

Member State Information session on Health Promotion and NCD prevention

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Session overview

- Health Promotion at WHO
- No Tobacco (TFI)
- Less Alcohol (LES)
- Increased Physical Activity (RUN)
- Fiscal Policies for Health (TAX)
- Public Health Law and Policies (LAW)

Norms and standards

Generate, analyze and synthesize evidence to inform governing body decisions and resolutions

Examples: WHO FCTC COP papers, WHO Study Group on Tobacco Product Reg., Tobacco Laboratory Network, Codex processes on alcohol labelling, NCD high level meetings, analysis underpinning NCD Best Buys, the wellbeing agenda

Examples across the UN system: engaging with the UNEP plastics pollution convention and engaging other UN agencies on tobacco industry interference.

Track progress on policy implementation and behaviour change to report to WHA.

Develop guidance, including WHO guidelines, to support implementation of norms and standards

Examples include technical packages such as MPOWER and ACTIVE, an alcohol control policy portfolio, physical activity guidelines, tax manuals, legal guidance on restricting digital marketing, health promotion schools, tobacco cessation guidelines

Assisting and collaborating with other technical areas of work within WHO to ensure all work is aligned

Horizontal engagement with social determinants, mental health, road safety, healthy ageing, disability, digital strategy, the NCD Ambassador's team, nutrition (on obesity), WHO FCTC Secretariat and others

Lead
*the work on
NCD risk factors
and carry out
health
promotion
functions*

Agenda setting

Convening, such as through the Global Conference on Health Promotion, the Global Tobacco Regulators Forum, the Healthy Cities Network and expert groups. **Setting** the research agenda and developing guidance on standards for digital PA surveillance

High level advocacy

Communicating, to the public such as through World No Tobacco Day and to governments such as through the Call to Action on E-cigarettes, as well as through events such as WHA

Making the case

Generating evidence for action, such as tobacco use prevalence estimates, global comparable estimates, and cost of inaction on physical inactivity. **Tracking progress** towards NCD targets

Mobilize partners and networks

Mobilizing, such as through dialogue with sports related industries, or local mayors through healthy cities and health promoting school work. MOUs such as with IOC, World Federation of sporting Goods Industry and partnerships with key NGOs (NCDA, WCRF, etc.)

Fund raising

Raising funds and anchoring donor relations such as for work on tobacco control or obesity prevention

Partnership:
we mobilize key stakeholders to advance the NCD risk factor agenda and health promotion, leveraging comparative strengths

Key stakeholders

- We work horizontally with other WHO departments, including NCD, SDH, HFE, NFS, MSD and ECH to achieve our mission and support theirs. We work closely with partnerships such as the WHO FCTC Secretariat.
- Externally, we leverage the UN system, such as collaborating with the World Bank, IMF and OECD on health taxes, collaborating with UNDP and the International Development Law Organization on health law, WFP/FAO on tobacco livelihoods, chairing UN Inter-agency Gp on sport for development and peace, UNESCO on physical education, International Olympic Committee and Commonwealth Secretariat on sport and health

Collaboration with civil society and the private sector

- We work with civil society in light of our comparative roles and our unique strengths. Examples include working with Vital Strategies on tobacco control and alcohol use, NCDA, World Cancer Research Fund on physical activity
- We engage the private sector, such as through dialogue with the sports sector and MOU with World Fed Sporting Goods Industry to support physical activity.

Country Support

A **matrix approach** sees **specialized cross-cutting teams** on **tax, law** and **well-being work together** with **risk factor teams** on **tobacco, alcohol** and **physical activity**. This enables provision of specialized technical assistance to support country needs in cooperation with regional and country offices.

Training and capacity strengthening

inside and outside WHO. Examples:

- Training country officers on physical activity
- Multisectoral inter-country training on alcohol and SAFER
- Legal training for government and civil society lawyers
- Training of country officers on health literacy surveys
- Tax training for finance ministries
- Tobacco regional/ country focal point workshops

Planned technical assistance

to implement technical packages

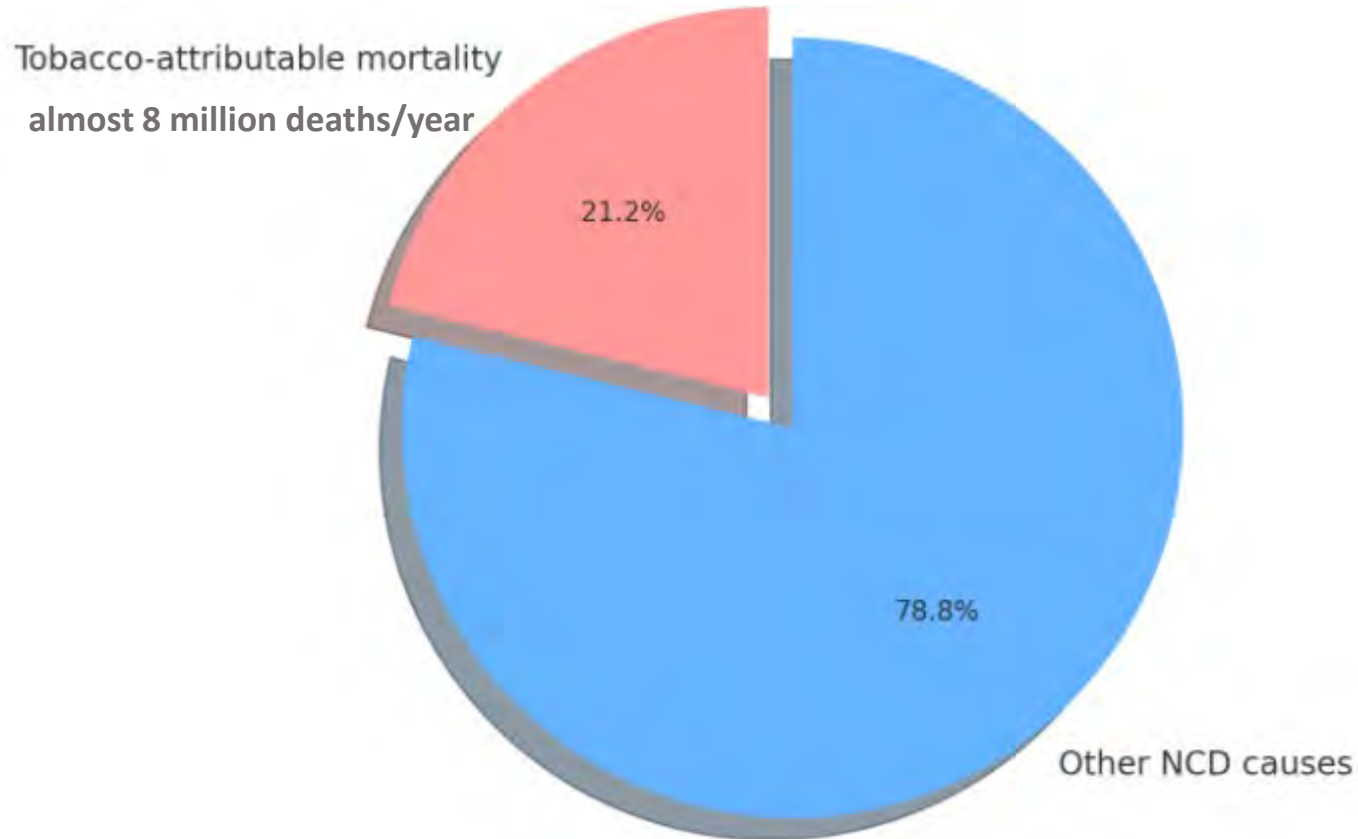
- Bloomberg Initiative MPOWER
- Gates AFRO tobacco control
- Alternative livelihoods to tobacco growing
- RECAP project on law, healthy diets and physical activity in 10 priority countries
- SAFER Initiative co-lead
- Healthy cities work
- Law, tax and physical activity work for Obesity Accelerator countries

Ad hoc specialized technical

assistance requests through country and regional offices on issues including

- Tobacco product regulation
- Tobacco use cessation
- Legal support, including litigation
- Fiscal policies and modelling
- Health economic assessment modelling for physical activity (walking and cycling)
- Backstopping regional and country offices for all NCD risk factors

Tobacco-attributable mortality and Economic burden of tobacco use



The economic burden of tobacco use is substantial: **1.4 trillion USD** (direct and indirect costs), accounting for **5.7% of global health expenditures** and approximately **1.8% of global GDP**.

Source: Global Burden of Disease, IHME, 2021

Dr Vinayak Prasad

Unit Head, No Tobacco (TFI)
Health Promotion Department

Source: <https://tobaccocontrol.bmj.com/content/27/1/58>



SDGs, NCD best buys and MPOWER



Remember tobacco is responsible for almost a quarter of NCD deaths!

- M**onitor tobacco use and prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising, promotion and sponsorship
- R**aise taxes on tobacco



REDUCE TOBACCO USE

- Increase excise **taxes and prices** on tobacco products
- Implement **plain packaging** and/or large graphic health warnings on tobacco packages
- **Ban tobacco advertising, promotion and sponsorship**
- **Ban smoking** in all indoor workplaces, public places, and on public transport
- **Warn about the harms** of smoking/tobacco use and second hand smoke through mass media campaigns
- Provide tobacco **cessation programs**



REDUCE HARMFUL USE OF ALCOHOL

- Increase excise **taxes** on alcoholic beverages
- **Ban or restrict alcohol advertising.**
- **Restrict the physical availability** of retail alcohol
- Enact and enforce **drink-driving laws** and blood alcohol concentration limits
- Provide **psychosocial intervention** for persons with hazardous and harmful alcohol use



PROMOTE HEALTHY DIET

- **Reduce salt intake** by:
 - product reformulation and setting targets for the amount of salt in foods and meals
 - providing lower sodium options in public institutions
 - promoting behavior change through mass media campaigns
 - implementing front-of-pack labeling
- **Ban trans-fats** in the food chain
- Raise **taxes on sugar-sweetened beverages** to reduce sugar consumption



PROMOTE PHYSICAL ACTIVITY

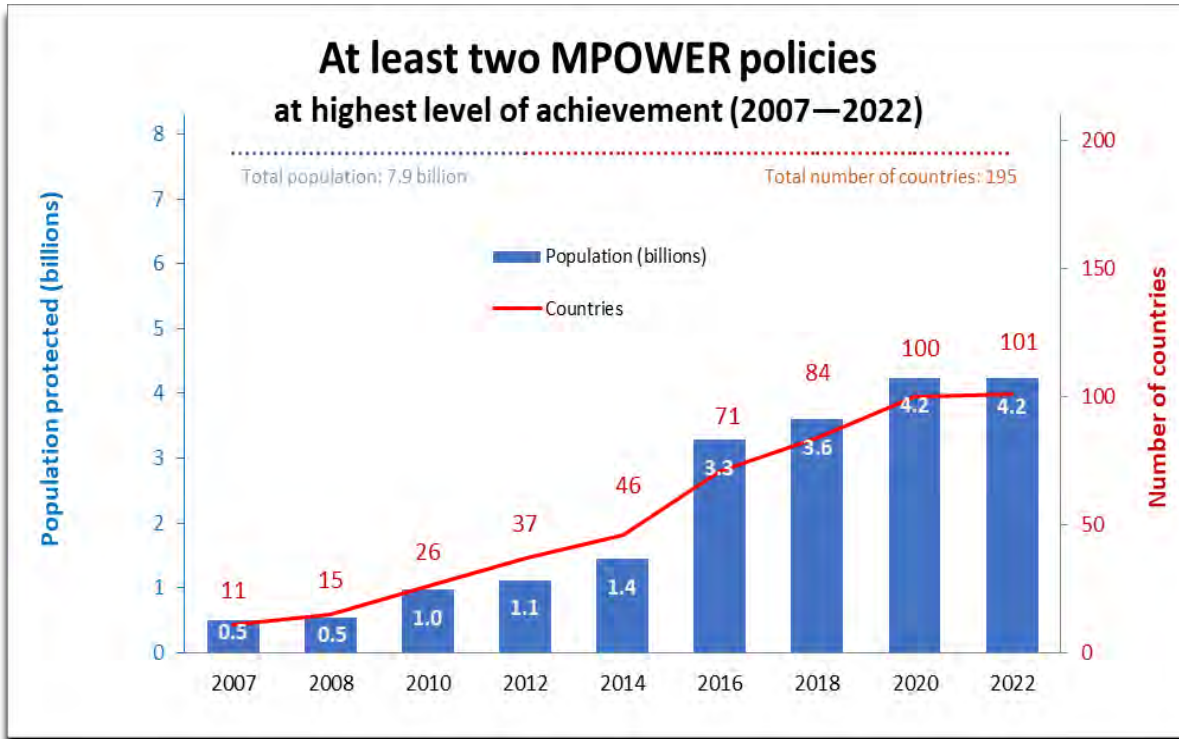
- **Promote physical activity** with mass media campaigns and other community based education, motivational and environmental programs
- Provide **physical activity counselling** and referral as part of routine primary health care

SDG 3.a
Strengthen the implementation of the WHO Framework Convention on Tobacco Control

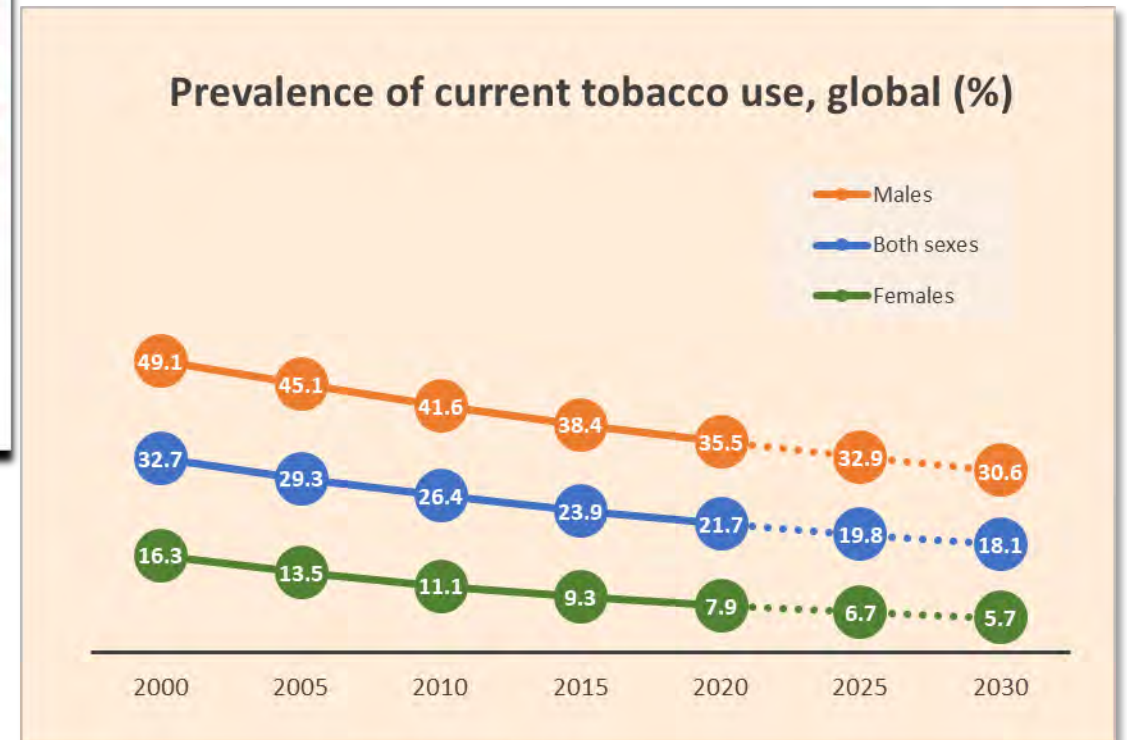
SDG 3.4
Reduce by 1/3 premature mortality from NCDs through prevention and treatment and promote mental health and well-being



WHO has been tracking MPOWER since 2007



[WHO report on the global tobacco epidemic, 2023](#)



[WHO global report on trends in prevalence of tobacco use 2000–2030](#)



Importance of multisectoral work in tobacco control

Finance:

Importance of raising taxes to make products less affordable

Environment:

Impact of tobacco farming on soil degradation, deforestation, and water pollution, as well as tobacco product waste (cigarette filters and disposable e-cigarettes)

Agriculture:

Transitioning tobacco farmers to sustainable alternatives to increase food security

Health in All Policies:

Ensuring smoke-free environments, advertising bans, and the implementation of graphic health warnings and mass media campaigns requires the engagement of sectors other than health including for example transport, education and commerce.

Tackling alcohol's harm

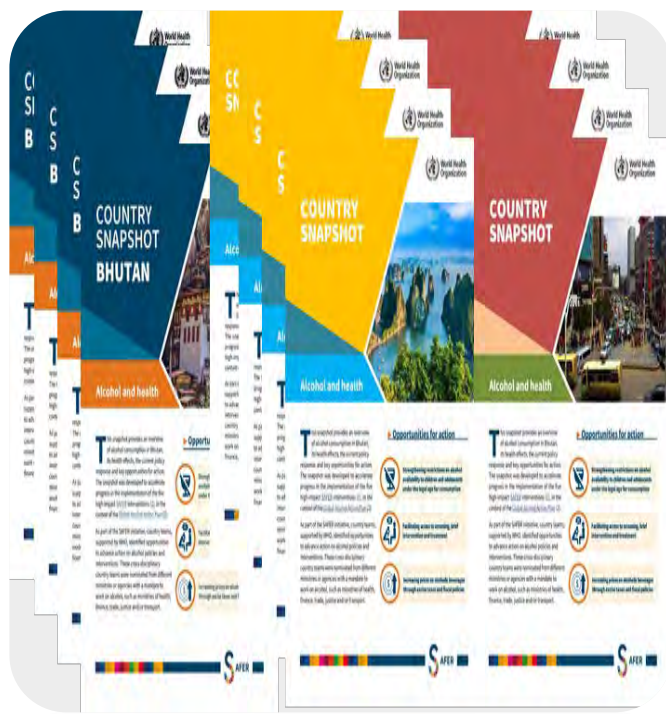
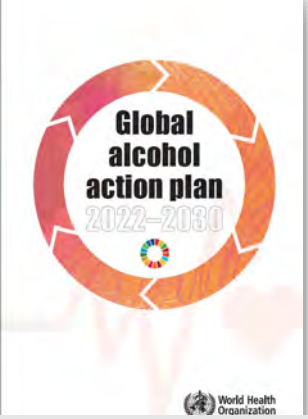
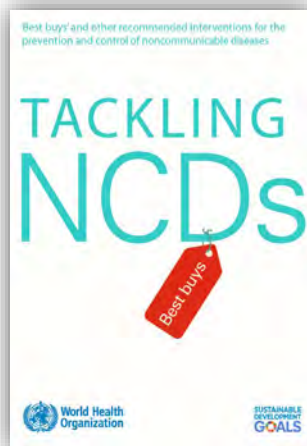
Commitments

Policies

Priorities

Normative

Practice



Dr Juan Tello
Unit Head, Less Alcohol unit
Health Promotion Department

Less is



after

Portfolio of policy measures
for country work

MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD

GLOBAL POLICY LANDSCAPE FOR PHYSICAL ACTIVITY IN 2024

WE KNOW WHAT TO DO -
ROAD MAP FOR ACTION

WE HAVE AGREED
TARGETS

WE HAVE STRONG
SCIENCE & GUIDELINES

WE HAVE TECHNICAL
TOOLS FOR
IMPLEMENTATION

WE MONITOR
IMPLEMENTATION & IMPACT

2018



Global action plan on physical activity 2018-2030 (WHA71.6)

Shelley Wallace

Technical Officer, Physical Activity
Health Promotion Department

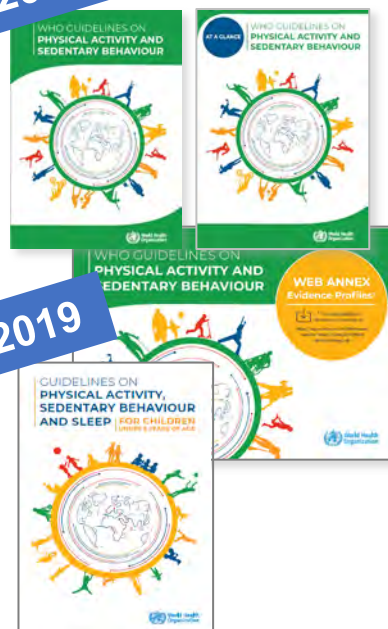
2018

**GOAL TO REDUCE
PHYSICAL INACTIVITY**

**BY 2025
10%**

**BY 2030
15%**

2020



2019

Global guidelines

Ongoing



Implementation
toolkits & Best buys

2022



Global status
report

MORE ACTIVE PEOPLE FOR A HEALTHIER WORLD

GLOBAL PROGRESS



Global Status Report on Physical Activity 2022

- Globally progress is slow and uneven
- More than half of recommended policies are not yet implemented in at least half of member states
- Policy implementation gaps are due to fragmentation, lack of resources and capacity, low prioritization, and inadequate data to inform policy and track and report impact



Global levels of physical activity in adults 2024

- Globally, 1/3 of adults do not meet recommended level of PA
- Women are less likely than men – difference of about 6 percentage points
- Sharp rise in inactivity in aged 60 years and above
- We are heading in the wrong direction (**“Off track”**) to reach 2030 target – inactivity is increasing not decreasing

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BEST BUYS

Best buy—

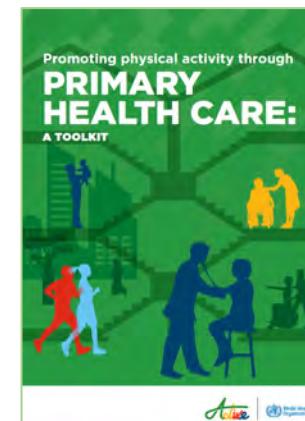
Implement sustained, population wide, best practice, communication campaigns to promote physical activity, with links to community-based programmes and environmental improvements to enable and support behaviour change

52% of countries report implementation

Recommended intervention--

National protocols on the management of physical inactivity in primary health care (implement systems of patient assessment and counseling on physical activity)

40% of countries report implementation



The Fiscal Policies for Health (TAX) unit works on health taxes

Mark Goodchild

Health Economist, Fiscal Policies for Health
Health Promotion Department



Technical Assistance



Guidance and Tools



Partnerships and
Networks



Technical Assistance Work

- Our work mode is through regular engagement with Ministries of Finance and Health to improve health tax policy.
- Emerged from more than a decade of country engagement on tobacco taxation with high burden countries.
- Has evolved to meet increased demand from Member States on alcohol and SSBs taxation, and other emerging concerns.
- Engaged on health taxes with 68 countries during 2023-2024 (as of June 2024).
- Also host regional* capacity building workshops on policy and administration to facilitate peer-to-peer exchange.

Our Work is Cross-Cutting

- Our normative products reflect close collaboration with responsible Dept/Units (Nutrition & Food Safety; Mental Health & Substance Abuse; Less Alcohol; Tobacco Free Initiative, etc).
- Recognizes that taxation is a single (but key) intervention within comprehensive technical packages, like MPOWER.
- Strong linkages with Social Determinants of Health, and Health Systems Research work, including on the political economy.
- Close collaboration with Health Governance & Financing where work on health taxes, Domestic Resource Mobilization, and health financing can intersect.



And Multi-Sectoral

- Close collaboration with other development agencies, particularly International Finance **Institutions**, working across related domains.
- Formation of the *Inter-Agency Working Group* (IAWG): an informal partnership of co-equal agencies bound together by a common goal of advancing the health taxes agenda.
- This serves to raise the profile of health taxes, disseminate evidence and best-practice, and to facilitate coordination among members.
- WHO and IPU (International Parliamentary Union) action guide for health taxes in 2022.
- Knowledge Hubs/Centres: an opportunity to collaborate and engage with academia, think tanks, and other institutions beyond the health sector.



LAW team functions

Norms and Standards

Inputs to
international
normative
developments

Technical Products

Focus on NCD risk
factors

+

Cross-cutting
health law

Specialized Technical Assistance

Legal support on how to implement WHO guidance, including:

- Assessing the legal environment
- Advising on policy objectives, options and litigation risk
- Reviewing and commenting on draft laws, and legislative drafting

Legal support after laws are made, such as:

- Support in the event of litigation challenging implementation of WHO guidance
- Support to align monitoring and evaluation with litigation risk

Training and capacity strengthening on law relevant to specific interventions or legal issues.

Dr Benn McGrady

Unit Head, Public Health Law and Policies
Health Promotion Department

HPR Department

Examples

Norms and Standards

WHO FCTC papers
Codex Alimentarius
on alcohol labelling
WTO processes
WHO Guidelines
WHA & UNGA
papers

Technical Products



Specialized Technical Assistance



15 – 20 country requests each year with a focus on tobacco plain packaging and regulating novel and emerging products



RECAP project on law, healthy diets and physical activity in 10 countries + ad hoc requests with a focus on marketing and labelling, including support to Acceleration Plan to Stop Obesity



Support to SAFER initiative, RESET alcohol + ad hoc requests for assistance on legislation

Thank you for your attention.