

1st Rev text	Suggested language	Rationale
<p>13. Emphasize with concern that globally there are: (i) 1.3 billion tobacco users and tobacco kills more than 8 million people each year, including an estimated 1.3 million non-smokers who are exposed to second-hand smoke; (ii) 2.6 million alcohol related deaths each year; (iii) 35 million children under 5 years of age currently overweight; (iv) 390 million children 5 – 19 years old overweight or obese, while adult obesity has more than doubled since 1990; and (v) nearly 7 million deaths each year caused by air pollution, with 99% of the population exposed to unsafe air pollution levels;</p>	<p>Emphasize with concern that globally there are: (i) 1.3 billion tobacco users and tobacco kills more than 8 million people each year, including an estimated 1.3 million non-smokers who are exposed to second-hand smoke; (ii) 2.6 million alcohol related deaths each year; (iii) 35 million children under 5 years of age currently overweight; (iv) over 1 billion people living with obesity; and (v) nearly 7 million deaths each year caused by air pollution, with 99% of the population exposed to unsafe air pollution levels;</p>	<p>As highlighted in the Secretary General’s report, the number of people living with obesity (over 1 billion in 2022) should be included to show the comparative scale against other diseases. A/79/762</p> <p>People-first language (using ‘living with’ instead of ‘obese’) is important because it centres the lived experiences of people with obesity, promotes dignity, and helps reduce stigma. https://www.nih.gov/nih-style-guide/person-first-deigmatizing-language</p>
<p>35. Recognize also that obesity is driven by multiple factors, including food systems, lack of local food production and policies that increase food and nutrition security, as well as unaffordability and unavailability of healthy diets, and lack of opportunities to pursue physical activity, sleep deprivation and stress;</p>	<p>Recognize also that obesity is a chronic disease caused by the complex interplay of genetic, metabolic, behavioural and environmental factors and that modifiable risks of obesity can be driven by multiple factors, including food systems, lack of local food production and policies that increase food and nutrition security, as well as unaffordability and unavailability of healthy diets, and lack of opportunities to pursue physical activity, sleep deprivation and stress; and acknowledge that over 50% of individuals living with obesity also experience type 2 diabetes and hypertension, or elevated cardiovascular risk.</p>	<p>We welcome the language on how obesity is driven by multiple factors. To strengthen this paragraph we encourage use of the definition of obesity found in the International Classification of Diseases 11th Revision, where it is defined as a chronic complex multifactorial disease https://www.findacode.com/icd-11/block-149403041.html</p> <p>As noted in the 75th World Health Assembly adopted recommendations for the prevention and management of obesity over the life course, obesity is one of the key risk factors for many NCDs such as coronary heart disease; hypertension and stroke; certain types of cancer; type 2 diabetes; gallbladder disease; dyslipidaemia; musculoskeletal conditions such as osteoarthritis; gout; and pulmonary diseases, including sleep apnoea. Obesity is the most important modifiable risk factor for type 2 diabetes. Ref: A75_REC1 Annex 14. We therefore ask you to add language on the role of obesity in driving other NCDs.</p>

<p>43. Enact within national and, where relevant, regional contexts, as appropriate, legislation and regulation, promote policies and take action to:</p> <p>(e) promote healthy diets and reduce unhealthy diets, overweight and obesity by: (i) reformulating food products to eliminate industrially-produced trans-fatty acids to the lowest level possible and reduce levels of saturated fats, free sugars and sodium in processed food and beverages; (ii) developing and providing front-of-pack labelling of nutritional information for food and beverages; (iii) putting in place public food procurement and service policies for healthy diets; (iv) protecting children from the harmful impact of food marketing, including digital marketing; (v) protecting, promoting and supporting optimal breastfeeding practices; (vi) promoting increased availability and affordability of nutritious food and information on healthy eating; and (vii) promoting adequate physical activity, and reducing sedentary behavior, including through increasing access to public spaces;</p>	<p>(e) promote healthy diets and reduce unhealthy diets, overweight and obesity by: (i) reformulating food products to eliminate industrially-produced trans-fatty acids to the lowest level possible and reduce levels of saturated fats, free sugars and sodium in processed food and beverages; (ii) developing and providing front-of-pack labelling of nutritional information for food and beverages; (iii) putting in place public food procurement and service policies for healthy diets; (iv) protecting children from the harmful impact of food marketing, including digital marketing; (v) protecting, promoting and supporting optimal breastfeeding practices; (vi) promoting increased availability and affordability of nutritious food and information on healthy eating; and (vii) promoting adequate physical activity, and reducing sedentary behavior, including through increasing access to public spaces; (viii) and implementing integrated health services that provide a continuum of care, such as health promotion, disease prevention, diagnosis, treatment and management.</p>	<p>As noted above, obesity is a multifactorial disease requiring a multisectoral response. The 75th World Health Assembly adopted recommendations for the prevention and management of obesity over the life course in food, health and other systems. A75_REC1 Annex 14</p> <p>We therefore ask you to add point (viii) to reinforce that reducing overweight and obesity requires more than just reducing unhealthy diets and physical inactivity, as set out in the WHO obesity recommendations and Acceleration Plan to support implementation.</p>
<p>47. Strengthen and orientate health systems and social care policies and capacities to ensure UHC and support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course, including through: (i) expanding primary health and community-based services to improve</p>	<p>47. Strengthen and orientate health systems and social care policies and capacities to ensure UHC and support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course, including through: (i) expanding primary health and community-based services to improve</p>	<p>As noted above, obesity requires a multisectoral response, including in health systems. The 75th World Health Assembly adopted recommendations for the prevention and management of obesity over the life course, including obesity prevention and management in the primary care package. A75_REC1 Annex 14</p> <p>We therefore ask you to add obesity to the list of major NCDs to be addressed in primary healthcare, and</p>

<p>prevention, screening, diagnosis, treatment, referral pathways, and follow-up for hypertension, diabetes, cancers, chronic kidney disease, anxiety, depression, oral diseases, and other common noncommunicable diseases and mental health conditions; (ii) integrating prevention, screening, diagnosis, rehabilitation and long-term care into existing programmes for communicable diseases, maternal and child health, and sexual and reproductive health programmes; (iii) integrating, as appropriate, responses to noncommunicable diseases and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with the highest prevalence rates, taking into account their linkages; (iv) shifting mental health care and resources from specialized institutions to general health care services delivered in community-based settings; and (v) ensuring access to care for people in humanitarian settings and ensuring continuity of care for people during emergencies and prolonged movement;</p>	<p>prevention, screening, diagnosis, treatment, referral pathways, and follow-up for hypertension, obesity, diabetes, cancers, chronic kidney disease, anxiety, depression, oral diseases, and other common noncommunicable diseases and mental health conditions; (ii) integrating prevention, screening, diagnosis, rehabilitation and long-term care into existing programmes for communicable diseases, maternal and child health, and sexual and reproductive health programmes; (iii) integrating, as appropriate, responses to noncommunicable diseases and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with the highest prevalence rates, taking into account their linkages; (iv) shifting mental health care and resources from specialized institutions to general health care services delivered in community-based settings; and (v) ensuring access to care for people in humanitarian settings and ensuring continuity of care for people during emergencies and prolonged movement;</p>	<p>footnote referencing the WHO Recommendations and Acceleration Plan.</p>
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