomaviruses (HPV) in national programmes;
- Maximise the uptake of the vaccines against the Hepatitis B virus (HBV);
- Introduce or strengthen the implementation of HPV and HBV vaccination programs and make them part of national immunisation programs, whilst providing vaccination to all free of charge;
- Enable best-practice sharing of successful HPV and HBV vaccination practices between countries.

		<p>In addition</p> <ul style="list-style-type: none"> - As there is no safe exposure level to asbestos, it is crucial that Member States take the strongest possible measures to protect people against exposure to this dangerous carcinogenic, both in non-occupational (domestic) and work-related settings. As part of these efforts, strong mandatory occupational exposure limits - not exceeding 1,000 fibres per m³ - should be set. - Research indicates that approximately 75% of melanoma cases in individuals under 30 years old are linked to artificial sunlight exposure, so Member States should prohibit sunbed use among adolescents and young adults. - Avoidance of environmental pollution and environmental protection should be a priority, as e.g. chemical hazards and microplastics are epidemiologically linked to cancers.
4	<p>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.</p>	<p>Recent WHO survey, supported by ESMO, shows that the inclusion of cancer care into health benefit packages (HBPs) along the path to universal health coverage (UHC) is insufficient, particularly in the light of the current size of and projected increase in the cancer burden. With 1 in 5 people expected to develop cancer during their lifetime healthcare human resource development is imperative. Member States should:</p> <ul style="list-style-type: none"> - Strive to optimise oncology workforce, with a sufficient number of well-trained, and well-equipped professionals to ensure quality delivery of preventative strategies, timely diagnosis, and the safe and effective administration of cancer therapies and palliative care services; - increase focus on, and investment in, oncology workforce retention measures - reinforce training and career development programmes for young oncologists; - develop dedicated strategies and resources to help secure manageable workloads within congenial working environments. <p>Further, cancer services in national Health Benefit Packages should be proportionate to the size of the cancer burden in countries. The Cancer Module in the WHO OneHealth tool can support national strategic health planning in low- and middle-income</p>

		countries, through assessment of resource needs for cancer prevention and control based on national data. ESMO is proud to have supported the development and implementation of the Cancer Module.
5	To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.	It is imperative to develop streamlined global regulatory frameworks for clinical trials and ensure the long-term sustainability of strengthened clinical trial ecosystem . Global practices for clinical trials should strive for effective global data sharing, and Member States should prioritise the following key actions: <ul style="list-style-type: none"> - Promote diversity and inclusiveness, and remove geographic barriers to patient access to clinical trials; - Ensure access to clinical trials with consideration of the specificities of rare cancers; - Support independent clinical research with public funds and facilitate collaborations between academic research groups.
6	To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.	To establish evidence-based healthcare planning and measure national health policy effectiveness, Member States should: <ul style="list-style-type: none"> - make population-based disease registries mandatory, and ensure they include the comprehensive cancer incidence, relapse, and mortality data.
*	<i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.	Burnouts in healthcare workers, including in oncologists crescendoed during the COVID-19 pandemic and continue to impact the workforce today. It is urgent that Member States <ul style="list-style-type: none"> - protect mental health and wellbeing of oncology professionals through legislative, policy and workplace measures that address risk factors for burnout and staff shortages.

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