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Project Policy Brief

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Objective 2050: Four visions for a comprehensive NCD prevention strategy

Besma Abdallah

Katharina Beyer

Thuy Duyen Chau

Yannik Gräf

Yuling Lin

Alicia Rieckhoff

Llanos Bernardeau Serra

Nirosiha Sivaruban

Wenqin Zhang

Moritz Fegert

Editor

Moritz Fegert

Moritz is a Project Manager and a global health passionate, amongst others leading the Global lab project at foraus. He is also a member of the Executive Committee within the organization.

Authors

Besma Abdallah

Besma is a pharmacy student who has a passion for Global Health governance. She is also a Public Health coordinator at the Swiss Association of Pharmacy students and a member of the International Pharmaceutical Students Federation delegation at WHO's 75th World Health Assembly.

Katharina Beyer

Katharina is a GP and emergency physician. Interested in the broader picture of health, she now studies Global Health at the University of Geneva. Passionate about nature and outdoor sports, she is a strong advocate for physical activity among her patients, as prevention or cure for NCDs.

Thuy Duyen Chau

Thuy is a Project and Research Assistant at the Global Health Centre and a Master's Candidate in Global Health at the University of Geneva. She also is the Co-Vice President and Fundraising Coordinator at the grassroots organization Be Aware and Share. She is highly passionate about the intersection of Global Health and human rights, sexual and reproductive health, refugee health, and health policy.

Yannik Gräf

Yannik is a student at the Graduate Institute Geneva in International Affairs with primary and secondary specializations in Global Security and Global Health respectively. His interest in health is reflected in his undergraduate thesis on anti covid-19 policies, his volunteer work as a trained paramedic and his job as the Covid-19 Liaison Officer for the German Broadcasting Services at the 2021 Tokyo Olympics.

Yuling Lin

Yuling is a Master's student in Global Health at University of Geneva, with a focus on epidemiology. She also has a background in health system and governance research.

Alicia Rieckhoff

Alicia is a master's student in Global Health at the University of Geneva and a research assistant at the Geneva Transformative Governance Lab. Passionate about cross-sectoral approaches addressing both health and environmental issues, she is currently on exchange at the Graduate Institute in Geneva, where she specializes in global health governance and environmental matters.

Llanos Bernardeau Serra

Llanos is finalizing her MSc in Global Health. She is working as an intern at the humanitarian office of UNFPA in Geneva and completing, at the same time, her specialization in gender and development at the Graduate Institute. With a bachelor's in pharmacy, Llanos brings multidisciplinary expertise that includes healthcare data management and international cooperation, as a result of her experience working in the private sector in Europe and for an NGO in the Caribbean.

Nirosiha Sivaruban

Nirosiha is a master's student in Pharmacy at the University of Geneva with a strong interest in global health. She is also the Public Health Responsible at the Swiss Association of Pharmacy students, raising awareness of issues related to mental health and substance abuse.

Wenqin Zhang

Wenqin is a master's student in Global Health at University of Geneva. Her fields of interest are sexual and reproductive health, and health in humanitarian settings.

Table of Contents

Executive Summary	2
1. Introduction	5
2. Unhealthy diets	8
3. Tobacco use	12
4. Air pollution	15
5. Physical inactivity	18
6. Concluding remarks	22
Endnotes	26

Executive Summary

^{English} This policy brief proposes a comprehensive prevention strategy towards noncommunicable diseases (NCDs) with measures to be taken at the multilateral and national levels, focusing on four major risk factors causing NCDs: unhealthy diets, tobacco use, air pollution and physical inactivity.

NCDs, also known as chronic diseases, are amongst the greatest public health challenges worldwide. In 2025, the 4th High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs (hereafter 4th HLM on NCDs) is taking place, providing the opportunity to Member States of the United Nations to take action in the fight against recognised NCD risk factors.

Calling for a long-term strategy and perspective to address NCDs, the authors focused on the above-mentioned NCDs risk factors and asked the question: How could the multilateral system contribute to achieving a world without NCDs by 2050? This paper is the fruit of the participatory process “Global lab: Envisioning a future without NCDs by 2050” organized by foraus - Swiss Forum on Foreign Policy between March and May 2022 which brought together young thinkers and professionals around this important topic to generate innovative policy pathways ahead of the 4th HLM on NCDs.

Envisioning a future hypothetical reality in 2050 as expressed in the form of future news articles the authors allowed themselves to think out of the box and to envision bold actions to be taken by the global state community to have meaningful results in terms of NCDs prevention.

To tackle the major issue of **unhealthy diets** linked to diseases such as obesity, hypertension, heart disease, stroke, diabetes, and cancer, control over their nutritional intake should be given back to individuals to ensure a more transparent and unbiased choice of food consumption. This can be achieved by establishing a global transparent and scientifically-based food labelling system, the agreement upon a comprehensive banning on the advertising, promotion and sponsorship of unhealthy food, as well as further support to healthy nutritious food production and consumption to reduce socio-economic inequalities in health.

Tobacco use being a major contributor to the global burden of NCDs such as cardiovascular diseases, respiratory diseases, diabetes and cancer, national governments and regulatory authorities

should take a broad set of measures to increase tobacco cessation amongst smokers and create more smoke-free spaces in outdoor places to protect tobacco smoke and secondhand smoke, while fully implementing the WHO Framework Convention on Tobacco Control (FCTC). Finally, children and youths should inform efforts to campaign against tobacco consumption to ensure effective public health campaigns, especially targeting youths.

Air pollution, the second leading cause of deaths from NCDs according to WHO, should be addressed by reducing our use and dependency on fossil fuels, a major source of pollution leading to people's death. For this a public-private alliance should be created to operate a paradigm shift towards long-term sustainable disengagement from fossil fuels as a source of energy, reducing the prevalence of respiratory diseases related mortality.

Last but not least, **physical inactivity**, another largely underestimated root cause of NCDs, needs to be addressed by mainstreaming pedestrian- and cyclist-centric urban planning and creating a minimum amount of green spaces in urban areas. Additionally, cross-sectoral collaborations should be encouraged to improve population health by designing healthy cities with large possibilities of physical activities, and citizens being involved in auditing processes at an early stage.

In the coming months and years ahead of the 4th HLM on NCDs, UN Member States have the opportunity to operate a paradigm shift and take bold measures to counter the world's biggest killer, as some actors like to call NCDs. This paper and its envisioned future realities highlight that preventing NCDs means taking a cross-sectoral approach and going far beyond traditional public health prevention measures. Building up coalitions in the mobility, agri-food, environmental as well as urban planning sectors, will be key to deliver the ambitious objectives of the NCD prevention strategy we envision in this paper. To put it bluntly: it is only by joining forces that we will be able to achieve the change we want to see in 2050 and live healthier lives! ●

1. Introduction

Noncommunicable diseases (NCDs) are amongst the greatest public health challenges worldwide, being responsible for the death of 41 million people each year according to the World Health Organization (WHO), which is equivalent to 71% of all deaths globally.¹ NCDs, also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors. The main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), diabetes and mental health conditions.

NCDs are closely linked to socioeconomic and environmental factors. Prevention policies and regulations are hence key in the long-term in the fight against NCDs. Moreover, 77% of all NCD-related deaths occur in low- and middle-income countries, making it a largely

shared burden to global health worldwide.² Since early 2020, the focus of the international community has largely turned towards Covid-19. Even in this context, NCDs matter as people with NCDs have a higher risk of severe Covid-19 disease. After 2011, 2014 and 2018, the 4th High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs (hereafter 4th HLM on NCDs) is taking place in 2025. During this meeting, the Member States of the United Nations will take stock of the progress made since 2018 and commit to a new roadmap for the fight against NCDs at the multilateral, regional and national levels.

In this context, the participatory process “Global lab: Envisioning a future without NCDs by 2050” was organized by foraus between March and May 2022 to bring together young thinkers and professionals around this important topic and generate innovative policy pathways ahead of the 4th HLM on NCDs. At the heart of this process were two days of workshops organized in Geneva in March 2022 in the form of an interactive exchange between a cohort of students and professionals from the WHO, the NCD Alliance, as well as representatives from academia and the private sector. During the workshops foraus’ policy crowdsourcing methodology Policy Kitchen was used. The bold question asked to participants was: How could the multilateral system contribute to achieving a world without NCDs by 2050?

This policy brief is the fruit of these discussions held around the current state of the global fight against NCDs and reflects upon new and innovative possibilities to address NCDs risk factors via different policy measures by 2050. The focus was put on 4 risk factors amongst the 5 officially recognised by WHO, namely: (1) unhealthy diets, (2) tobacco use, (3) air pollution and (4) physical inactivity. For each risk factor, distinct arguments and recommendations were developed. This was done by the means of envisioning a hypothetical reality in 2050. What is the outcome? In the following chapters, these realities are written in the form of news articles to be read in 2050, with concrete policy measures that should be implemented by the global state community with support of the private sector, academia and civil society organizations, and under the guidance of the World Health Organization and other relevant international organizations.

The recommendations for action, which can be drawn from these envisioned realities are detailed after each article. Addressing NCD risk factors is not an easy task, as they are linked not only to personal, but most and foremost to structural, sometimes societal choices which have been made in past decades about the way we live. Yet, changing the latter is crucial if we want to gain the fight against the major public health challenge that NCDs pose globally. Projecting ourselves to 2050 shows that it is realistic and possible to do so! ●

2. Unhealthy diets

Llanos Bernardeau Serra

Thuy Duyen Chau

Alicia Rieckhoff

Wenqin Zhang

NutriPass' Ultimate Victim - The Sugar Industry's Last Multinational Files For Bankruptcy

Coca Cola, the last standing big sugar company, has finally filed for bankruptcy, officially submitting to the generational change towards healthier and more sustainable diet choices. The company has been subject to public scrutiny in the past 25 years after the NutriPass first entered the picture, revolutionizing the way smartphone users perceive processed foods. Influenced by the former social media apps TikTok and Instagram in the 2020s, Generation Z had started championing the fight against fast food. The nutritional revolution hit a landmark moment in 2023, when violent protests emerged worldwide in front of companies and restaurants notoriously known for selling junk food, demanding more transparency and accountability from said companies. Even more important were those who fought a more silent fight by taking the recommendations expressed by the NutriPass seriously and changing their relationship with food,

leading to a generation possibly dodging the fate of suffering from non-communicable diseases (NCDs) later in their lives.

The NutriPass was developed by a WHO expert panel with the goal in mind to give consumers more control of their nutritional intake. It categorizes foods into three color-coded categories based on a more comprehensive grading mechanism: (1) red for unhealthy processed food; (2) orange for healthy processed food; and (3) green for healthy unprocessed food. A QR code printed on the packaging shows relevant information such as the recommended daily consumption quantity or risks linked to the development of diseases such as diabetes and hypertension. In this way, the health information of the food is more clearly conveyed to the consumers.

In addition to the establishment of the NutriPass, other important decisions made by the Member States at the 4th High-Level Meeting on NCDs in 2025 included the launch of negotiations for the FAO-WHO Framework Convention on Healthy Diets with the participation of food industry representatives, and a pledge to fund and build capacity for promoting healthy food.

The NutriPass, considered a gimmick in the past, has surpassed all expectations: surprisingly, after the introduction of the global labeling system, the world experienced an unprecedented case of rapid global consensus with the NutriPass's adoption. As a result, the strong leadership on the governmental level left multinational food companies with no choice but to take a hard look in the mirror and change their practices, until their NutriPass lit up green. It is only thanks to this systematic change in unhealthy diets - which even included restrictions in lobbying and advertising from the food industry - that the World Health Organization (WHO) announced in 2045, that NCDs have stopped being the leading cause of death. Indeed, the number of deaths associated with NCDs has been cut down to around 5 million annually in 2050 - to less than one-third of the 15 million deaths in 2015³ - thus reaching the Sustainable Development Goal target 3.4 to reduce premature mortality from NCDs by one-third by 2030.⁴

Unhealthy diet: the seductive killer

In the past decades, unhealthy diets have been a leading risk for NCDs, such as obesity, hypertension, heart disease, stroke, diabetes, and cancer.⁵ According to a study published by The Lancet, in 2017, dietary risks were responsible for 22% of all deaths (11 million deaths) and 15% of all disability-adjusted life years (DALYs), 255 million DALYs, among adults. Consumption of nearly all healthy food and nutrients was below the optimal level while daily intake of all unhealthy foods far exceeded the optimal level. Alarmingly, young adults had the highest intake of sugar-sweetened beverages and legumes.⁶

Front-of-package labeling has been proven to highly influence consumer purchasing behaviors.⁷ In fact, food and beverage warning policies have been identified as particularly effective on the population by some researchers, particularly in the “changing of behavior, as well as emotions, perceptions, and intentions” when purchasing a “marked” food product.⁸ There was an absence of a consensus on the effectiveness of previous nutrition labels in preventing the increasing prevalence of nutrition-related disorders, such as the “Nutri-Score”. Under the latter, Coke Zero, for example, is categorized as “green” or a grade A, therefore as having the highest nutritional value, on the “Nutri-score” spectrum since it meets all the fat, sugar and salt standards of Nutri-score. This however, might be misleading to customers.

To achieve a healthy diet at the population level, responsibilities needed to be clearly defined and led by the WHO. Of course, individuals are primarily responsible for their own healthy lifestyle, however, it was crucial that affordable healthy food options were marketed and that sufficient information was available to assist good decision-making. This required regulations on the food industry, and intervention by health, fiscal, agriculture and other departments. Thus, multisectoral collaboration and a “whole-of-government” approach were needed to achieve this decrease in the NCD mortality rate. ●



Policy recommendations

- The establishment of mandatory front-of-package warning (color-coding) food labeling QR code system - “NutriPass” - by Member States based on WHO/FAO Guidelines on nutrients requirements³, further developed into user-friendly categories by the WHO Nutrition Guidance Expert Advisory Group or other review committees for the NutriPass label.
 - > *Lead: WHO Nutrition Guidance Expert Advisory Group, National Governments, and the Industry Alliance for Higher Nutrition Standards.*
- Elaboration and adoption of an FAO-WHO Framework Convention on Healthy Diets including the establishment of
 - > *Lead: Departments/ Ministries of (1) Agriculture and Food, (2) Health, and (3) Tax and Finance at national level.*
- a comprehensive banning on the advertising, promotion and sponsorship of unhealthy food, defined by a globally recognized NutriPass system, in particular for advertising practices targeting children’s food, youth and social media platforms.
 - > *Lead: WHO, FAO, National Governments*
- Establishment of food subsidy programs encouraging the production and consumption of healthy nutritious food, and reducing socio-economic inequalities in health.
 - > *Lead: Departments/ Ministries of (1) Agriculture and Food, (2) Health, and (3) Tax and Finance at national level.*

3. Tobacco use

Nirosiha Sivaruban

Yannik Gräf

Philip Morris files for insolvency due to lack of demand

Philip Morris International, a multinational cigarette and tobacco manufacturing company, has filed for insolvency due to a lack of demand. Following the implementation of stricter regulations on tobacco worldwide, the company had announced in 2025 that it hoped to make more than 70% of their revenue from smoke-free alternatives to cigarettes that were targeted at adult cigarette smokers. Twenty five years later, the majority of tobacco users have either quit or died of tobacco-related diseases. Due to the strengthening of tobacco control and exceptionally effective public health campaigns, especially targeting youths, demand has vanished.

Tobacco use was a major contributor to the global burden of NCDs such as cardiovascular diseases, respiratory diseases, diabetes and cancer. It did not only represent a threat to our health, but to basic

human rights and the environment as well. It negatively impacted non-smokers with second-hand smoke exposure. Additionally, the manufacture of tobacco required intensive use of natural resources. Moreover, it dispersed toxic compounds into nearby waters.

The World Health Assembly had adopted the WHO Framework Convention on Tobacco Control (FCTC) in 2005 and in 2013, endorsed a global target of 30% reduction of tobacco by 2025. This framework along with MPOWER, a set of six effective strategies to combat the tobacco epidemic (1. Monitor tobacco consumption; 2. Protect people from tobacco smoke; 3. Offer help to quit tobacco use; 4. Warn about dangers of tobacco; 5. Enforce bans on tobacco advertising, promotion and sponsorship; 6. Raise taxes on tobacco) initiated an encouraging global trend of tobacco use decline worldwide that helped save millions of lives. However, only one third of the Member States could successfully achieve the aimed reduction rate. The tobacco industry started presenting itself as part of the solution against the tobacco epidemic by bringing out new products, while still generating profit from cigarettes.

During the 4th High-level Meeting on NCDs in 2025, UN Member States decided on how they could scale up the successful measures, such as broad prevention based youth-oriented campaigns or limited access to tobacco, that were implemented in certain regions to accelerate the progress towards the goal of ending the tobacco epidemic and make cessation tools available to all. Moreover, e-cigarettes were included in the conversation for the first time.

Since then, school-based smoking prevention programs have been introduced for secondary school students, combined with teen-specific mass media interventions. This has proven to be effective, as a sharp decrease has been observed in the prevalence of tobacco use in adolescents. The most recent global prevalence for smoking among adolescents is less than 1% based on smoking on at least one day. This is a great achievement in the fight against tobacco as most adult smokers started smoking in their adolescent years. Indeed, it was found that the earlier people start smoking, the greater the mortality. Flavored tobacco products such as menthol cigarettes are banned globally since 2027 because they mask the harshness of smoke and thereby facilitate the development of addiction. Manufacturers argued they would lead the way to a smoke-free world by providing

adult smokers with new alternatives carrying lower risks of cancer. However, e-cigarettes became more popular among the youth and raised public health concerns that eventually led to the ban of fruit-flavored e-cigarettes as well.

More steps have been taken to protect people from second-hand smoke. Following the lead of Singapore, which has introduced its first “No Smoking Zone” already in 1970¹⁰, eighteen other countries have designated “No Smoking Zones”, where smoking is allowed only within small restricted areas.

Countries have joined forces to engage all relevant stakeholders in an effort to scale-up highly cost-effective cessation methods such as mobile applications and toll-free quit lines. More countries have updated their essential medicines list to include nicotine replacement treatments, bupropion and varenicline that have been proven effective for smoking cessation. An important part of the funding for these programs comes from taxes on tobacco products that have seen an increase of 20% from 2025 to 2050. ●



Policy recommendations

- More investment in tobacco cessation activities at national level and integrate the training for tobacco cessation interventions (brief advice and behavioural counselling) in health professional curricula, while also facilitating support to access pharmacological treatments such as NRT, Bupropion and Varenicline worldwide.
 - > *Lead: National Governments, National Health & Education Services*
- Protection of people from tobacco smoke and secondhand smoke by creating more smoke-free spaces in outdoor places (e.g. school grounds, playgrounds, and parks).
 - > *Lead: National Regulatory Authorities (specific to the applicable area e.g. Municipal Park Departments, Education Departments, etc.)*
- Full implementation of the WHO Framework Convention on Tobacco Control (FCTC) worldwide and strict regulation of interactions between government officials and the tobacco industry to counter tobacco industry interference.
 - > *Lead: WHO and its regional branches in close cooperation with national governments and civil society actors.*
- Inclusion of children and youths as stakeholders in the efforts to campaign against tobacco consumption, leveraging their generational knowledge to advise campaigns on how to best reach their peers in order to prevent consumption
 - > *Lead: Youth representatives and youth organizations in cooperation with domestic Health & Education services*

4. Air pollution

Besma Abdallah

Renewable energy and the stock market: a paradigm shift in favor of the planet and human health

Back in 2020, the conclusion was stark: “the air we breathe is killing us”. According to the WHO, air pollution is the second leading cause of deaths from noncommunicable diseases. A study published in 2021 attributed 1 in 5 deaths to pollution generated by fossil fuels.¹¹ The burning of fossil fuels was responsible for 8.7 million deaths globally in 2018. That means more than HIV, tuberculosis, and malaria combined. But a global coalition was able to operate a far-reaching paradigm shift from 2025 on.

The initiative dates back to the mid-2020s, following the 4th High-level Meeting of the United Nations General Assembly on the Prevention and Control of NCDs that took place in 2025. It drew on the experience from other agreements with similar objectives such as the global initiative for a Fossil Fuel Non-Proliferation Treaty.¹² Back then, a group of stakeholders concluded on the necessity of creating

an Alliance to tackle the problem of mortality caused by fossil fuel emissions. The Alliance was composed of industry representatives, NGOs, civil society representatives and governments of high, middle and low-income countries.

The so-called Anti Fossil Fuel Initiative (AFFI) elaborated a 25-year plan to reduce mortality rates by transitioning into renewable energy sources and scaling up this practice to various industries and sectors. An evaluation committee composed of experts and civil society representatives was created to assess the implementation of the measures. For that, a scale system has been elaborated for more transparency and objectivity. This measure's goal was to ensure accountability and responsibility.

AFFI signatories vowed to have learned from the mistakes of past conventions of similar nature. Indeed, diluted measures and halfhearted initiatives throughout the century ended up being more harmful to the planet and the health of its occupiers in the long run. One might ask how the AFFI's approach was different from past initiatives. It made a business case for the energy transition! Indeed, instead of imposing sanctions and policing polluting industries, the aim was to help private and public sector organizations achieve growth if they transitioned to renewable energy sources.

Findings from a report¹³ released in 2020 by the International Energy Agency and the Imperial College - Centre for Climate Finance & Investment was crucial in shaping the decision making process and incentivising investments. The study had found that in the U.S. alone, renewables yielded 200.3% returns versus 97.2% for fossil fuels over a 5 year period.

Prior to AFFI's creation, investors were skeptical and risk averse. The 'Sustainable Finance Revolution' was still in its early stages as empirical evidence was lacking regarding profitability of renewable energy investments. To encourage private investors, 192 countries plus the European Union doubled their annual investments in the power sector from around \$310 billion in 2022 to more than \$660 billion in the form of a Global Fund for renewable energies, the estimated necessary amount to achieve the global energy transformation according to the International Renewable Energy Agency.¹⁴ The countries also agreed to stop planned projects for new oil, gas or coal extraction in efforts to lower emissions.

This economic approach was thought to be the starting point to a trickle down effect and was hoped to reduce respiratory diseases and other related chronic illnesses. Which in turn was a promise for more healthy life years.

Today, we are seeing promising effects of AFFI as the prevalence of respiratory disease related mortality has decreased by 30% and air pollution became the seventh leading cause of death. As for the alliance itself, seeing the successes of AFFI (achieving the stop of new fossil fuel-related projects and the above-stated reduction in NCD mortality rate), it was renewed for another 25 year plan under the name of AFFI75 and it is thought to be able to undo all the existing fossil fuel exploitations and make them a relic of the past. ●



Policy recommendations

- Creation of a public-private alliance (incl. governments, private sector actors and civil society) against fossil fuels in efforts to reduce NCD mortality, committing to:
 - > *Stop planned projects for new oil, gas or coal extraction;*
 - > *Encourage countries to double their annual investments in renewable energy in the power sector;*
 - > *Encourage the private sector to accelerate the renewable energy transition;*
 - > *Implement the alliance in high-, middle- and low-income countries.*
- > *Lead: Public sector, private sector actors and NGOs*
- Creation of a 3 year monitoring cycle accompanying the alliance's activities to ensure momentum and continuity of the alliance's programmed goals.
 - > *Lead: Public sector, private sector actors, civil society and NGOs*
- Prohibition of plans for new fossil fuels exploitations and their replacement with more lucrative and sustainable alternatives
 - > *Lead: Public sector, civil society*

5. Physical inactivity

Katharina Beyer

Yuling Lin

Green cities are boosting peoples' and our planet's health: promotion of physical activity reducing NCDs and pollution

Physical inactivity - a major risk factor for the world's big killers¹⁵, ranked sixth for death attributable to a single individual risk factor at the beginning of this century.¹⁶ Furthermore, it has been identified to have a negative impact on mental health, which still has among one of the highest burdens of disease.

In a context of exploding health care expenditure, physical inactivity also created a high economic burden: The Lancet work group estimated additional health care costs of \$53.8 billion and \$13.7 billion in productivity loss globally in 2013.¹⁷ These figures are not even taking into account the increasing share of mental health and cognitive dysfunction which is known to cause an increasing economic and social burden until today in both high-, middle- and low-income countries.

Effective multilateral action taken in 2025

Since physical inactivity was considered “a global pandemic on the rise”, especially among young people - 80% of adolescents worldwide were not meeting the minimum WHO standard of physical activity¹⁸, which is 150min of moderate, or 75 min of vigorous-intensity activity, or any combination of it, per week - this issue was taken with high priority to the 4th High-level Meeting on NCDs in 2025. The reasons for this were numerous, but a main factor identified was the increasing use of individual motorized transportation in an increasingly mobile world. Nevertheless, planning activity-promoting cities with green spaces and efficient public transportation have shown to encourage physical activities at scale.¹⁹

Evidence on benefits of physical activity on health, including mental health, dates back to the 1950s. When the Global Action Plan for Physical Activity (GAPPA) was presented at the World Health Assembly in 2018, the aim was to ensure access for everyone to environments that enable physical activity as a way to improve health.²⁰ The target set was a 15% relative reduction of physical inactivity worldwide by 2030. But in 2025, after a pandemic that saw millions of people in lockdown and with that an increased vulnerability of people with NCDs, the world seemed far away from the GAPPA target.

Therefore, at the 2025 UN General Assembly, the Member States decided to implement the following measures:

- Cities had to aim for a minimum of 20% of pedestrian zones.
- 70% of all roads should have a separate and safe lane for non-motorized mobility, and safe crossings had to be guaranteed at certain distances.
- Development of mobility had to focus on public transport, and the number of car park facilities had to be below the number of secured bike park facilities.

Pedestrian- and cyclist-centric urban planning

Accordingly, urban planning successfully moved away from car-centric city design, putting the pedestrian and cyclist at the center in the following decade. By planning more sidewalks, safe crossings and bike lanes separated from driving roads, not only people became more physically active: it also reduced the toll of road traffic accidents, and

by reducing noise and air pollution had a positive impact on other risk factors for NCDs.

Green spaces were developed, partly by integrating them into the road network. Park and tree canopies not only increased the likelihood of people being physically active, but they were also used as carbon and particle sinks. For over 20% of motorized traffic roads, green lanes separate a cycle and walk lane, making the latter safer, healthier and more enjoyable. By achieving a transformation of 10% of space formerly dedicated to cars into green parks as requested by the “Urban Climate” initiative, Geneva is a good practical example of this development.

Furthermore, public transport continues to be developed, integrated into pedestrian and cycling mobility, and adapted to include affordable and easy access, including disability access, and is now the most attractive choice of mobility for all age and income groups. Cairo is marked as the champion city in 2050 due to its great progress to develop a sustainable mobility network. Its population became twice more active, and the NCDs burden has declined by at least 10% in the last 25 years.

Continuous benefit assessment

The benefits were assessed - and continue to be assessed - using the following tools: the Urban and Transport Planning Health Impact Assessment (UTOPHIA), the Health Economic Assessment Tool (HEAT) for walking and cycling²¹, the urban barometer for physical activity monitoring²², and the System for Observing Play and Recreation in Communities (SOPARC). The results are all very positive, and show additional collateral benefits:

Creating the environment to encourage physical activity not only positively affected health and reduced death tolls: it had a positive economic impact - by enhancing productivity and reducing health care expenditure, which largely outweigh the investment undertaken for the infrastructure. Promotion of physical activity related positively to the SDGs n° 2, 3, 4, 5, 8, 9, 10, 11, 12, 13, 15, 16 and 17, which formed the compass of multilateral action towards a sustainable future between 2015 and 2030.

We are on the right track – but let’s keep moving! ●



Policy recommendations

- Integration of a minimum of 20% of pedestrian zones and 70% of safe and separate lanes for non-motorized mobility in urban planning. Creation of a global fund for enlarging pedestrian zones to facilitate LMICs to re-organize urban areas or integrate the recommendation into newly planned ones.
 - > *Lead: WHO, UN Environment Programme, national governments, health and transport departments*
- Integration of bicycle parking in public transportation planning to ensure smooth transition between soft mobility means and public transport.
 - > *Lead: national governments, and health and transport departments*
- > *Lead: national and local governments, transport departments, public-private partnerships (as shopping malls)*
- Close collaboration of public sector actors such as health and transport departments to improve population health by designing healthy cities with large possibilities of physical activities, and establishing citizen involvement in auditing as the norm during the development of public health and transport policies in order to better understand citizen's needs.
 - > *Lead: national governments, and health and transport departments*

6. Concluding remarks

NCDs and related risk factors represent a major, yet insufficiently addressed, global health challenge. Prevention strategies and measures are key to fight their root causes. This paper is calling for a comprehensive NCD prevention strategy. In the envisioned realities detailed in the articles above, noncommunicable diseases are being addressed thanks to a global effort by states, multilateral organizations, the private sector and civil society. Political prioritization, funding and interdisciplinarity are necessary if we want to avoid major global death tolls which are directly or indirectly related to chronic diseases, in the decades to come. NCDs are receiving more attention on the multilateral stage, while being part of the discussions of this year's 75th World Health Assembly taking place in May 2022. This momentum for action should be built up in the preparation of the NCD High-level Meeting taking place in 2025. Indeed, UN Member

States have the opportunity to operate a paradigm shift and take bold measures to counter the world's biggest killer, as some actors like to call NCDs.

But even beyond NCD-related high-level meetings and coalitions, this paper and its envisioned future realities have shown that preventing NCDs means taking a cross-sectoral approach, enhancing collaboration between different ministries and different stakeholders at the private sector-, non-governmental- and academic level. This must not be seen as an extra burden, but rather as the greatest opportunity at hand to combine measures countering climate change, while saving lives and ensuring long-term economic and financial relief on healthcare systems. By addressing issues such as unsustainable and unhealthy food production and consumption, fossil fuel-related air pollution, car-centric and unsustainable urban planning, Member States, international organizations supporting them, as well as the international community at large would make a major contribution in preserving our own and our planet's health! ●

Policy recommendations for a comprehensive NCD prevention strategy



Unhealthy diets

- The establishment of mandatory front-of-package warning (color-coding) food labeling QR code system - “NutriPass” - by Member States based on WHO/FAO Guidelines on nutrients requirements, further developed into user-friendly categories by the WHO Nutrition Guidance Expert Advisory Group or other review committees for the NutriPass label.
 - > *Lead: WHO Nutrition Guidance Expert Advisory Group, National Governments, and the Industry Alliance for Higher Nutrition Standards.*
- Elaboration and adoption of an FAO-WHO Framework Convention on Healthy Diets including the establishment of a comprehensive banning on the advertising, promotion and sponsorship of unhealthy food, defined by a globally recognized NutriPass system, in particular for advertising practices targeting children’s food, youth and social media platforms.
 - > *Lead: WHO, FAO, National Governments*
- Establishment of food subsidy programs encouraging the production and consumption of healthy nutritious food, and reducing socio-economic inequalities in health.
 - > *Lead: Departments/Ministries of (1) Agriculture and Food, (2) Health, and (3) Tax and Finance at national level.*



Tobacco use

- More investment in tobacco cessation activities at national level and integrate the training for tobacco cessation interventions (brief advice and behavioural counselling) in health professional curricula, while also facilitating support to access pharmacological treatments such as NRT, Bupropion and Varenicline worldwide.
 - > *Lead: National Governments, National Health & Education Services*
- Protection of people from tobacco smoke and secondhand smoke by creating more smoke-free spaces in outdoor places (e.g. school grounds, playgrounds, and parks).
 - > *Lead: National Regulatory Authorities (specific to the applicable area e.g. Municipal Park Departments, Education Departments, etc.)*
- Full implementation of the WHO Framework Convention on Tobacco Control (FCTC) worldwide and strict regulation of interactions between government officials and the tobacco industry to counter tobacco industry interference.
 - > *Lead: WHO and its regional branches in close cooperation with national governments and civil society actors.*

- Inclusion of children and youths as stakeholders in the efforts to campaign against tobacco consumption, leveraging their generational knowledge to advise campaigns on how to best reach their peers in order to prevent consumption
 - > *Lead: Youth representatives and youth organizations in cooperation with domestic Health & Education services*



Air pollution

- Creation of a public-private alliance (incl. governments, private sector actors and civil society) against fossil fuels in efforts to reduce NCD mortality, committing to:
 - > *Stop planned projects for new oil, gas or coal extraction;*
 - > *Encourage countries to double their annual investments in renewable energy in the power sector;*
 - > *Encourage the private sector to accelerate the renewable energy transition;*
 - > *Implement the alliance in high-, middle- and low-income countries.*
 - > *Lead: Public sector, private sector actors and NGOs*
- Creation of a 3 year monitoring cycle accompanying the alliance's activities to ensure momentum and continuity of the alliance's programmed goals.
 - > *Lead: Public sector, private sector actors, civil society and NGOs*
- Prohibition of plans for new fossil fuels exploitations and their replacement with more lucrative and sustainable alternatives.
 - > *Lead: Public sector, civil society*



Physical inactivity

- Integration of a minimum of 20% of pedestrian zones and 70% of safe and separate lanes for non-motorized mobility in urban planning. Creation of a global fund for enlarging pedestrian zones to facilitate LMICs to re-organize urban areas or integrate the recommendation into newly planned ones.
 - > *Lead: WHO, UN Environment Programme, national governments, health and transport departments*
- Integration of bicycle parking in public transportation planning to ensure smooth transition between soft mobility means and public transport.
 - > *Lead: national and local governments, transport departments, public-private partnerships (as shopping malls)*
- Close collaboration of public sector actors such as health and transport departments to improve population health by designing healthy cities with large possibilities of physical activities, and establishing citizen involvement in auditing as the norm during the development of public health and transport policies in order to better understand citizen's needs.
 - > *Lead: national governments, and health and transport departments*

Endnotes

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Project team

- Moritz Fegert
- Timothée Spörli
- Eduardo Belinchon

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www.foraus.ch

Zürich | foraus – Forum Aussenpolitik | Badenerstrasse 431 | 8003 Zürich
office@foraus.ch | +41 44 501 68 65

Genève | foraus – Forum de politique étrangère | Avenue de France 23 | 1202
Genève
bureau_romandie@foraus.ch | +41 22 559 96 96

IBAN: CH06 0900 0000 6017 6892 9

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