

Addressing the Rising Burden of Non-communicable Diseases in the Commonwealth

A Youth-focused Guiding Framework
for Physical Inactivity and Unhealthy Diets

Full report



The Commonwealth



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Foreword



The Commonwealth family is well positioned to provide leadership and to act as a global and regional catalyst for pulling together major stakeholders involved in the fight against Non-communicable Diseases (NCDs). We require all of us, to address the underlying socio-economic factors driving NCD challenges. Our new Commonwealth youth-focused guiding framework will support our member countries in the fight to tackle the root causes of NCDs.

NCDs, including heart disease, stroke, cancer, diabetes and chronic lung disease, account for over 70 per cent of all deaths among people aged 30–69, with 50 per cent of those deaths occurring in Commonwealth countries (WHO 2023a).

They are primarily attributed to underlying modifiable risk factors such as unhealthy diets and physical inactivity that often emerge in childhood and adolescence, affecting our young people who account for 60 per cent of the Commonwealth's population. It is hard to believe, for example, that 80 per cent of the adolescent population are insufficiently physically active (WHO 2022a), or that over 8 million deaths worldwide every year are caused by unhealthy diets (GBD 2019 Risk Factors Collaborators 2020).

Unfortunately, like many other aspects of life, the rising burden of NCDs and their risk factors is an issue of deep inequity. Small Island Development States are especially affected by NCDs, with unacceptably high rates of morbidity and mortality. So too, is the diversity of investment in NCD policies, plans and programmes.

At the UN High Level Meeting on Universal Health Coverage in September 2023, Heads of Government committed to strengthening efforts to address NCDs. During the 2022 Commonwealth Heads of Government Meeting in Kigali, Commonwealth leaders made a commitment to take bold multisectoral and co-ordinated action.

With the development of this guiding framework, the Commonwealth Secretariat joins other global agencies in the fight to tackle the root causes of NCDs, which is now more urgent than ever. This framework will address the rising burden of insufficient physical activity and unhealthy diets through a whole-of-system, youth-focused approach, ensuring that positive lifestyle behaviours are embedded in NCD prevention early in life while also reinforcing political commitment. The framework draws from the WHO Global Action Plan for the Prevention and Control of NCDs (2013–2030) and the WHO NCD 'best buys'.

I have to emphasise here that this guiding framework does not just belong to the Commonwealth Secretariat. Rather, it belongs to all of us, and to all those who wish to address NCD risk factors through a young person's lens, as our future leaders were actively involved in ensuring that interventions formulated in this framework are aligned with their perspectives on what NCD behavioural risks among adolescents should be addressed. This framework will utilise the powerful voice and momentum of young people to accelerate the implementation of the WHO Global Action Plan for the Prevention and Control of NCDs (2013–2030).

Let's join forces with our youths and defeat NCDs in the Commonwealth!

The Rt Hon. Patricia Scotland KC

Secretary-General of the Commonwealth

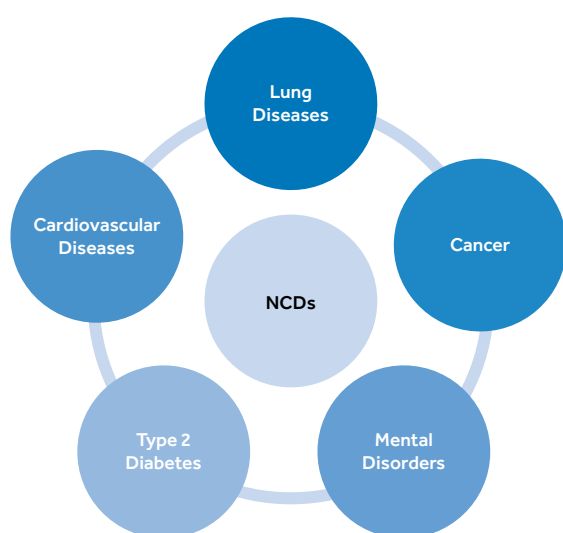
Acronyms and Abbreviations

| | |
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| CABOS | Commonwealth Advisory Body on Sport |
| CACH | Commonwealth Advisory Committee on Health |
| CARICOM | Caribbean Community |
| CHOGM | Commonwealth Heads of Government Meeting |
| CHMM | Commonwealth Health Ministers Meeting |
| CoL | Commonwealth of Learning |
| CSO | civil society organisation |
| CYHN | Commonwealth Youth Health Network |
| DALYs | disability-adjusted life-years |
| GDP | gross domestic product |
| MOU | memorandum of understanding |
| NCDs | non-communicable diseases |
| NGO | non-governmental organisation |
| NODs | national NCD directors |
| SDGs | Sustainable Development Goals |
| SIDS | small island developing states |
| UNESCO | UN Educational, Scientific and Cultural Organization |
| WHO | World Health Organization |

Executive Summary

Non-communicable diseases (NCDs) are collectively responsible for the deaths of 41 million people per year, accounting for 74 per cent of deaths worldwide. Each year, 17 million people die from an NCD before the age of 70 (WHO 2023a). Almost 50 per cent of these deaths occur in Commonwealth countries. The Commonwealth is therefore disproportionately affected by premature, preventable deaths due to NCDs, which in turn have a profound impact on economic prosperity and are a major threat to sustainable development.

Figure 1 The five main groups of non-communicable diseases



This impact is felt most acutely in the world's small island developing states (SIDS), of which 33 out of 42 are Commonwealth member countries. The Commonwealth's SIDS have some of the world's highest rates of diabetes and obesity.

These diseases are driven by modifiable risk factors such as tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol and air pollution (NCD Alliance 2023), yet astonishingly, an estimated 80 per cent of NCDs are preventable if these risk factors are well controlled. Extensive research has shown that NCDs are primarily attributed to underlying and modifiable risk factors that often emerge in childhood and adolescence. Unhealthy diets and insufficient physical activity are among the key risks for NCDs, such as diabetes, cancer,

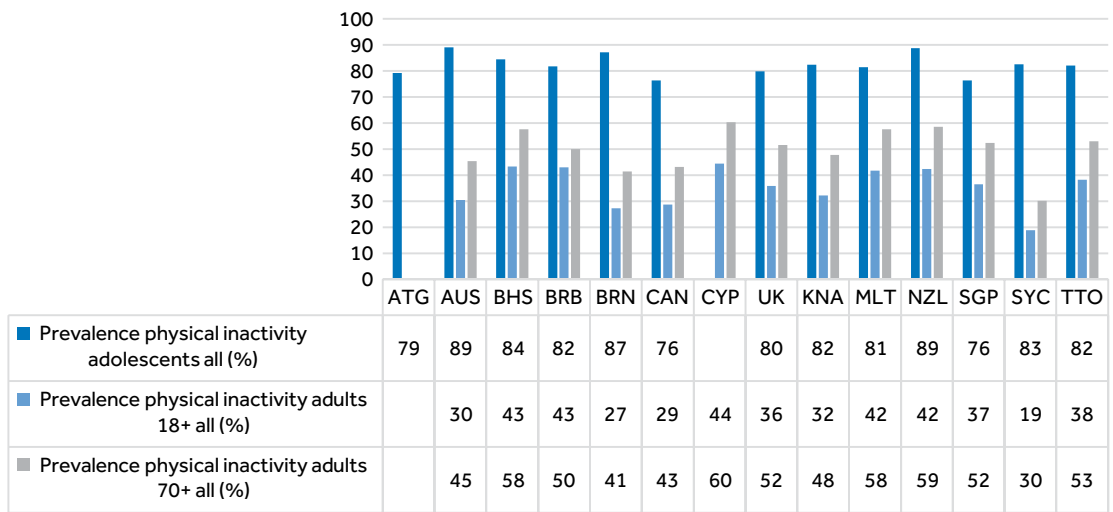
obesity, cardiovascular diseases, and oral diseases, and they are also leading global risks to health (Akseer et al. 2020).

Physical activity has significant health benefits for mental health and physical health, including the cardiovascular, mind and musculoskeletal systems. In the area of mental health, regular physical activity can enhance thinking, learning and judgment skills, and it ensures healthy growth and development in young people. People who are insufficiently active have an increased risk of non-communicable diseases and increased risk of all-cause mortality compared to people who are sufficiently active. Yet, one in four men and one in three women do not meet the World Health Organization (WHO) recommended levels of physical activity. Even more alarmingly, more than 80 per cent of the world's adolescent population are insufficiently physically active. Studies show that physical inactivity is the fourth leading risk factor for non-communicable disease worldwide and is estimated to cause between 3.2 and 5 million deaths globally per year (WHO 2022a).

On the other hand, unhealthy diets account for over 8 million deaths worldwide every year (GBD 2019 Risk Factors Collaborators 2020). A healthy diet fosters healthy growth and improves cognitive development and may have longer-term health benefits such as reducing the risk of becoming overweight or obese, developing other diet-related NCDs later in life (WHO 2020a) and promoting oral health. Worldwide data shows that obesity has nearly tripled since 1975, with more than 340 million children and adolescents aged 5–19 being overweight or obese in 2016 (WHO 2021).

There is huge value in investing in NCD prevention and control as this can not only improve health and save lives, but there is also a spillover in terms of improved economic productivity. The 2018 WHO report *Saving lives, spending less* showed that countries and donors could save millions of lives lost to NCDs through cost-effective interventions. For each dollar invested in these interventions, a return of up to US\$7 could be generated through reduced health costs and improved productivity (WHO 2018a).

Figure 2 Prevalence of physical inactivity in Commonwealth high-income countries, 2016



Source: WHO Global Status Report on Physical Activity 2022 (WHO 2022i)

Note: ATG: Antigua and Barbuda; AUS: Australia; BHS: The Bahamas; BRN: Brunei Darussalam; CAN: Canada; CYP: Cyprus; UK: United Kingdom; KNA: Saint Kitts and Nevis; MLT: Malta; NZL: New Zealand; SGP: Singapore; SYC: Seychelles; TTO: Trinidad and Tobago

There have been underutilised opportunities to address the current and future burden of NCDs among children and adolescents through interventions designed by and for this key audience. With the growing burden of NCDs threatening national economic and social development in many Commonwealth member countries, young people must be engaged in more innovative ways to provide solutions to the NCD crisis, particularly in addressing modifiable risk factors through the application of behavioural science and the development and implementation of health policies to build health-enabling environments.

As such, the guiding principle at the heart of this framework is centred on young people, defined by the Commonwealth as those between the ages of 15 and 29 years old, who represent more than 60 per cent of the 2.5 billion people living in the Commonwealth. Young people have been actively engaged in ensuring that interventions formulated are aligned with their perspectives on how NCD behavioural risk factors should be addressed. They have been engaged as main stakeholders and have provided a wider perspective in terms of policy and guidelines, research and data generation, community engagement, and networking and partnership.

'The Education Ministry should make physical activity an integral part of the school system so that right from school, children are made aware.'

Youth Participant from The Gambia

The framework will utilise the powerful voice and momentum of young people to accelerate the implementation of the WHO 'Global action plan for NCDs'. This large youth population is particularly vulnerable to premature deaths relating to NCDs, as we know that two-thirds of premature deaths in adults are caused by risk factors and habits that were developed during the adolescent years, before the age of 19. Addressing the needs and voices of young people also aligns with recommendation R9, from the report of the mid-term evaluation of the 'Global NCD action plan': 'Member States and WHO Secretariat to increase their focus on how NCDs differentially affect different groups including children, youth, disabled people, people living with HIV, older persons, indigenous peoples, refugees, internally displaced persons and migrants, as specified in the 2030 Agenda for Sustainable Development'. This NCD Guiding Framework aims to help countries make progress towards the Sustainable Development Goals (SDGs), including those to achieve good health and well-being, quality education, gender equality, decent work and

economic growth, reduced inequality, sustainable cities and economies, climate action, and peace, justice and strong institutions.

Drawing from the WHO 'Global action plan for the prevention and control of NCDs (2013–2030)' and the WHO NCD 'best buys' (Ibid.), the framework has laid out programmatic intervention areas through which the Secretariat intends to work using a whole-of-society approach. Many of the risk factors influencing NCDs go beyond the health sector, so action is required across government with the engagement of high-level leadership, parliamentarians, civil society, and the relevant private sector.

The Commonwealth Secretariat has a unique power and capability to hold high-level political and multisectoral ministerial meetings beyond ministries of health, including those for sport, youth, education, law, gender and women, consumer affairs, food, agriculture, finance, and families. Furthermore, there are other organisations with similarly powerful platforms across the Commonwealth family such as the Commonwealth Games Federation, the Commonwealth Foundation, Commonwealth professional organisations, civil society, parliamentarians' groups, business group forums, professional organisation forums and youth forums. With this high-level convening power involving sectors beyond health, the Commonwealth can potentially offer the needed technical support for countries to develop multisectoral NCD policies and legislations.

During the conceptualisation of this youth focused framework, the Commonwealth Secretariat engaged the support of the Commonwealth Youth Health Network (CYHN) to help co-design the approach and implementation of the Guiding Framework. CYHN is a youth-led network that partners with the Commonwealth Secretariat and the 56 Commonwealth member countries in achieving health-related development goals, with a particular focus on the needs of adolescents and young people. CYHN conducted a comprehensive online survey to provide a baseline of young people's understanding of NCDs and their needs and also explored youth-sensitive solutions to tackle the rising burden of NCDs in the Commonwealth.

'Many countries in the Commonwealth still have outdated legislation on mental health that reinforces discrimination, doesn't support access to care, and doesn't make specific provisions for the needs of children and young people.'

Youth participant from India

With its embedded theory of change, targeting healthy behaviour among young people and healthy enabling environments, it will also serve as a practical guide for Commonwealth countries and an accountability mechanism to monitor and accelerate progress in the reduction of unhealthy diets and physical inactivity building on the opportunities and specifically targeting the challenges in Commonwealth countries through a youth lens.

1. About the Guiding Framework

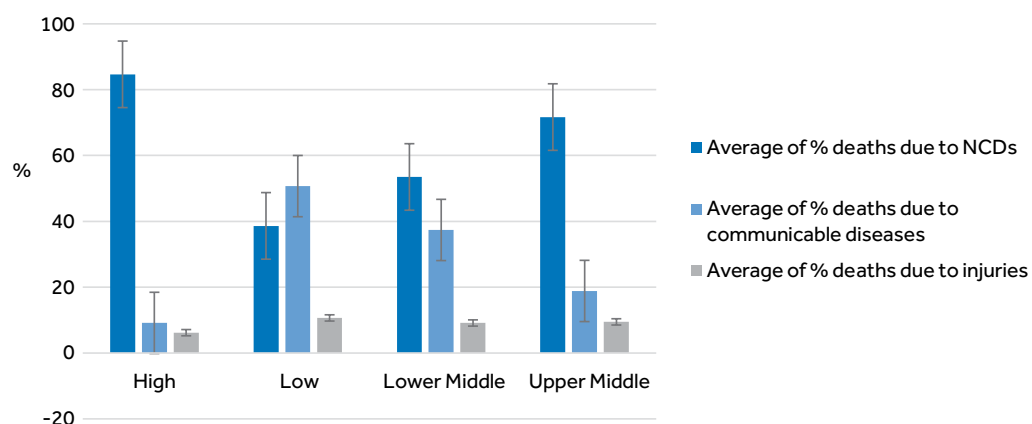
1.1 The current situation

Non-communicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for the deaths of 41 million people per year – that is, 74 per cent of deaths worldwide (WHO 2023a). The burden of NCDs is not equitable in the world or across the Commonwealth. Of those 41 million annual deaths globally, premature mortality (that is, the deaths of people aged between 30 and 69) makes up 25 per cent of deaths in high-income countries. However, almost 50 per cent of these deaths occur in Commonwealth countries. This impact is felt most acutely in the world's small island developing states (SIDS), of which 33 out of 42 are Commonwealth member countries. The Commonwealth's SIDS have some of the world's highest rates of diabetes and obesity, which are key risk factors for cardiovascular diseases. The Commonwealth is, therefore, disproportionately affected by premature, preventable deaths due to NCDs, which in turn have a profound impact on the prevalence of mental health issues and on economic prosperity and are a major threat to sustainable development. If these diseases are not prevented or effectively controlled, there will be dire repercussions on healthcare costs and labour productivity.

Research findings highlighted that the four most prevalent NCDs, along with mental health, would pose accumulative global economic losses of 47 trillion US dollars (US\$) by 2030, approximately 75 per cent of global gross domestic product (GDP) (Kazibwe et al. 2021). The economic burden of NCDs also goes beyond the direct cost of care. The indirect costs of disease, especially in developing countries, could form a significant portion of total costs. The economic burden of diabetes and hypertension in the Caribbean Community and Common Market (CARICOM) countries is estimated to be 8 per cent of GDP in Trinidad and Tobago, 1.36 per cent in The Bahamas, while in Trinidad and Tobago, NCDs accounted for 53 per cent of hospital admissions between 2010 and 2015 (Abdulkadri et al. 2021).

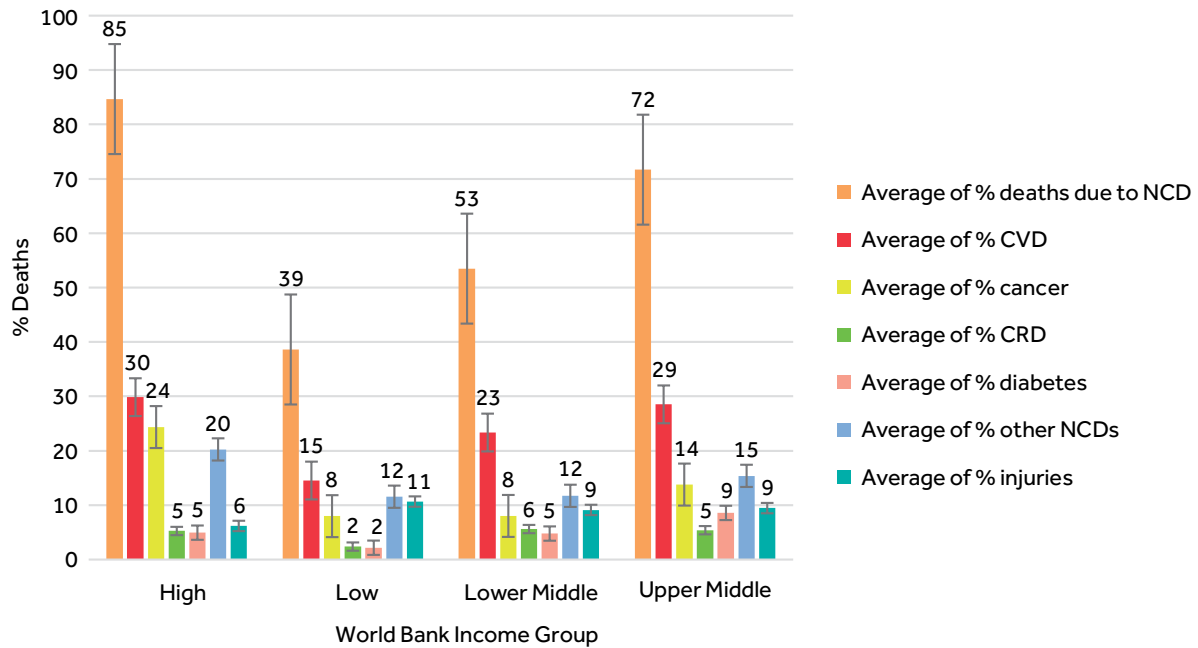
In the sub-Saharan African region, where many Commonwealth countries are located, an increasing incidence of cardiovascular risk factors – such as unhealthy diets, reduced physical activity, hypertension, obesity, diabetes, dyslipidaemia, oral diseases and air pollution – have been seen (WHO 2014). NCDs are set to overtake communicable, maternal, neonatal and nutritional (CMNN) diseases combined as the leading cause of mortality in sub-Saharan Africa by 2030 (Beaglehole et al. 2011).

Figure 1.1 Percentage (%) of deaths due to communicable and non-communicable diseases and injuries in the Commonwealth region, 2019



Source: Global Burden of Disease Database 2019. (Institute for Health Metrics and Evaluation, 2019).

Figure 1.2 Burden of NCDs in Commonwealth countries by World Bank income group, 2019



Source: Global Burden of Disease Database 2019. (Institute for Health Metrics and Evaluation, 2019)
 Note: NCD: Non-communicable diseases; CRD: chronic respiratory diseases; CVD: cardiovascular disease.

The *Lancet Global Health*, Hebe Gouda and colleagues (2019) present an in-depth analysis of the disability burden of NCDs in sub-Saharan Africa from 1990 to 2017. Their study reveals a substantial increase in disability-adjusted life-years (DALYs) due to NCDs in sub-Saharan Africa, from 90.6 million (95 per cent uncertainty interval 81.0–101.9) DALYs in 1990 to 151.3 million (133.4–171.8) DALYs in 2017.

If investment is made on cost-effective WHO NCD 'best buys', according to the WHO report on *Saving lives, spending less: a strategic response to NCDs*, there will be a return to society of at least US\$7 in increased employment, productivity, and longer life. In fact, for every US\$1 invested in each of the policy areas that the NCD Guiding Framework will address – that is, physical inactivity and unhealthy diets – there will be return on investment of US\$2.80 and US\$12.82 respectively (WHO 2018a).

1.2 The gap the framework will address

The 2021 mid-point evaluation findings of the implementation of the World Health Organization (WHO) 'Global action plan for the prevention and control of NCDs (2013–2020)' have highlighted key strategic areas of change if the world intends

to achieve the 2030 SDG targets (WHO 2020b). Gaps highlighted in the report included inadequate multisectoral engagement and a need to explore innovative and consistent approaches beyond health by engaging with relevant private sector, civil society, political and other diplomatic avenues. Further areas of work involved a need to identify specific barriers and risks that affect vulnerable groups like youth by focusing on health literacy and including mental health in the international non-communicable diseases (NCDs) agenda. To build further on this, the 2023 Bridgetown Declaration on NCDs and Mental Health has emphasized the importance of creating health-enabling environments and engaging communities at the grassroots level to foster behavioral changes necessary for combating noncommunicable disease

This Guiding Framework has focused on using these identified lessons and building on them using the comparative advantage within the Commonwealth Secretariat's existing platforms and frameworks. The framework has anchored itself on youth, a major focus within the Commonwealth, with young people also identified in the report as among the vulnerable groups that have not been represented well. The two modifiable risk behaviours, physical inactivity and an unhealthy diet, that have been identified in this framework

will utilise the power of the youth voice to demand policy change to better enable a whole-of-system approach to changing behaviour at a young age before unhealthy habits become embedded.

The Guiding Framework intends to leverage the Commonwealth's comparative advantage and not duplicate the work of others. It will build on and better utilise the advantage of our extensive knowledge and capacity across the 'Commonwealth family' of intergovernmental organisations including the Commonwealth Secretariat, the Commonwealth Local Government Forum, the Commonwealth Parliamentary Association, Commonwealth Foundation and the Commonwealth of Learning, in addition to our 56 nations and over 80 accredited Commonwealth organisations, including the Commonwealth Games Federation. It will use this expertise to accelerate and operationalise the multisectoral interventions under the WHO 'best buys' and other tools.

Given the variety of cultures and complex systematic barriers to changing healthy behaviours throughout the Commonwealth, this is an ambitious and demanding effort. NCDs need a multisectoral approach to stimulate sustained behaviour change employing an 'upstream' and 'downstream' entire systems approach.

This Guiding Framework intends to utilise the powerful voice and momentum of young people to accelerate the implementation. There is also a commitment to knowledge sharing and testing, learning, and evaluating what works and what doesn't, based on good practice and data from previous activities to address NCDs via behaviour modification approaches.

1.3 The goal

The goal is to support Commonwealth member countries in their efforts to address the rising burden of NCDs through designing and implementing more effective youth-focused strategies and interventions to reduce unhealthy diets and physical inactivity in Commonwealth countries. This work aims to help countries make progress towards the Sustainable Development Goals (SDGs), including those to achieve good health and well-being, quality education, gender equality, decent work and economic growth, reduced inequality, sustainable cities and economies, climate action, and peace, justice and strong institutions.

1.4 The scope

The framework provides overarching guiding principles and priorities on health promotion and disease prevention, as a key entry point to behavioural intervention during the early years of life. This is an area often receiving less attention and investment compared to diagnostics and treatment of NCDs.

The NCD Guiding Framework intends to highlight opportunities and demonstrate the added value of the Commonwealth's existing high-level political, multisectoral and collaborative platforms in combatting NCDs, leveraging these frameworks in partnership with national and international stakeholders, including multilateral agencies, donors, the private sector, civil society organisations, communities and other entities. The NCD Guiding Framework emphasises the need for co-ordinated planning to address the challenges faced by countries in addressing NCD risk factors, specifically focusing on promoting healthy diets and physical activity.

This framework acknowledges that there might be variations on how implementation of these suggested interventions across countries can take place but recognises that many of the policies governing how these interventions can be implemented lie with resolutions adopted by the World Health Assembly and the WHO 'best buys' and other global NCD initiatives.

1.5 The intended audience

The NCD Guiding Framework intends to support Commonwealth member countries in implementing effective policies and actions to reduce the burden of risk factors for NCDs and improve citizens' health and well-being. The framework is also intended to be used by the Commonwealth Secretariat and the broader 'Commonwealth family', alongside its partners who have a major interest in youth-related NCD interventions. The framework will also be beneficial to organisations and groups seeking to promote healthy diets and physical activity through a youth lens.

1.6 Vision

The vision of the NCD Guiding Framework is to stimulate the establishment of comprehensive, well-co-ordinated, integrated and sustainable NCD prevention and control policies and programmes that create supportive environment that empowers

young people to adopt healthy behaviours across Commonwealth countries that go beyond the health sector.

The framework will provide guidance on developing policies and strategies, implementing evidence-based youth-led interventions, fostering multisectoral collaboration, promoting health promotion and education, and mobilising resources for sustainable NCD prevention and control efforts in the Commonwealth.

The NCD Guiding Framework envisions a future where NCD prevention and control is addressed holistically, with an evidence-based and culturally sensitive approach, leading to positive health outcomes, reduced NCD-related morbidity and mortality, and improved health equity within and between Commonwealth countries.

1.7 Key objectives

The NCD Guiding Framework for addressing the rising burden of NCDs has the following key objectives:

- a. Reduce NCD-related morbidity and mortality:** Implement effective and sustainable interventions to reduce the prevalence and impact of NCDs, focusing on reducing risk factors such as unhealthy diets and physical inactivity.
- b. Promote healthy behaviours:** Raise awareness and promote behavioural changes that contribute to preventing and managing NCDs, with a particular emphasis on youth engagement and empowerment.
- c. Strengthen multisectoral and intersectoral collaboration:** Foster partnerships and engage stakeholders from diverse sectors, including health, education, sport, civil society, the private sector and government, to develop and implement comprehensive NCD policies and initiatives.
- d. Enhance capacity and knowledge sharing:** Strengthen national and regional capacity in NCD prevention, control and research by promoting and providing knowledge exchange, technical assistance and training opportunities among member countries.
- e. Integrate a gender perspective** into all aspects of the strategy, addressing the unique challenges and needs of all in relation to NCD prevention, treatment and support.
- f. Engage young people:** Empower and engage young people, while leveraging their voice as agents of change in reducing unhealthy diets and physical inactivity in the Commonwealth.

2. Commonwealth Position with the NCD Agenda

2.1 Commonwealth leadership

The Commonwealth Secretariat has a long history of 'leading the charge' for a world in which the burden of NCDs is reduced or removed. This history includes actions to convene key high-level meetings on the subject since 2007, and a consistent commitment to ensuring that NCDs, alongside universal health coverage, are permanent agenda items at Commonwealth Heads of Government Meetings (CHOGMs) and Commonwealth Health Ministers Meetings (CHMMs).

In 2009, at that year's CHOGM, the Commonwealth issued a statement on the growing burden of NCDs and called for a UN summit to address the rising burden. This led to a High-Level UN Political Declaration on NCDs capturing the Commonwealth's key priorities. Since then, the Commonwealth Secretariat has continued to use its unique convening position to facilitate partnerships, to share examples of good practice in response to this health crisis.

Non-communicable diseases have continued to be featured in several high-level meetings including meetings of Heads of Government and ministerial meetings. In 2018, the Heads of Government, in line with the UN High Level Meeting on NCDs, reiterated their call to address NCDs and recalled the 2011 resolution. In the same year, Commonwealth health ministers also focused their attention on NCDs and discussed various ways to enhance the global fight against NCDs in terms of raising awareness, mobilising resources and ensuring access to universal health coverage.

NCD commitments have been underscored in all subsequent CHOGM communications and health ministerial outcome statements, and other high level platforms, all emphasising a need to have multisectoral actions for addressing the common modifiable NCD risk factors, including tobacco

use, harmful use of alcohol, unhealthy diets and physical inactivity.

'We require multisectoral collaboration to address the underlying socio-economic factors driving NCD challenges. Nowhere is this clearer than in countries which are especially vulnerable to economic and commercial determinants of health. We must, therefore, engage with lawmakers, civil society, professional associations and people with lived experience to enact policies to help prevent NCDs. The Commonwealth family is well-positioned to provide leadership and to act as a global and regional catalyst for pulling together major stakeholders involved in the fight against NCDs including cancers.'

Rt Hon. Patricia Scotland KC

Secretary-General of the Commonwealth

The Secretariat has been championing activities and projects to support countries in addressing the rising burden of NCDs, including the ongoing technical capacity-building programme to support NCD legislative drafting in the CARICOM and Pacific countries; supporting mental health legislation in The Bahamas and mental health policies in Jamaica; the Commonwealth Moves project, an initiative that encourages individual and community ownership on addressing physical inactivity and NCDs; Commonwealth collective action on cervical cancer; and spearheading the fight against the commercial determinants of NCDs, which undermine national and global efforts.

The Secretariat has also been engaging youth in addressing NCD-related activities, including in areas around cervical cancer and mental health. With 2023 and 2024 being declared the Year of the Youth by Commonwealth Heads of Government, this NCD Guiding Framework will further ensure that youth voices are part of the long-term discussions for improving young people's health and well-being and will be part of sustainable and inclusive development.

2.2 Leveraging Commonwealth comparative advantage workstreams

The NCD Guiding Framework has considered existing NCD work being led by the Commonwealth Secretariat and other global partners, which includes high-level policy engagement, youth engagement, gender mainstreaming and legal components, while considering challenging country contexts. It has also taken account of the importance of addressing NCDs using an intersectoral approach beyond ministries of health, involving civil societies and ministries responsible for sport, youth, education, gender and women, law, the environment, climate, consumer affairs, food, agriculture, finance, families and urban planning, among many others.

The NCD Guiding Framework makes no claim to be complete for these fields of work and emphasises strengthening collaborations with other frameworks within WHO, the UN Educational, Scientific and Cultural Organisation (UNESCO) and other international organisations in a co-ordinated approach, leveraging resources to make them go further and avoid duplication of efforts.

The Commonwealth Secretariat will leverage its comparative advantage, which includes its ability to hold high-level political and convening platforms, high-level multisectoral ministerial meetings, and other of the Commonwealth family's unique platforms – like the Commonwealth Games, the Commonwealth Foundation, Commonwealth professional organisations, parliamentarians' groups, business group forums, professional organisation forums and youth forums. It is expected that through this existing framework and the work led by the Commonwealth Secretariat, in partnership with other global stakeholders and regional organisations, countries will be assisted in developing more robust NCD prevention policies that address young people, while also promoting inclusivity and resilience within communities most at risk from NCDs.

This NCD Guiding Framework has young people at its centre. This is in recognition of the role of young people as the key target group to address NCD prevention activities, as well as their powerful role as agents of change to champion NCD prevention interventions early in life and create demand for action. During the conceptualisation of the framework, the Secretariat engaged the support of the Commonwealth Youth Health Network

(CYHN) to help co-design the approach and implementation of the NCD Guiding Framework. Annex 1 presents a detailed summary of key findings from the youth consultation activities.

'Young people bring immense value to strategy development and decision-making processes. Participatory methods guided by meaningful youth engagement principles present greater opportunities for sustained youth interest and engagement in NCD policy-making and implementation.'

Lucy Fagan

Chair, Commonwealth Youth Health Network

From the results of the consultation, it was apparent that young people are significantly affected by NCDs, with at least 90 per cent of respondents to the survey confirming that they had been affected by NCDs or knew a family member that had been affected. There was a strong need expressed for NCD prevention interventions to be youth focused in their design. Therefore, young people must be fully engaged in the NCD response and also take the lead in policy dialogues and implementation. This will empower them to demand and influence policies that will have a direct impact on their health and well-being and that of future generations. Young people also expressed a need to address cultural barriers for accessing safe and good quality physical activity, including increasing opportunities for active lifestyle initiatives and facilities for sports that are both gender and culture sensitive.

Regarding healthy diets, while acknowledging challenges associated with advertisements and other related factors – such commercial determinants of health that have an impact on their capacity to choose a healthier diet – young people called for the need to ensure they have access to health information, especially on healthy living, and the creation of a healthier environment to increase access to healthier diets and to support sustainable living. Other major health challenges noted by youth included the rising burden of mental health conditions linked with misuse of substances such as drugs and alcohol. They called for more support around mental health, including promoting access to youth-friendly psycho-social support facilities in schools, universities, workplaces and communities.

Based on findings from the youth engagement, the NCD Guiding Framework has been framed to address the key focus areas identified for

behavioural change among young people, while also acknowledging some findings from the mid-point evaluation of the implementation of the WHO 'Global action plan for the prevention and control of NCDs (2013–2020)'. The focus is especially on the need to engage widely with diverse groups, including vulnerable groups like young people, and the need to have wider health literacy both for NCD prevention and management (WHO 2020b). The NCD Guiding Framework has therefore repackaged these areas together with a focus on creating awareness of physical activity and its benefits to mental health beyond traditional methods; and on promoting its inclusion in schools and communities. Additionally, it focuses on healthy eating habits and the provision of resources and incentives to make healthy food choices more accessible.

The framework outlines several interrelated workstreams and goals, which are underpinned by youth-led action as well as 'upstream' and 'downstream' interventions.

- **Workstream 1** focuses on 'upstream' interventions, including providing a conducive policy and legal environment, advocacy, governance, and accountability. The aim is to create a stronger enabling environment for preventing NCDs through intersectoral policies, technical assistance, policy dialogues, and monitoring and evaluation.
- **Workstream 2** emphasises 'downstream' interventions, with the community (including youth) leading and designing initiatives that promote healthy diets and increase engagement in physical activity and sport; examples of initiatives might include 'healthy schools', 'healthy workplaces' and 'healthy communities'. This workstream also involves promoting engagement with civil society organisations, identifying and deploying youth advocacy champions, and involving those with lived experience of NCDs.
- **Workstream 3** emphasises the importance of knowledge sharing and technical capacity building through networks, partnerships and collaboration with partners to ensure there is greater capacity at all levels of the system. This workstream will leverage the Commonwealth's experience and strength in convening high-level political meetings and better utilise the advantage of the Commonwealth's extensive knowledge

and capacity across the 'Commonwealth family' of intergovernmental organisations, including the Commonwealth Secretariat, the Commonwealth Foundation and the Commonwealth of Learning, in addition to the 56 nations, more than 80 accredited Commonwealth organisations and Commonwealth forums.

It is expected that through these workstreams, the framework will harness capabilities across the Commonwealth to support member countries in delivering interventions that will reduce the rising burden of NCD risk factors, while aligning with global health strategies to utilise the tried and tested tools and resources already available to achieve better health outcomes for their populations. The Commonwealth Secretariat will leverage its existing framework and maximise the combined impact of its investments, its innovation, and its network in convening high-level political meetings to achieve the following. It will:

- empower and engage youth as agents of change in addressing NCD risk factors
- advocate for multisectoral interventions and policy change, while raising awareness of the prevalence and impact of NCDs at all levels of the system
- utilise tried and tested tools and learn from best practice interventions to address commercial and social determinants of health-related to NCDs
- encourage stronger multisectoral partnerships and intersectoral conversations across all sectors of influence
- strengthen and improve the use of data and evidence as a basis for NCD action.

2.3 Aligning with WHO NCD initiatives and other global NCD initiatives

The NCD Guiding Framework intends to facilitate the implementation of two reports: (1) the WHO 'Global action plan for the prevention and control of NCDs (2013–2030)', basing actions on the lessons found in the mid-point implementation (WHO 2020b); and (2) the WHO 'best buys', basing lessons on the implementation of the WHO NCD strategy (WHO 2017). The

Commonwealth Secretariat can build on some of the recommendations in the mid-point review, especially around promoting new and innovative multisectoral approaches and engagement beyond

health. The Commonwealth will provide a unique platform and act as a signpost to the already-existing resources on NCDs that are available across the globe and from regional bodies.

3. The 10 Key Principles of the NCD Guiding Framework

There is a set of 10 key principles that govern the NCD Guiding Framework and help ensure effective implementation. They are as follows.

1. Addressing the disparity in prioritisation:

NCDs are often overshadowed by communicable diseases in terms of attention and resources. The framework seeks to rectify this disparity by advocating for increased recognition and allocation of adequate resources to NCD prevention and control. By raising awareness about the burden of NCDs, including their risk factors and their impact on individuals, communities and economies, the framework aims to foster a shift in priorities towards addressing NCDs on par with communicable diseases.

2. Empowering young people and communities:

The involvement of young people and communities is crucial for designing and implementing effective NCD interventions. The framework recognises the limited engagement of young people and communities in NCD response at present and emphasises the need to empower and involve them more actively and more innovatively using the application of behavioural science. By engaging youth and communities, their perspectives, knowledge and skills can contribute to the design, development and implementation of tailored interventions that are culturally sensitive and contextually relevant, leading to sustainable NCD prevention and control programmes and lasting change. Empowerment at 'downstream' levels of the system can be the trigger for effective behaviour change in our young people that can be a safeguard against NCDs in the future.

3. Adopting a targeted and holistic approach to NCD shared risk factors:

The framework acknowledges the interconnection and shared underlying causes of NCDs. By addressing single risk factors in isolation, previous efforts have fallen short of achieving substantial

progress in NCD prevention and control. The framework advocates for a comprehensive, multisectoral approach that recognises the interdependencies between various risk factors and addresses the broader socio and commercial determinants of NCDs.

4. Promoting multisectoral collaboration:

Addressing NCDs requires a response that extends beyond the health sector alone. The framework acknowledges the capacity limitations in sectors beyond health and highlights the need for multisectoral collaboration. By fostering partnerships and collaboration between various sectors, including education, youth, sport, gender and civil society, the framework aims to leverage expertise, resources and knowledge from diverse sectors. This collaborative approach enhances the capacity to implement comprehensive NCD interventions and strengthens the overall response to NCDs.

5. Adopting equity and a gender-sensitive approach:

The framework must stimulate conditions and opportunities that are equal to all and reach the most vulnerable and marginalised members of society. Adopting a rights-based approach is essential to ensure interventions are reflective of local culture and traditions.

6. Clear, consistent, powerful and persuasive messaging:

Stronger arguments must be made by a range of trusted voices and amplified by local and national media to make the economic case for NCD prevention and demonstrate return on investment. NCD prevention must be seen as a critical form of investment to generate higher economic growth from a healthier population, with the redistribution of funding spent on the treatment of avoidable NCDs.

7. Ensuring enforceable policies:

Expressions of intent without enforceable policies have limited the impact of previous NCD-related efforts. The framework emphasises the

importance of translating policy intentions into enforceable measures. By advocating for the development and implementation of policies with clear enforcement mechanisms, the framework aims to enhance accountability and ensure the effective implementation of NCD-related policies at the national and regional levels.

- 8. Enhancing implementation and accountability:** The framework recognises the need for robust monitoring of implementation and the institute's accountability mechanisms to drive meaningful progress in NCD prevention and control. By strengthening accountability mechanisms, the framework seeks to close the gap between policy formulation and effective implementation, ensuring that actions align with the intended impact.
- 9. Utilising data and available tools at scale:** Despite the availability of evidence-

based tools and interventions for NCD prevention and control, their underutilisation has hampered progress. The framework underscores the importance of better utilising data to determine the most effective tools and interventions and then scaling up the use of these tools and interventions. By advocating for their widespread adoption and implementation, the framework aims to maximise the impact of data and evidence-based approaches in reducing the NCD risk factors and hence burden, leading to improved health outcomes.

- 10. Utilisation of new technologies:** The framework promotes the use of technology and innovation such as open data and artificial intelligence to continually improve the implementation mechanisms of the NCD Guiding Framework to bring about more effective solutions to the NCD crisis.

4. Theory of Change and Strategic Workstreams

A theory of change was developed to define priorities and identify solutions, including the added value of the Commonwealth in addressing the rising burden of NCDs. This theory of change was developed through engagement with key stakeholders and co-delivery partners, including young people and policy-makers.

The Commonwealth Secretariat intends to prioritise and advocate for interventions that will build an enabling and policy environment for sustained interventions that will lead to positive behavioural change on key risk factors, namely unhealthy diets and physical inactivity, while leveraging on identified gaps as documented in the 2021 mid-point evaluation on the WHO NCD 'Global action plan'. Within this framework, the Secretariat will take an integrated approach that specifically targets young people as agents of change, but also ensuring that the interventions reach throughout the lifecycle – including women and children and all those most vulnerable to NCDs. The Secretariat also underscores the importance of gender mainstreaming in its NCD response.

The Commonwealth Secretariat, as an influential intergovernmental organisation, will continue to use its high-level political convening power to mobilise technical resources to strengthen NCD responses with governments. It will also use innovative partnerships and close co-ordination with a wide variety of stakeholders, while ensuring alignment with global and regional initiatives. Through this NCD Guiding Framework, the Commonwealth Secretariat will support countries to implement relevant legal and institutional reforms to ensure inclusive and sustainable solutions are adopted, policies and programmes are implemented, and whole-of-system approaches are introduced to support healthy lifestyles among all segments of the population.

The Secretariat also notes that due to the Commonwealth's heterogeneity in terms of the implementation of best practices to address the rising NCD burden and the various levels of maturity of healthcare systems and socio-economic

development, it is imperative that results are documented, shared and showcased as lessons learned so that they can be replicated and scaled up across the Commonwealth to ensure progress in all its member countries.

The theory of change, shown in [Table 4.1](#), illustrates how and why the proposed workstream activities, outlined in Chapter 2 and led by the Commonwealth Secretariat, but in partnership with the 'Commonwealth family' and its partner stakeholders, will result in the outcomes or change that is needed at the country level. It describes the impact desired, the goals to be achieved and the work needed to achieve the goals. It also highlights that the whole approach is underpinned by a set of key assumptions for success that rely strongly on political will and the availability of minimum resources in-country and technical capacity to continue taking measures to address the underlying causes of NCDs through the institutionalisation of systems and processes. A critical area of investment is also in the monitoring and evaluation processes and collation of key statistics and research to inform implementation and measure progress.

Workstream 1: Strengthening NCD policy advocacy, governance and accountability

Rationale

NCDs pose a significant burden on the health and well-being of populations in Commonwealth countries. Strengthening the policy landscape is essential to effectively prevent and control NCDs, reduce their impact on individuals and communities, and improve overall health outcomes. This requires a comprehensive and co-ordinated response across multiple sectors beyond health, including sport, youth, education, gender and women, consumer affairs, food, agriculture, finance, families, and urban planning. Strengthening the policy landscape will enhance the alignment and integration of NCD prevention and

Table 4.1 Theory of change for the NCD Guiding Framework on prevention and control of NCDs in the Commonwealth

| THEORY OF CHANGE | |
|------------------------------|--|
| Impact | Long term: reduced incidence of NCDs in the Commonwealth area; immediate: increased capacity for prevention and control of NCDs through effective intersectoral and multisectoral action that reduces community exposure to NCD risk factors and promotes positive lifestyle choices |
| Goal | To embed positive lifestyle choices early in life; to promote inclusivity and resilience within communities; to reduce risks of NCDs by supporting member countries to tackle the root causes of NCDs through a preventative approach; to reduce exposure to NCD risk factors among citizens by creating a health-promoting environment through policies |
| Workstreams | Workstream 1: Policy and advocacy — to create an enabling policy environment and increased engagement of non-health sectors Workstream 2: Community engagement and empowerment for NCD prevention Workstream 3: Networks and partnerships |
| Outcome areas | Policy and advocacy Governance Accountability |
| Outcomes | Effective multisectoral policies for NCDs are in place and enforced; NCD 'best buys' are implemented (on diet, physical activity) Effective intersectoral programmes are in place; youth, the private sector, CSOs are sufficiently engaged; Commonwealth multisectoral commission established and functional Reduced disparities in NCD response in Commonwealth regions; timely NCD data are available and used in decision-making |
| Interventions and activities | Policy dialogues; multisectoral engagement; policy advocacy; technical assistance Intervention to create an enabling environment, e.g. health-promoting schools, workplaces and communities; educational campaigns on healthy diet, physical activity and well-being; health-promoting health facilities; meaningful engagement by patient groups Establish a M&E database for NCDs; create a regional roadmap for NCDs; produce a Commonwealth NCD report |
| Assumptions | Sufficient capacity of the Secretariat to co-ordinate implementation; political and institutional support of member countries; alignment with economic and political interests; strong ability to mobilise and engage with the private sector; strong co-ordination mechanisms with partners; both individual and environmental NCD risks are addressed; increased capacity for health promotion and prevention at healthcare facilities; strong linkages with the community |
| Inputs | Financial resources; training; human resources; infrastructure; policy guidelines; policy declarations; regional frameworks; technical guidelines; strategic partnerships |
| Stakeholders | Commonwealth Secretariat; governments; civil society organisations; bilateral and multilateral agencies; academic and research institutions; the private sector; communities |

control measures across sectors, ensuring policy coherence and maximising impact. It will also create an environment that supports the implementation of evidence-based practices, encourages innovation, and facilitates the mobilisation of resources for NCD prevention and control.

Studies have shown that the availability of policies and laws targeting NCD-related lifestyle and behavioural risk factors among adolescents varies substantially across regions. The 2016 Lancet Commission on Adolescent Health and Well-being recommended investment in dominant NCD-related health behaviours among adolescents as a means of preventing future disease development (Akseer et al. 2020). However, young people have not fully been engaged in the fight against NCDs. In a focus group discussion involving young people from the different Commonwealth regions, it was argued that the existing policy landscape for NCDs needed to be more youth and culturally sensitive and that policy recommendations should be tailored to local settings. It is imperative that young people are engaged throughout the process, from identification of the problems and opportunities through to policy formulations and implementation.

The Commonwealth Secretariat and its broader family of nations, including its accredited organisations, can offer a platform for strengthening the policy environment and also for increased youth engagement. They can do so through the following mechanisms.

- **Advocacy and convening power:** The Commonwealth's major strength is its ability to convene high-level meetings beyond health that have NCDs on the agenda. This has already happened at both the 10th Commonwealth Sports Ministers Meeting (CSMM) in Birmingham in July 2022 and the Commonwealth Education Ministerial Action Group (CEMAG) meeting in London in May 2023.
- **Utilisation of the broad 'Commonwealth family'** of 56 nations, and its sister organisation, the Commonwealth Foundation, and over 80 accredited organisations, including Commonwealth professional bodies and Commonwealth Parliamentary Association, the Commonwealth Local Government Forum, and the Commonwealth Youth Council and its 13 Commonwealth Youth Networks.
- **Technical expertise:** The Commonwealth's technical assistance support service provides funding to support countries with critical work such as drafting NCD legislation and robust NCD prevention policies (examples include work on developing NCD legislation in the Pacific region).
- **CHOGM deliberations with major initiatives and political guidance:** The 2022 CHOGM Kigali Declaration on Childcare and Protection Reform (Commonwealth 2022) laid down potential actions to better protect children and young people across the Commonwealth.
- **Ongoing joint work between the Commonwealth's Health and Trade teams** with a goal to leverage economies of scale for strategic areas like trans-fat elimination, which aims to explore innovations and translate them into approaches.
- **Knowledge sharing and management:** The Commonwealth facilitates sharing of good practices, taking advantage of Commonwealth diversity and developing regional public health goods. It also shares best practices into existing technical working groups of various disciplines.
- **Utilisation of the Commonwealth youth networks and youth platform** to engage and involve youth in decision-making for NCD risk factor control.

Workstream 2: Community and youth engagement and empowerment for NCD prevention

Rationale

Community engagement and empowerment are crucial components in addressing NCD risk factors effectively. First, 'downstream' interventions can create a stronger enabling environment by involving community health workers and volunteers, ensuring culturally appropriate, youth-led and targeted NCD prevention efforts. Second, supporting youth advocacy champions serves as inspiration for others, driving community engagement and promoting NCD prevention and control at the grassroots level.

Table 4.2 Workstream 1: Strategic goal, areas and objectives

| Strategic goal: Strengthen policy formulation, advocacy, governance and accountability for NCDs | |
|---|--|
| Strategic areas and objectives | |
| 1.1 Policy and advocacy | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Strengthen multisectoral policies to address physical inactivity and unhealthy diets through dedicated policies and legislations for health promoting cities and more suitable 'active' built environment: as well as policies aimed at addressing unhealthy diets, such as limiting the consumption of trans-fats, sugar-sweetened beverages and excess salt. 2. Hold relevant, specific high-level forums to advocate for policy reforms to address physical inactivity and unhealthy diets and promote women and girls' participation in physical activity, as well as sports. 3. Adopt policies promoting quality physical education in schools, incorporating NCD prevention in the school curriculum across relevant subjects to raise awareness and understanding of NCD risk factors and prevention strategies. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. High-level advocacy and convening: Support in providing required platforms to facilitate national, regional and policy dialogues and raise the agenda on multisectoral approach to NCD policies on physical activity and unhealthy diets. 2. Technical support: Provide technical and financial support in drafting appropriate NCD legislations and policies that align with WHO 'best buys', including those that consider conflict of interest. 3. Policy dialogue platform: Support in development of guiding policy briefs containing evidence and using existing channels to disseminate them during high-level ministerial and Heads of Government meetings. 4. Collaborating/engaging with policy-makers and advocacy groups: Partner to influence national and regional policies related to NCD prevention, ensuring that the education sector's efforts are aligned with broader public health goals. <p><i>How partners can work with the Secretariat</i></p> <ol style="list-style-type: none"> 1. Work with the Secretariat to develop the advocacy package and provide a forum for policy dialogues in various high-level meetings. 2. Anchor NCD and mental health policy dialogues in the existing advocacy plan/workplan/meetings. |
| | |

(Continued)

Table 4.2 Workstream 1: Strategic goal, areas and objectives

| Strategic goal: Strengthen policy formulation, advocacy, governance and accountability for NCDs | |
|---|---|
| Strategic areas and objectives | |
| 1.2 Governance | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Establish/strengthen a multisectoral working group on physical activity and diet within NCD prevention, ensuring a wider participation of key actors including civil society organisations (CSOs), youth, women and relevant private sector actors. 2. Establish/strengthen dialogue and collaboration with other key actors within the country, including CSOs and the private sector, to address physical inactivity and unhealthy diet. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Convening and advocacy: Establish a Commonwealth youth intersectoral working group for NCD prevention to ensure youth voices are captured in designing and implementing NCD policies at high levels. 2. Technical support: Support countries in strengthen multisectoral working groups for NCD prevention and control, including detailing and mapping modalities for multisectoral engagement and roles and responsibilities. 3. Policy dialogue and mechanism: Create a mechanism/develop a guiding tool to facilitate engagement with CSOs and other accredited Commonwealth organisations from the 'Commonwealth family' to support countries in implementation and advocacy for policy change. 4. Developing a mechanism/working tool to engage with Commonwealth business forums, the private sector and CSOs to support countries in adopting conducive policies and legislations. |
| 1.3 Accountability | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Strengthen the accountability mechanism to monitor progress on the reduction of the targeted NCD risk factors. 2. Ensure regular population data collection on physical activity and healthy diets to inform policy and provide feedback and accountability. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Technical support: <ul style="list-style-type: none"> • develop a Commonwealth-specific NCD baseline report, including key indicators to monitor and track progress with addressing key risk factors • produce a baseline report for physical activity indicators for the Commonwealth in partnership with WHO; and • develop a Commonwealth-specific NCD score card that defines the criteria and recognises ministerial efforts towards the 2030 SDGs, as well as tracking trends to prioritise focus countries for additional technical assistance. 2. Develop a Commonwealth roadmap to track progress. 3. Advocate for independent monitoring and reporting. |

Table 4.3 Workstream 2: Strategic goal, areas and objectives

| Strategic goal: Empower and enhance/strengthen community and youth engagement in addressing unhealthy diet and physical inactivity | |
|--|--|
| Strategic areas and objectives | |
| 2.1. Awareness raising | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Identify and cultivate national youth champions for physical activity and healthy diets to design, plan and facilitate community-based campaigns on NCD prevention. 2. Develop/update and implement strategies to increase dissemination of educational materials and resources using various channels and modalities. 3. Plan and implement community awareness events and workshops. 4. Promote school and community partnerships to create a seamless system for addressing NCD and mental health and well-being. 5. Empower and engage young women and girls to be part of decision-making in the prevention of unhealthy diets, by building their capacity in identifying harmful marketing practices and making healthy choices. 6. Enhance the dietary diversity of school adolescents through nutrition education programmes implemented in schools. 7. Technical: support platforms for knowledge exchange. 8. Conduct awareness campaigns on the physical activity, healthy diets and the promotion of oral health. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Work with Commonwealth partners like the Commonwealth Local Government Forum, Commonwealth Foundation and other accredited organisations to support countries in devising mechanisms for community engagement. 2. Work with partners to design a toolkit for engagement with communities to facilitate behavioural change. |
| 2.2 Enabling communities | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Conduct stakeholder and policy mapping to understand the context and inform engagement and communication strategies. This includes: <ul style="list-style-type: none"> • implementing downstream interventions targeting high-risk individuals • establishing community health worker programmes and training primary healthcare workers on screening, prevention and treatment • facilitating access to NCD screening and diagnostic services • improving identification and management of NCDs at the community level. 2. Increase community support for people living with NCDs. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Work with Commonwealth partners like the Commonwealth Local Government Forum, Commonwealth Foundation and other accredited organisations to support countries in devising mechanisms for community engagement. |

(Continued)

Table 4.3 Workstream 2: Strategic goal, areas and objectives

| Strategic goal: Empower and enhance/strengthen community and youth engagement in addressing unhealthy diet and physical inactivity | |
|--|---|
| Strategic areas and objectives | |
| 2.3 Multisectoral collaboration | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Establish partnerships with local non-governmental organisations (NGOs) and community-based organisations. This includes: <ul style="list-style-type: none"> • conducting joint advocacy campaigns and initiatives • involving civil society organisations in policy development and implementation • strengthening advocacy efforts for NCD prevention and control by collaborating with NGOs, CSOs, academia and the private sector • enhancing community engagement through collaborative activities and increase participation of women and girls in sports. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Work with Commonwealth partners like the Commonwealth Local Government Forum, Commonwealth Foundation and other accredited organisations to support countries in devising mechanisms for community engagement. |
| 2.4 Youth engagement | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Establish an NCD and mental health youth working group. <ul style="list-style-type: none"> • This includes: <ul style="list-style-type: none"> • building the capacity of youth advocates • building the capacity of female advocates. 2. Organise youth-focused NCD awareness campaigns and events. <ul style="list-style-type: none"> • This includes: <ul style="list-style-type: none"> • supporting youths and female NCD advocacy champions • amplifying youths and girls' voices in NCD prevention and control strategies • increasing participation of youths and women in shaping NCD-related policies and programmes. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Work with the Commonwealth Youth Council and other youth networks to support countries in devising a mechanism for youth engagement and inclusion of women and girls in NCD prevention. |

(Continued)

Table 4.3 Workstream 2: Strategic goal, areas and objectives

| Strategic goal: Empower and enhance/strengthen community and youth engagement in addressing unhealthy diet and physical inactivity | |
|--|---|
| Strategic areas and objectives | |
| 2.5 Stakeholder engagement | <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Partner with WHO and other partners to further establish new and innovative communication channels. 2. Foster engagement and sharing of best and innovative practices in relevant conferences and events. 3. Provide access to expertise, guidance and resources from global NCD networks. |
| 2.6 Enabling environment | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Incorporate and strengthen health-promoting initiatives in schools, such as incorporating health education, nutrition education and physical activity programmes that cover topics such as healthy lifestyles, mental health, healthy nutrition, and substance abuse prevention. This will promote health literacy and empower students to make informed decisions regarding their health. 2. Strengthen collaboration with employers to create supportive workplace environments accommodating the specific needs of male and female employees. 3. Promote healthy eating through community-based interventions while considering gender-specific barriers. 4. Improve healthy behaviours and practices within schools and workplaces by promoting school feeding initiatives, sporting events and by adopting policies aimed at promoting a healthy work environment. 5. Increase the availability, affordability and accessibility of healthy food options in the community and workplaces while considering gender-specific dietary requirements. 6. Provide continuous training and professional development opportunities for teachers to equip them with the knowledge and skills required to deliver effective health education and promote healthy behaviours among students. 7. Encourage and support initiatives to build well-equipped recreational facilities to promote physical activity in schools. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Provide a high-level platform for youth-led policy and inter-generational dialogues. 2. Work with the WHO's youth fora and networks and other partners to support countries and their youth focal points to influence NCD policy-makers, ensuring that they explicitly address gender disparities and mental health. |

Examples of such interventions are campaigns such as the 'Commonwealth Moves' or 'Caribbean Moves' campaigns, which provide a public-facing platform for a set of interventions, including promoting healthy schools, healthy workspaces and healthy diets. Campaigns provide opportunities for countries to adopt a 'whole of system' approach to providing comprehensive interventions for reducing NCD risk factors and aligning with global efforts in NCD prevention. Engaging with civil society organisations from across the Commonwealth and beyond will be important, as this allows countries to leverage their reach, expertise, networks and resources in advocating for policy changes at 'downstream' levels and providing support to affected individuals within communities.

The Commonwealth family of more than 80 accredited organisations specialising in thematic areas such as education, health, sport and young people, provides key opportunities to promote NCD prevention and strengthen community engagement efforts by accessing their knowledge and experience. Furthermore, it will always be critical for the Secretariat and Commonwealth member countries to connect and align with the NCD Alliance and WHO to ensure that community engagement activities are based on best practice, evidence and are aligned with global strategies.

One of the first steps in the implementation of the NCD Guiding Framework is creating and empowering an NCD youth working group to allow the Commonwealth to tap into the potential of young individuals in Commonwealth member countries who are disproportionately affected by NCDs, ensuring their perspectives and voices are heard in prevention efforts. Supporting youth advocacy champions serves as inspiration for others, driving community engagement and promoting NCD prevention and control at the grassroots, 'downstream' levels.

Overall, these community engagement and empowerment activities foster ownership, raise awareness and mobilise action within communities, leading to sustainable change and reducing the burden of NCDs.

Community engagement activities have been used in the past to convince decision-makers and relevant stakeholders to adopt appropriate prevention policies as part of their efforts to achieve universal health coverage (UHC) and address

financing gaps. Such was the case in Mexico in 2013, where CSOs partnered with academic institutions to gather and disseminate evidence on the economic benefits of approving a tax on sugary drinks, evidence that was used by the Ministry of Finance and Congress to approve and implement a tax from 2014 (Global Delivery Initiative 2018). Some other examples also include community engagement activities that have influenced policies in South Africa, Uganda and Zambia.

Engagement of the Commonwealth family of accredited organisations in the implementation of the NCD Guiding Framework strengthens the environment that can bring together relevant partners for unified action. Some examples include:

- **Advocacy and convening power:** The Commonwealth's strategic interactions at the ministerial level are already connecting with civil society within the health sector and beyond. For example, the Commonwealth Advisory Committee on Health (CACH) and the Commonwealth Advisory Body on Sport (CABOS) have members from CSOs, as well as other interministerial working groups.
- **Commonwealth networking and partnerships:** The Commonwealth Parliamentary Association, as well as the Commonwealth Local Government Forum and other Commonwealth accredited organisations beyond the Secretariat, can be better utilised to amplify the work in this NCD Guiding Framework. The focus here could also be through working more in alignment with the Commonwealth Foundation and Commonwealth Games Federation.
- **Knowledge management:** The Commonwealth facilitates sharing of good practices, taking advantage of its diversity and developing regional public goods that can provide evidence for community engagement activities and campaigns.
- **The existence of 13 different youth networks** across a range of thematic areas, including education, health and sport, provides significant opportunities to empower young people immediately to support the implementation of this NCD Guiding Framework. This engagement could be co-ordinated initially by the Commonwealth Health Youth Network, the Commonwealth

Table 4.4 Workstream 3: Strategic goal, areas and objectives

| Strategic goal: Strengthen networks, partnerships and capacity | |
|--|--|
| Strategic areas and objectives | |
| 3.1 Capacity building | <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Training and capacity building: Provide training and capacity-building programmes on NCD prevention and control, including mental health. 2. Collaborate with partners to leverage funding and expertise, such as mentorships for young people and other NCD and mental health advocates. 3. Work with the World Health Organization (WHO) to support countries that are utilising tools and resources provided by WHO. 4. Work with WHO to support countries in accessing training and learning resources from the WHO, the International Olympic Committee and the Commonwealth Education Hub. 5. Support countries through line ministries to build the capacity of schools and educational institutions to implement effective NCD prevention programmes, including by providing resources, guidelines and technical support. |
| 3.2 Network and partnerships | <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Work with the Commonwealth Games Federation, as well as the International Olympic Games Committee, and explore how physical activity and healthy diet programmes can be incorporated. Also increase female participation in these sporting events and identify champion figures as advocates. 2. Work with the UNESCO Fit for Life Initiative (UNESCO 2021) and leverage joint initiatives under the FIT for Life programme to provide in-country support. 3. Work with WHO and leverage joint initiatives for in-country support programmes (such as the WHO Package of Essential Non-communicable (PEN) disease interventions in primary healthcare settings, and the HEARTS technical Package for cardiovascular disease management.) |
| 3.3 Regional NCD initiatives | <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Provide technical assistance to countries in engaging in regional or global NCD initiatives. 2. Facilitate knowledge exchange and learning between countries. |

(Continued)

Table 4.4 Workstream 3: Strategic goal, areas and objectives

| Strategic goal: Strengthen networks, partnerships and capacity | |
|---|--|
| Strategic areas and objectives | |
| 3.4 Youth empowerment | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Develop and implement training programmes specifically targeted towards the empowerment of young people and women to be advocates for NCD prevention and control, including mental health. 2. Ensure youth programmes include adequate funding for research into behavioural intervention for NCD prevention and control. 3. Collect, analyse and share gender-disaggregated data on NCD prevalence, risk factors, mental health, mortality and morbidity. <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Work with WHO and other partners, including CYC and other youth-related associations. |
| 3.5 Common-wealth learning hub for national NCD directors (NODs) | <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Develop and maintain an online learning platform for NODs to access NCD-related resources and training materials. 2. Collaborate with NODs to identify their learning needs and tailor resources accordingly. 3. Utilise the Commonwealth Education Hub to disseminate NCD resources and training materials. |
| 3.6 Data | <p><i>How the Secretariat can offer support</i></p> <ol style="list-style-type: none"> 1. Work with WHO and other partners to analyse and synthesise WHO data, such as regional profiles and country profiles on NCDs. 2. Work with WHO and other partners to identify key trends and indicators to track NCD prevention and control. |
| 3.7 Dissemination | <p><i>Proposed intervention areas for consideration by member countries</i></p> <ol style="list-style-type: none"> 1. Organise regional forums to share NCD knowledge and best practices among member countries. 2. Organise regional networks to engage and empower young people to be agents of change in addressing NCD risk factors. 3. Publish NCD-related reports, including gender-disaggregated data and make them accessible through the website. |

Youth Sport for Development and Peace Network, and by the Youth NCD Working Group, once set up.

Workstream 3: Networks, partnerships, technical capacity and training

To implement more innovative and effective national NCD responses, there is a need to strengthen collaborations with partners across a range of networks. These collaborations, supported by technical assistance, will increase capacity in targeted areas in terms of funding, knowledge sharing and technical capability. It will be important for Commonwealth member countries and the Secretariat to further engage with UN agencies, academia, NGOs, philanthropic groups, the private sector, civil society, and people with lived experiences of NCDs and mental health conditions.

This NCD Guiding Framework will expand on ongoing collaborations with the UN Educational, Scientific and Cultural Organisation (UNESCO) and WHO, under memorandums of understanding (MOUs) that include dedicated actions relating to intersectoral approaches to tackling NCDs and collective approaches using all areas of comparative advantage. The Commonwealth Secretariat aims to strengthen networks, build partnerships, enhance capacity and promote knowledge sharing in the fight against NCDs.

The Secretariat will also use its unique position in advocating for physical activity and sport as a facilitator of better and more healthy lives and improved economic prosperity for Commonwealth residents.

Further, the Commonwealth can offer a more integrated platform to accelerate efforts for the prevention and control of NCDs. Some examples include the following.

- Through the Commonwealth of Learning (CoL), which can be used to provide a unique platform for knowledge sharing and collaboration among member countries. Leveraging the Commonwealth as a key partner in disseminating NCD-related knowledge and information will facilitate wider reach and accessibility. By utilising the Commonwealth Education Hub and other platforms, and organising regional forums, we can ensure that NCD resources, published reports, training materials, and best practices are shared effectively, enabling member countries to strengthen their NCD response efforts and promote collective action.
- By providing technical assistance and facilitating knowledge exchange, we can empower countries to actively participate in these initiatives and take more of a lead themselves. This will foster collaboration, promote cross-learning, and contribute to the development and implementation of effective NCD policies and programmes at the national, regional and global levels.
- By providing youth-focused training and capacity-building programmes, in collaboration with partners, and utilising WHO tools and resources, the technical capacity of individuals and organisations involved in NCD prevention and control can be enhanced.
- Analysing and synthesising WHO data on NCDs, such as regional profiles and country profiles, is essential for understanding the current NCD landscape. By identifying key trends and indicators, the Commonwealth can monitor progress, assess the effectiveness of interventions, and make informed decisions in NCD prevention and control. This data-driven approach will enable us to prioritise interventions, allocate resources efficiently and track the impact of our collective efforts.
- Through partnerships and networking. The Commonwealth's strategic interaction with many actors including CSOs and accredited organisations can offer an opportunity to further foster networking and collaboration.
- Through MOUs with WHO and UNESCO, which offer a good platform to enhance the translation and implementation of guidelines and policies. They also offer increased access to technical assistance and leverage resources for the prevention and control of NCDs in the region through a more co-ordinated approach.

5. Strategic Enablers

The successful implementation of the NCD Guiding Framework will depend on the translation of the objectives and work programmes contained within this framework into country-level strategies. At the Commonwealth Secretariat level, the implementation mechanism for the strategy includes both existing and new mechanisms to effectively address the challenges of NCDs within the Commonwealth.

Under the existing mechanisms, there are established platforms and partnerships that can be leveraged for NCD interventions. In the health and sport sectors, the Commonwealth Health Ministers Meeting (CHMM), the Commonwealth Sports Ministers Meeting (CSMM), the Commonwealth Advisory Committee for Health (CACH) and the Commonwealth Advisory Body on Sport (CABOS) provide key avenues for collaboration and exchange

Table 5.1 Existing and new mechanisms to implement the NCD Guiding Framework

| Theme | Existing mechanisms |
|----------------------------|--|
| Health | Commonwealth Health Ministers' Meeting (CHMM) |
| | Commonwealth Advisory Committee on Health (CACH) |
| | Memorandum of understanding (MoU) with the World Health Organization (WHO) |
| Sport | Commonwealth Sports Ministers Meeting (CSMM) |
| | Commonwealth Advisory Body on Sport (CABOS) |
| Youth | Commonwealth Youth Ministers Meeting (CYMM) |
| | Commonwealth Youth Health Network (CYHN) |
| | Commonwealth Youth Sport for Development and Peace Network (CYSDP) |
| Gender | Commonwealth Women's Affairs Ministers Meeting (WAMM) |
| | Commonwealth Women's Forum (CWF) |
| | Annual Commonwealth Consultation with National Women's Machineries |
| Commonwealth family | Commonwealth Foundation |
| | Commonwealth Games Federation |
| | Commonwealth Education Trust |
| | Commonwealth Association for Health and Disability |
| | Association of Paediatrics Gastroenterology and Nutrition |
| | Commonwealth Consortium for Education |
| | Commonwealth Council for Education Administration |
| | Council for Education in the Commonwealth |
| | Commonwealth Local Government Forum |
| | Commonwealth Medical Association |
| | Commonwealth Nurses and Midwives Federation |
| Others | Commonwealth Youth Intersectoral NCD Working Group |
| | Ministries: Health, Education, Youth, Sport, Gender |
| | Civil society |
| | Private sector |
| | UN agencies |
| | World Health Organization (WHO) |
| | Regional bodies |

of best practices. Additionally, the Commonwealth's memorandum of understanding with the WHO (WHO 2022b) strengthens the partnership and allows for technical support and knowledge sharing. Other potential mechanisms, including the Commonwealth Youth Ministers' Meeting (CYMM), the Commonwealth Youth Health Network and Commonwealth Youth Sport for Development and Peace (CYS DP), can also play a crucial role in engaging young people and promoting NCD prevention.

The two other intergovernmental Commonwealth organisations, the Commonwealth Foundation and the Commonwealth of Learning, as well as Commonwealth-accredited organisations, including the Local Government Forum, the Commonwealth Games Federation and others, across the thematic areas of health, education and sport, have a significant role in supporting NCD initiatives. They can provide funding, expertise and resources to implement programmes and projects aimed at addressing NCDs. Other organisations focusing on

health, education and local government are also valuable partners in this endeavour.

In addition to the existing mechanisms, new mechanisms are proposed to enhance the implementation of the strategy. The establishment of a Commonwealth youth intersectoral NCD working group will be a key step in fostering collaboration among ministries responsible for health, education, youth, sport and gender. This working group can facilitate joint efforts, knowledge exchange and co-ordinated actions to address NCDs.

By combining these existing mechanisms and introducing new partnerships, the strategy aims to create a comprehensive and co-ordinated approach to address NCDs within the Commonwealth. The collaboration of various sectors and organisations will facilitate the sharing of knowledge, resources and best practices, leading to more effective prevention, management and control of NCDs. The existing and new mechanisms are highlighted in [Table 5.1](#).

6. Monitoring and Evaluation

The Commonwealth Secretariat has developed a monitoring and evaluation system that comprises two entry points for evaluation. The first is via member country monitoring and evaluation and the second is via Commonwealth Secretariat monitoring and evaluation. The monitoring and evaluation system takes into account the established theory of change for the NCD Guiding Framework and recognises the broad spectrum of influencers that will all contribute to reducing the NCD burden across the Commonwealth. Whenever possible, monitoring and evaluation will utilise indicators from global, regional and national programmes where data are already being collected to avoid duplication. These include those indicators already established by WHO, but also others that are tracking progress towards the achievement of the Sustainable Development Goals.

6.1 Member country monitoring and evaluation

The implementation of the framework at country level will be monitored using a selection of NCD indicators from the WHO NCD Country Capacity Survey, the Global Health Observatory and the Commonwealth's Sport and SDG Indicators. The Commonwealth Secretariat has worked with WHO to agree on indicators that are most suitable to use for: (1) identifying a baseline data report for Commonwealth member countries; and (2) regularly monitoring and evaluating the

impact of this new framework. These indicators will be supplemented, if appropriate, by any other established national indicators developed by member countries.

6.2 Schedule of monitoring and evaluation

The schedule will be done annually, or according to the frequency of data collection by owners of the data, in collaboration with WHO and other partners. A Commonwealth-specific dashboard has already been set up to present health data from WHO and will be modified to accommodate this new information.

6.3 Commonwealth Secretariat programme monitoring and evaluation

The Commonwealth Secretariat already has a robust system of programme monitoring and evaluation, which will be extended to include the indicators identified in this new framework. These will be aligned to wider global indicators to track the Commonwealth Secretariat's contribution to the global targets to ensure overall alignment. Focus will be both at the country level, when targeted support is provided, but also at the pan- Commonwealth level to track how the Secretariat's convening powers and development of the NCD framework creates impact across the Commonwealth.

Table 6.1 Table of indicators

| Indicator area | Indicators selected |
|--|---|
| NCD mortality | <ul style="list-style-type: none"> • Probability of premature mortality from NCDs. • Percentage of total deaths due to NCDs. |
| NCD policy | <ul style="list-style-type: none"> • Percentage of countries with operational national NCD policy, strategy or action plan. • Percentage of countries with present and operational NCD multisectoral commission, agency or mechanism. |
| Physical activity-related policy actions | <ul style="list-style-type: none"> • Prevalence of adults (over 18 years of age) that do not meet physical activity recommendations (which, for adults, is at least 150 minutes of moderate-intensity aerobic physical activity; or at least 75 minutes of vigorous intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week). • The prevalence of adolescents (aged 11–17 years) who do not meet physical activity recommendations (which, for adolescents, is at least 60 minutes of moderate- to vigorous-intensity physical activity daily). • Percentage of countries that have implemented national community-wide public education and awareness campaigns on physical activity in the past two years. • Percentage of countries with operational national policy, strategy or action plan on physical activity. • Percentage of countries with national guidelines on physical inactivity in children aged under five years, adolescents, adults and older adults. • Percentage of countries with national target(s) for physical activity. • Percentage of countries that have conducted a recent (previous two years) population-based survey of participation in sport, fitness and/or recreation. • Percentage of countries with national policy on walking and/or cycling. |
| Unhealthy diets | <ul style="list-style-type: none"> • Percentage of countries implementing any policies to reduce salt/sodium consumption. • Percentage of countries implementing any national policies to reduce saturated fatty acid intake. • Percentage of countries implementing any national policies to eliminate industrially produced trans-fatty acids in the food supply. • Percentage of countries implementing any policies to reduce the impact on children of marketing of foods and non-alcoholic beverages high in saturated fatty acids, trans-fatty acids, free sugars or salt. • Percentage of countries with a policy, strategy or action plan for reducing unhealthy diet related to NCDs and/or promoting a healthy diet. • Percentage of countries implementing a fiscal intervention via taxes for sugar-sweetened beverages. • Percentage of countries implementing a fiscal intervention via taxes for foods high in fat, sugars or salt. • Percentage of countries implementing a fiscal intervention via price subsidies for health foods. • Percentage of countries implementing any policies on nutrition labelling to identify foods high in saturated fatty acids, trans-fatty acids, free sugars, or salt. |
| Digital health | <ul style="list-style-type: none"> • Percentage of countries applying mobile health (mHealth) for NCD prevention and NCD risk factors. |

References

- Abdulkadri, A et al. (2021), 'Addressing the adverse impacts of non-communicable diseases on the sustainable development of Caribbean countries', *ECLAC Series*, available at: <https://repositorio.cepal.org/server/api/core/bitstreams/66f1eaca-fa08-422b-bfc9-f43430bc9566/content> (accessed May 2023)
- Akseer, N et al. (2020), 'Non-communicable diseases among adolescents: current status, determinants, interventions and policies', *BMC Public Health*, Vol. 20 No. 1908, available at: www.bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09988-5
- Beaglehole, R, R Bonita, R Horton, C Adams, G Alleyne, P Asaria et al. (2011), 'Priority actions for the non-communicable disease crisis', *The Lancet*, Vol. 377 No. 9775, 1438–1447, available at: [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)60393-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60393-0/fulltext) (accessed April 2023)
- The Commonwealth (2022), 'Kigali Declaration on Child Care and Protection Reform', available at: <https://production-new-commonwealth-files.s3.eu-west-2.amazonaws.com/s3fs-public/2022-06/Kigali%20Declaration%20on%20Child%20Care%20and%20Protection%20Reform.pdf> (accessed January 2024)
- GBD 2019 Risk Factors Collaborators (2020), 'Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019', *The Lancet*, Vol. 396 No. 10258, 1223–1249, available at: [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30752-2/fulltext#%20](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30752-2/fulltext#%20) (accessed April 2023)
- Global Delivery Initiative (2018), 'Using Sugar-Sweetened Beverage Taxes and Advertising Regulations to Combat Obesity in Mexico', available at: www.effectivecooperation.org/system/files/2021-06/GDI_Case_Study_Combatting_Obesity_in_Mexico.pdf (accessed May 2023)
- Gouda, H N, F Charlson, K Sorsdahl, S Ahmadzada, A J Ferrari, H Erskine, J Leung et al. (2019), 'Burden of non-communicable diseases in sub-Saharan Africa', *The Lancet Global Health*, Vol 7 No. 10: E1375–E1387, available at: [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30374-2/fulltext#%20](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30374-2/fulltext#%20) (accessed January 2024)
- Institute for Health Metrics and Evaluation (2019), *Global Burden of Disease Database 2019*, available at: VizHub - GBD Results (healthdata.org) (accessed September 2023).
- Kazibwe, J, P Bich Tran and K S Annerstedt (2021), 'The household financial burden of non-communicable diseases in low- and middle-income countries: a systematic review', *Journal of Health Research and Policy Systems*, Vol 19 No.96, available at: <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-021-00732-y> (accessed May 2023)
- NCD Alliance (2023), 'Why NCDs?', available at: www.ncdalliance.org/why-ncds (accessed May 2023)
- United Nations (2023), 'Our Common Agenda Policy Brief 3: Meaningful Youth Engagement in Policymaking and Decision-Making Process', available at our-common-agenda-policy-brief-youth-engagement-en.pdf (un.org) (accessed January 2024)
- United Nations Educational, Scientific and Cultural Organization (UNESCO) (2021, December 2) 'Fit for Life: UNESCO launches its new sport initiative', news release, available at: <https://www.unesco.org/en/articles/fit-life-unesco-launches-its-new-sport-initiative>
- World Health Organization (WHO) (2013), Global action plan for the prevention and control of noncommunicable diseases 2013–2020, available at: www.who.int/publications/i/item/9789241506236 (accessed April 2023)
- WHO (2014), 'WHO Regional Office of Africa – Noncommunicable diseases', available at: www.afro.who.int/health-topics/noncommunicable-diseases (accessed April 2023)
- WHO (2015), *Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level: report of a technical consultation convened in Geneva, Switzerland, on 8–9 October 2015*, available at: www.who.int/publications/i/item/9789241516105 (accessed April 2023)
- WHO (2017), *Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases*, available at:

www.who.int/publications/i/item/WHO-NMH-NVI-17.9 (accessed April 2023)

WHO (2018a), 'Saving lives, spending less: A strategic response to noncommunicable diseases', available at: www.who.int/publications/i/item/WHO-NMH-NVI-18.8 (accessed May 2023)

WHO (2018b), *Global action plan on physical activity 2018–2030: More active people for a healthier world*, available at: <https://www.who.int/publications/i/item/9789241514187> (accessed May 2023)

WHO (2018c), 'ACTIVE: a technical package for increasing physical activity', available at: www.who.int/publications/i/item/9789241514804 (accessed April 2023)

WHO (2020a), 'Healthy Diet – Key Facts', available at: www.who.int/news-room/fact-sheets/detail/healthy-diet (accessed May 2023)

WHO (2020b), *Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (NCD-GAP): Volume 1: Report*, available at: [www.who.int/publications/m/item/mid-point-evaluation-of-the-implementation-of-the-who-global-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-2013-2020-\(ncd-gap\)](http://www.who.int/publications/m/item/mid-point-evaluation-of-the-implementation-of-the-who-global-action-plan-for-the-prevention-and-control-of-noncommunicable-diseases-2013-2020-(ncd-gap)) (accessed May 2023)

WHO (2020c), 'WHO package of essential noncommunicable (PEN) disease interventions for primary health care', available at: www.who.int/publications/i/item/9789240009226 (accessed April 2023)

WHO (2021), 'Obesity and Overweight – Key Facts', available at: www.who.int/news-room/fact-sheets/detail/obesity-and-overweight (accessed April 2023)

WHO (2022a), 'Physical Activity – Key Facts', available at: www.who.int/news-room/fact-sheets/detail/physical-activity (accessed May 2023)

WHO (2022b, February), 'Commonwealth and WHO to strengthen cooperation on health, including access to vaccines', media release, available at: <https://www.who.int/news/item/07-02-2022-commonwealth-and-who-to-strengthen-cooperation-on-health-including-access-to-vaccines> (accessed February 2024)

WHO (2022c), 'Global RECAP – Global Regulatory and Fiscal Capacity Building Programme', available at: www.who.int/initiatives/global-regulatory-and-fiscal-policy-capacity-buidling-programme (accessed April 2023)

WHO (2022d), 'Global status report on physical activity 2022', available at: www.who.int/teams/health-promotion/physical-activity/global-status-report-on-physical-activity-2022 (accessed January 2024)

WHO (2022e), 'Updated Appendix 3 of the WHO Global NCD action plan 2013–2030', available at: <https://cdn.who.int/media/docs/default-source/ncds/mnd/2022-app3-technical-annex-v26jan2023.pdf> (accessed April 2023)

WHO (2022f), 'Toolkit for developing a multisectoral action plan for noncommunicable diseases', available at: www.knowledge-action-portal.com/en/content/toolkit-developing-multisectoral-action-plan-noncommunicable-diseases (accessed May 2023)

WHO (2022g), 'Achieving well-being – A draft global framework for integrating well-being into public health utilizing a health promotion approach', available at: www.who.int/publications/m/item/achieving-well-being (accessed May 2023)

WHO (2022h), 'Playing the Long Game: A Framework for Promoting Physical Activity through Sports Mega-Events', available at: www.who.int/news/item/06-10-2022-wish-summit-calls-for-sustainable-mega-sports-event-legacies-which-boost-physical-activity (accessed April 2023)

WHO (2022i), 'Global status report on physical activity 2022', available at: [9789240059153-eng.pdf](https://www.who.int/publications/m/item/9789240059153-eng-pdf) (who.int) (accessed September 2023)

WHO (2023a), 'Noncommunicable diseases – Key Facts', available at: www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases (accessed May 2023)

WHO (2023b), '2023 Bridgetown Declaration on NCDs and Mental Health', available at: <https://cdn.who.int/media/docs/default-source/ncds/sids-event/2023-bridgetown-declaration-on-ncds-and-mental-health.pdf> (accessed April 2023)

Annex 1: Youth Engagement Activities and Headlines

A1.1 Introduction

The Commonwealth Youth Health Network (CYHN), with the support of the Commonwealth Secretariat's Sport and Health teams, designed and delivered youth-led engagement activities to help inform the development of the NCD Guiding Framework. A special Commonwealth NCD Youth Taskforce was set up initially to support the design and delivery of these activities, but it is intended that this taskforce should be formally set up to support the implementation of the youth-led approaches that are proposed in this Guiding Framework.

The youth engagement activities were part of a larger consultative process involving a range of internal and external stakeholders from within and beyond the Commonwealth family to develop a Guiding Framework to support Commonwealth member countries to tackle the root causes of one of the most significant public health challenges we face today – NCDs.

Part of the problem the framework is trying to address is the importance of ensuring there are healthy habits in terms of diet and physical activity built into the daily lives of people from a young age – which then become habits for life. Young people are fundamental stakeholders in efforts to solve these problems and are already uniting to drive action and accountability for a reduction in the occurrence of NCDs, especially among young people. This can be from educating their peers and dismantling the lack of information and misinformation, to advocating for early habit formation and prevention approaches towards NCDs. The generation of young people must be empowered to lead NCD prevention and reduction efforts in their communities, countries and across the Commonwealth.

Therefore, recognising youth as an important stakeholder within this process, the CYHN was keen for young people to lead on the design

and implementation of the consultation and participatory process that would directly inform the strategic activities prioritised as part of the NCD Guiding Framework. The intention behind the NCD Guiding Framework is that it will be youth-led in terms of its focus and selection of priority workstreams and interventions that member countries and the Commonwealth Secretariat implement to tackle NCDs.

A1.2 Objectives of the youth engagement activities

During the planning process for the engagement activities, CYHN and the Commonwealth Secretariat agreed that the objectives for the engagement activities with young people from across the Commonwealth would be as follows.

- assess the level of understanding among young people of NCD prevalence and the risk factors contributing to this growing disease burden across the Commonwealth.
- help inform young people of the specific threats faced by Commonwealth countries due to rising levels of NCDs in SIDS.
- identify ways that young people can be integrated more effectively into the process of identifying and delivering solutions to the growing burden of NCDs in countries.
- provide a space for creative collaboration to ensure the NCD Guiding Framework is designed with young people and not just for them.
- utilise the results of the engagement activities in the development of a theory of change for the NCD Guiding Framework and subsequent workstreams and interventions proposed.

Following this initial phase of engagement activities to inform the NCD Guiding Framework, it was the intention that the legacy from the activities would be:

- to enhance Commonwealth youth participation in NCD advocacy activities and campaigns, specifically by co-ordinating their engagement and facilitating increased visibility in policy discussions and meetings at the Commonwealth and United Nations levels;
- to strengthen the global advocacy and campaigns of the Commonwealth Youth Health Network, convening capacity building/training for youth NCD leaders, and research and thought leadership on emerging priorities related to NCDs across the Commonwealth;
- to support the Commonwealth's Health and Sport teams in the implementation phase of the NCD Guiding Framework to ensure that it continues to be youth-led.

A1.3 Methodology

The NCD Youth Taskforce and the Commonwealth Secretariat spent a period of three to four months planning and designing the activities. The planning was guided by the principles of meaningful youth engagement, as described by the United Nations 'Our Common Agenda Policy Brief 3: Meaningful Youth Engagement in Policy and Decision-making Processes' (United Nations 2023). This posits that young people should be involved in decision-making and policy-making processes in a way that is meaningful both to young people and policy-makers. Abiding by this principle ensures that partnerships between young people and policy-makers are not tokenistic, and the resulting policies are relevant to the realities of young people. This approach requires that youth partnerships are rights based and safe, institutionally mandated, designated, resourced, transparent, accessible, voluntary, informative, reciprocally accountable, and respectful of diversity.

It was determined that a two-phase consultation approach would be adopted.

- Phase 1: An online survey to collect a baseline set of data on knowledge and understanding of NCDs and the risk factors that could then be used to facilitate discussions in the focus groups.

- Phase 2: Focus group discussions around four key thematic areas designed to provide space for young people to contribute their thoughts, ideas and recommendations and to gather further insights on what should be prioritised in the NCD Guiding Framework.

Through these activities, we explored both the issues facing young people relating to NCDs and also how young people could play a role in the development of high-level policies through a participatory, youth-led consultative process.

A1.4 Online survey

Together, the Commonwealth Secretariat and the NCD Youth Taskforce agreed a set of questions that would be used for the online survey. The survey focused on three main areas, namely physical activity, diet, and mental health and well-being.

The NCD survey was distributed by young people from within the Commonwealth Youth Health Network and the Commonwealth's 12 other youth networks to achieve a wide reach. It was agreed that the distribution methods would aim to ensure diverse and equal youth representation across all engagements. In total, more than 500 young people were invited to take part in the NCD survey globally and were offered an incentive for completing it though the chance to win vouchers worth £50. The survey was kept open for three weeks to ensure we received a large number of responses globally, covering all the regions.

In total, 465 responses to the survey were received from across the globe and across different youth age groups.

A1.5 Focus groups

The second phase of consultation involved planning and delivering focus group discussions that convened young people recruited from the online survey and others from across the youth networks. A target of 45 to 50 participants in each workshop was set. It was planned to deliver three 4-hour workshops across different days and times to suit young people from all regions of the Commonwealth.

All workshop content was designed by the NCD Youth Taskforce, and the focus groups were all facilitated by young leaders from the Commonwealth Youth Health Network. Their role was to ensure youth-friendly materials and

messages were used and produced for youth-effective promotion and all communications. Each facilitator was given a detailed guide and training was provided before each session.

A total of 240 people attended the focus groups, which were held on Zoom; Miro was used to facilitate the discussions effectively and visually. During one of the focus group sessions, a select group of policy-makers and international organisations was invited to observe the discussions.

The focus groups were split into four segments:

Part A: Discover – Participants were given a gentle introduction to focus groups and the aims and objectives, as well as an introduction to the Commonwealth Secretariat team and the NCD Youth Taskforce. An ice-breaker was used to ensure participants were comfortable and engaged, ready for the more in-depth discussions to follow. Participants were also provided with a set of rules and principles to guide the discussions.

Part B: Explore – Participants were given an overview of the rationale for the NCD Guiding Framework, the specific challenges faced by Commonwealth countries and the findings of the online survey to help set the scene for the discussions. They were then split into breakout groups of around 15 people to discuss the issues. Each group had a specific thematic area – for example, physical activity, diet or mental health.

Part C: Develop – Participants were supported again to move into breakout groups, this time by region, to discuss the priorities, challenges and potential solutions to the issues identified in the previous discussions.

Part D: Deliver – Participants were challenged to identify and map stakeholder networks, delivery channels and future youth engagement methods. The discussions also highlighted opportunities, challenges and learnings.

A1.6 Key findings

Levels of understanding of NCDs by young people

The online survey revealed the following headline findings on understanding of NCDs.

The online survey revealed the following headline findings on physical inactivity.

Figure A1.1 To what extent are you health conscious? (467 responses)

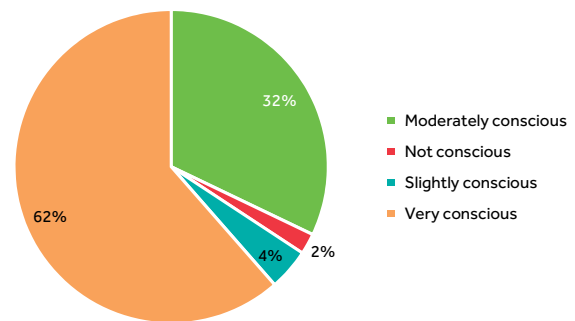


Figure A1.2 Do you suffer now or have you suffered in the past from an NCD? (463 responses)

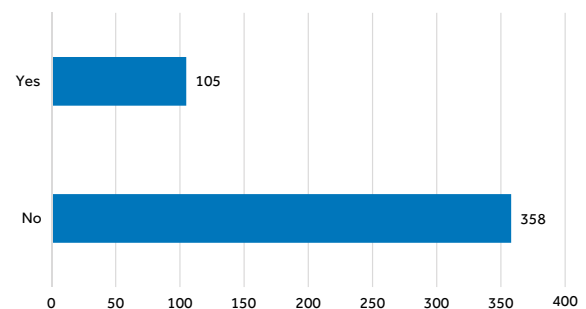
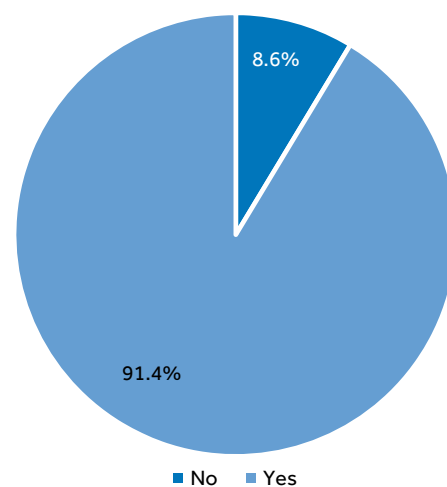


Figure A1.3 Do you know someone suffering from an NCD or [who] has suffered from one in the past? (463 responses)



How to increase participation by young people in physical activity?

- Create more awareness of the benefits of physical activities and health

Figure A1.4 Do you involve yourself in routine physical activity? (466 responses)

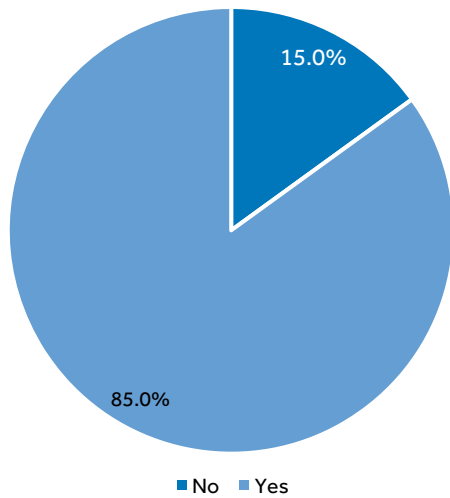


Figure A1.6 Do you make health-conscious decisions when it comes to your diet? (465 responses)

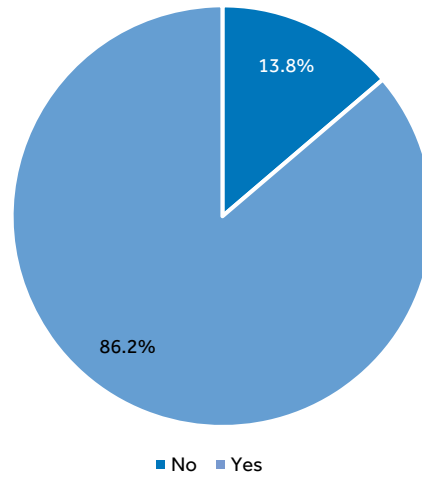


Figure A1.5 In your opinion, how likely are you to suffer from an NCD if you do not engage in regular physical activity? (468 responses)

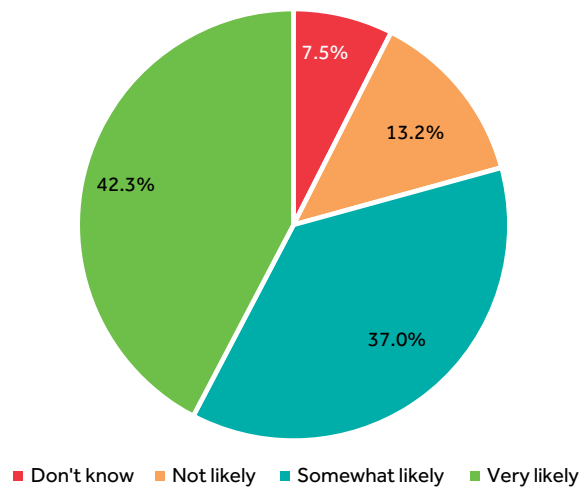
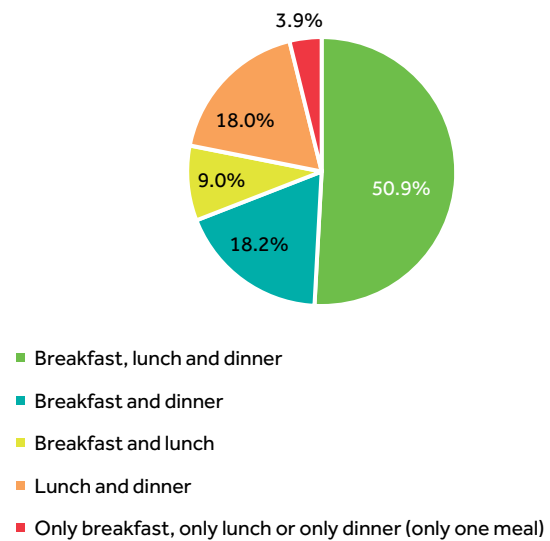


Figure A1.7 Which meals do you mainly consume during a day? (466 responses)



- More advocacy/communication
- School should make physical activity compulsory
- Incentives for physical activity; for example, organised sports activities, scholarships, prizes
- Playgrounds/fun clubs/organised activities / music
- Social media awareness

The online survey revealed the following headline findings on diet.

Why do young people not practice consuming a healthy diet?

- Finance
- Lack of knowledge
- Preference
- No reason
- Unclear

Figure A1.8 What is your main source of information regarding a healthy diet? (468 responses)

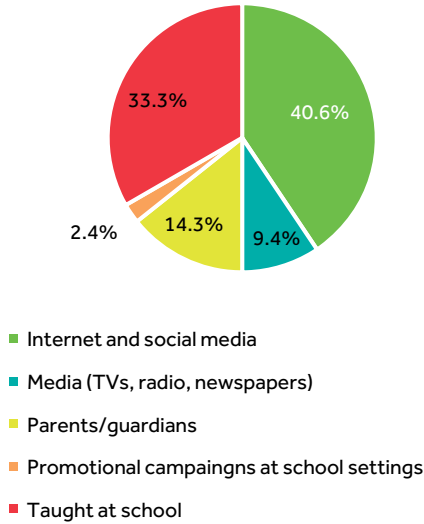


Figure A.10 How often do you eat/ consume vegetables (cooked or raw)? (468 responses)

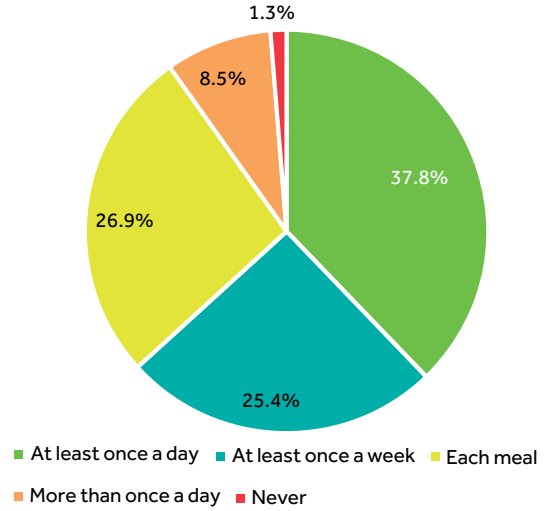


Figure A1.9 How often do you eat fruits (fresh or dry)? (469 responses)

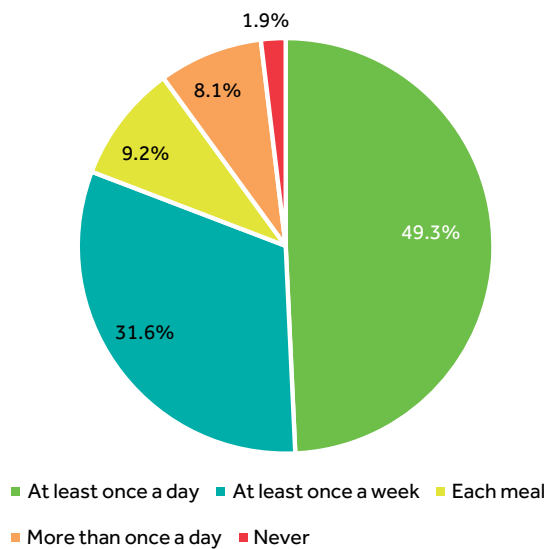


Figure A1.11 How often do [you] consume soft drinks (soft drinks, packed juices, energy drinks)? (466 responses)

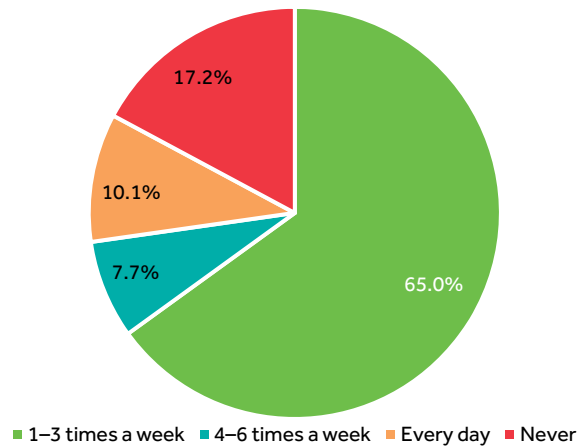
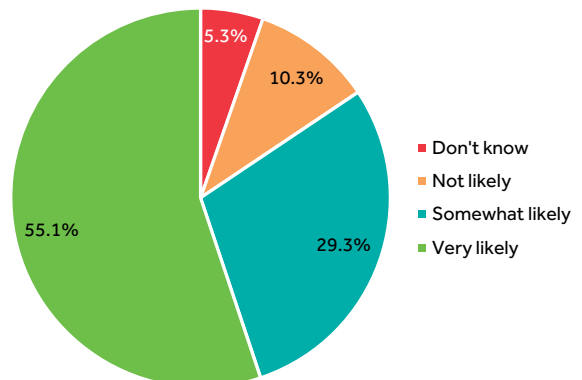


Figure A1.12 In your opinion, how likely are you to suffer from an NCD if you do not have a healthy diet? (468 responses)



- GMO (genetically modified organisms) – unhealthy
- Too busy
- I don't make the decision
- Peer pressure

The online survey revealed the following headline findings on mental health and well-being.

Figure A1.13 In your opinion, is mental health a major concern for young people?
(460 responses)

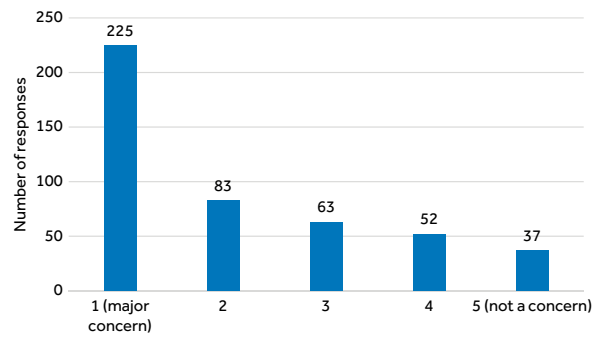


Table A.1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|---|---|--|
| Behavioural and lifestyle modifications | <p>Physical activity</p> <ul style="list-style-type: none"> • Time limitations due to young people either working or studying or doing household chores; it is very difficult to find regular time in daily or weekly routine for physical activity. • Pattern of behaviour; young people spend too much time on devices rather than being outdoors walking or taking part in physical activity. • Young people can often believe that doing sport or physical activity is for the older generation. • Sedentary activities and lifestyle of young people. • More interest in remote work. • Lack of motivation. <p>Diet</p> <ul style="list-style-type: none"> • Long working hours also contribute to poor food choices and convenience foods. • Stigma associated with places where cheaper, healthier foods are sold. • Time limitations also affect choices. • Attitudes towards healthy foods, for instance, associating healthy foods with just losing weight. <p>Mental health</p> <ul style="list-style-type: none"> • There is still a stigma about discussing mental health issues; the first reaction if someone in the family has an issue may be shame and concealment. | <p>Physical activity</p> <ul style="list-style-type: none"> • Use role models – older adults, family members, disability groups and social media to encourage physical activity. • Change mindset, as it may be perceived to be an activity for the rich. • Older people/parents should act as role models to integrate physical activity in young people's routines. <p>Diet</p> <ul style="list-style-type: none"> • Young people can shape their preferences and tell adults – youth voice is key to demanding change. • Young people need to be smart about which ministries to target with their demand for change; they should think about how diet links to NCDs are important beyond health ministries and how they are important to others too. |
| Environmental and infrastructure development | <p>Physical activity</p> <ul style="list-style-type: none"> • Transport systems makes it difficult to walk to the office, and young people's lifestyles may lead to less healthy choices of transport. • Lack of infrastructure close to our homes. • Fear for personal safety. | <p>Physical activity</p> <ul style="list-style-type: none"> • Make streets safer and walkable. • Resources and priority should be given to ensuring physical activity and sport is safe for women and girls; such activity should not cause individuals to be sub-jected to stigma and abuse for wanting to take part. <p>Diet</p> <ul style="list-style-type: none"> • School teachers are overwhelmed; they are overworked and underpaid and often cannot respond to the ask to introduce more effective teaching about healthy eating. However, young people in schools can demand that this be brought to everyone's attention. Young people can also demand that their local councils or authorities stop unhealthy eating establishments from being sited close to schools. |

(Continued)

Table A1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|--------------------------------|---|--|
| Awareness and education | <p>Physical activity</p> <ul style="list-style-type: none"> • Lack of understanding among young people of the benefits of physical activity when it comes to the risk of developing NCDs. • Common misconception that physical activity means heavy and high-intensity exercise. • Physical education/sports activities at the primary and secondary school levels need to be mandatory, with the inclusion of safe sports facilities at school centres. This should be regulated with school registration policies. <p>Diet</p> <ul style="list-style-type: none"> • Governments struggle to get information out to large populations about healthy eating. • A young person's family background is key and can influence their choices of food options; they also often have poor knowledge of nutrition or reduced access to healthy options. • Low health literacy, lack of awareness. • Limited knowledge of what a healthy meal and balanced diet contain. <p>Mental health</p> <ul style="list-style-type: none"> • More awareness is needed of mental health issues. • There is still a lot of stigmatisation on seeking mental healthcare/ more education is needed on this. | <p>Physical activity</p> <ul style="list-style-type: none"> • Government can set up committees to create awareness, support development of stadiums to encourage physical fitness. • Build capacity on NCDs among parents on the importance of physical activity for their children. • Increase and motivate children through literature, e.g., books and newspapers, to increase awareness. • Utilise social media for advocacy, communication and awareness. • Campaigns are a key mechanism that should be prioritised – use influential personalities to convey the messages. • Use people who have lived experiences that can reinforce the messages; also consider prizes and other incentives. <p>Diet</p> <ul style="list-style-type: none"> • Provide more solutions within the education system to teach children the facts about unhealthy diets and fats. • Education needs to focus on young people early in their school life, but also much earlier than this e.g., with new parents and breastfeeding advice. • In schools – when we have health education – the knowledge should be user-friendly. It is not enough to teach the portions needed for fruits and vegetables, but rather to adapt to the local diet and types of dishes young people commonly see. • Educating more children and young people better on the effects of unhealthy foods. • Manufacturers of healthy foods need to strengthen their marketing campaigns. |

(Continued)

Table A.1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|---------------|------------------------------------|--|
| | | <p>Mental health</p> <ul style="list-style-type: none"> • Find a way to raise awareness – young people do not see mental health as an issue that needs solving and it's often confused with someone's poor financial stability. • Invest in training people to have the skills to recognise poor mental health and to provide support or signpost. • Mental health topics should be included in school systems. • Mental health topics should be mainstreamed in our education systems. There should be the introduction of courses/topics within primary and secondary schools, so that young people are made aware of mental health issues from an early age. • Educate and encourage young people to carry out psychological first aid. • Mental health should be part of the curriculum, inducted into the education system (schools, colleges and universities) so that it is destigmatised. |

(Continued)

Table A.1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|------------------------------------|---|---|
| Accessibility and resources | Physical activity <ul style="list-style-type: none"> Lack of access to public health and recreation facilities. Public transport costs are a barrier. High cost of subscribing to facilities such as gyms. There is no impact assessment of government investment that can inform how tax and other incentives can be reformed/targeted most effectively. Funding, lack of documentation and lack of ownership. Diet <ul style="list-style-type: none"> Often healthier foods are more expensive. Young people will always choose things that are many times cheaper when they are shopping, which are often the unhealthier food options. Impact of climate change is significant in this area, and it has a 'ripple effect' on the accessibility of healthy foods in terms of affordability – it is often cheaper to buy processed foods. Mental health <ul style="list-style-type: none"> There is a lack of services and specialist support for young people with mental health issues – mental health issues are not seen as treatable, and people are just expected to live with them. | Physical activity <ul style="list-style-type: none"> Reduce taxes on the equipment used for exercise to encourage physical activity at home. Make equipment available and easily accessible, especially in areas with no electricity. Funding needs to be prioritised for advocacy work. There is a gap between ideas and implementation: ideas are often not supported or followed up with funding (for roads and parks, for example). Mental health <ul style="list-style-type: none"> There is a need for more facilities and support in educational environments to help young people to recognise they have a mental health issue and know where to get support. Co-locate mental health services in youth centres, community hubs, etc., to make it easier to get to services and avoid the stigma of going to a mental health service. Advocate for increasing capacity through the training of specialists, such as psychiatrists and psychologists. Advocate for the prioritisation of special groups (such as people experiencing gender-based violence) when it comes to accessibility to mental health services. Doctors and specialists dealing with mental health problems need to be made available and more accessible in the community. We need to consider access to platforms where young people can get free mental health services, e.g., counselling. |

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Table A1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|---------------------------------------|---|---|
| Social and cultural influences | Physical activity <ul style="list-style-type: none"> Cultural pressures on young people to own a car immediately after they leave school and can afford to buy one. Girls are often left out of popular sports after school finishes. Diet <ul style="list-style-type: none"> Adopting westernised cultures or ways, where we tend to favour fast foods rather than locally produced foods. Peer pressure, which can lead to the consumption of fast food and alcohol. Portion sizes can be an issue rather than whether young people are managing to eat three meals a day – there is a culture focused on celebrations and family gatherings where portions can be large with a focus on unhealthy foods. There are some good initiatives like 'healthy islands'; and during the COVID-19 pandemic, there were initiatives to encourage people to grow their own foods, with the right messages. However, these are not reaching everyone. Mental health <ul style="list-style-type: none"> Society places a lot of pressure on young people, particularly men, and what they are expected to achieve by a certain age. Peer pressure from the environment/society. Frustration from unemployment. Increased use of alcohol and drugs by young people. Unnecessary pressure from family. Lack of love and support from friends and family members. Lack of social activities. | Physical activity <ul style="list-style-type: none"> Cultural awareness to shift negative narratives around physical activity. Use leaders with influence more in communities to promote physical activity – both traditional leaders and government leaders. Diet <ul style="list-style-type: none"> Intergenerational opportunities are possible – introduce competitive games between older generation and younger generation on how to make healthy recipes. Encourage young people to define the culture on food and lead the advocacy effort – public opinion shaping policy is a key area moving forward. Create the demand from young people that this is the environment in which they want to live. Could use people living with NCDs in adverts to draw people into listening and acting more on the information being given about the risks of a poor diet. Social media is a key reference point for young people. More health-conscious campaigns should be seen here and then amplified and 'liked' by young people and involving young people. Young people are often influenced by others – peers or other influential people in communities could be used more to provide recommendations. Mental health <ul style="list-style-type: none"> Some people are not on social media (rural areas) – we need to break those stigmas. 'Toxic masculinity' is a real challenge we cannot ignore. Contextualising solutions to the context, including the organisations we engage with, and building resilience and awareness of coping strategies as part of mental health. Campaigns are a key mechanism that should be prioritised using influential personalities. |

(Continued)

Table A1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|--|--|--|
| Community and social engagement | <p>Physical activity</p> <ul style="list-style-type: none"> Community activities are lacking and are needed to promote physical activity. The main challenge is how to sustain physical activity after structural activities stop. There are different challenges to sustaining physical activity habits across the life course, e.g., post-school and retirement. Common perception that physical activity is too hard. Yet there are some exciting examples in the Pacific of health practitioners using traditional dance as a 'hook' through which to bring people into exercise, and then during these sessions health support for other areas is bolted on – the focus is on having fun though. | <p>Physical activity</p> <ul style="list-style-type: none"> Initiate community groups to focus on encouraging youth to be involved in physical activity. Work institutions to schedule time for physical activity for workers in the organisation (to address lack of time). Incentives for physical health/activity at the workplace such as annual medical check-ups – BMI, work-free day for aerobics, etc. Integrating short physical activity sessions into the working day by employers and colleges. Acknowledge link between sport and mental health. Body weight-based exercises are free and should be used more in communities. <p>Diet</p> <ul style="list-style-type: none"> Clubs within schools that focus on highlighting healthy eating. <p>Mental health</p> <ul style="list-style-type: none"> Create peer support networks to provide support where there are gaps in services due to staff shortages or geographical barriers. Youth groups can rally other youth groups to engage more in government-led programmes and initiatives. Peer groups could be college 'batchmates' and trained in mental health support. Sports/sport clubs to maintain health and create safe spaces for discussion. Start to encourage young people to promote life skills. |

(Continued)

Table A.1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|--|--|---|
| Economic and industry influence | <p>Physical activity</p> <ul style="list-style-type: none"> Current economic situation is limiting people's choices. <p>Diet</p> <ul style="list-style-type: none"> Advertising of unhealthy foods is often targeted towards young people, and there are too many places selling unhealthy food around education establishments. Countries are starting to develop more nutrition policies; however, too often there are major sports events taking place where the main sponsor is an unhealthy food or drinks manufacturer. <p>Mental health</p> <ul style="list-style-type: none"> The state of the economy. Advertising by firms that make alcohol and drug use appear cool to young people. | <p>Diet</p> <ul style="list-style-type: none"> Food labelling to be used not just for better information about how healthy a food is, but to also make healthier foods look cooler and more attractive to young people. Remove taxes on essential and healthy foods. <p>Mental health</p> <ul style="list-style-type: none"> Substance abuse – children and young people need to be kept safe from the marketing of substances such as alcohol and tobacco. |
| Technology and innovation | <p>Diet</p> <ul style="list-style-type: none"> Knowledge of the connection between NCDs and poor diet is critical – but the messaging and the mechanisms and channels used need to be more innovative and effective. | <p>Physical activity</p> <ul style="list-style-type: none"> Use of social media platforms such as YouTube as an alternative, free and easily accessible opportunity to participate in physical activity. Technology and tracking devices could feature free or affordable walking routes and parks. Sports competitions and popular apps are useful tools for advocacy campaigns. <p>Diet</p> <ul style="list-style-type: none"> TV and radio should be used more to share key messages and influence people via campaigns. |

(Continued)

Table A1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|--------------------------------------|--|--|
| Government and policy actions | <p>Physical activity</p> <ul style="list-style-type: none"> The creation of parks within cities should be embedded in policies – but too often it is not. There needs to be mandatory/policy-directed exercise facilities at workspaces. <p>Diet</p> <ul style="list-style-type: none"> People who are economically disadvantaged still make an effort to buy healthier foods, but food labelling is often insufficient to help consumers. Marketing/packaging of unhealthy foods should also highlight the negative sides of consuming fast foods/unhealthy foods. <p>Mental health</p> <ul style="list-style-type: none"> There is a lack of sufficient policies to implement effective interventions to address mental health issues. | <p>Physical activity</p> <ul style="list-style-type: none"> Promote intergenerational learning, especially in policy discussions. Use of law in advocacy – spaces, access and facilities for activity should be available. Countries have the necessary policies in documents – but need ownership and joint work with other ministries. Programmes need to be developed for work settings, gyms, community and public schools. Work with school curricula to require schools to have play areas, workspaces. Advocacy at all levels; community health workers to inform people on the importance of physical activity. The government should train people who earn through physical activity as mentors, i.e., success stories. Prioritise physical education in schools as mandatory. Encourage ministries of health to make gyms affordable and encourage the use of games. <p>Diet</p> <ul style="list-style-type: none"> Policy-maker inputs and recommendations for action to shape dietary preferences. WHO is doing a lot in terms of health education and so is UNESCO – build on this work. Focus on a smaller number of recommendations and make use of WHO policy documents. Governments need to look at the problems in a more holistic way and ensure there are wide-ranging policies covering all places where food is made, bought, served and eaten. Need to identify the key actors that can support the solutions. The government needs to set taxes (e.g., sugar tax, tobacco tax) that will make it expensive to buy junk foods. The money from the taxes can be used to strengthen health systems to deal with NCDs. Agricultural processes need to be examined, as often the process of getting food from 'field to table' will involve chemicals that put people at risk of developing NCDs. |

(Continued)

Table A.1.1 Key findings from the youth-led focus group discussions by thematic area

| Thematic area | Headline findings – key challenges | Headline findings – solutions and priorities |
|---------------|------------------------------------|--|
| | | <p>Mental health</p> <ul style="list-style-type: none"> • Climate change and links to mental health should be a focus area for governments. • Mental health issues are quite difficult to identify; identifying people and policy advisers who can sensitise is key. • There should be a review of laws that govern what happens to people who attempt suicide. • Legislation – many countries in the Commonwealth still have outdated legislation on mental health that reinforces discrimination and fails to support access to care. • Mental health in many countries within the Commonwealth is viewed as secret and sacred; hence policies should be adjusted to help society understand the importance of sensitisation on mental health. • Countries' policies and programmes should build in an area for mental health, e.g., assistance desks in workplaces, schools and other places where it is critical. |

Annex 2: Partner Stakeholder Consultation Headlines

Table A2.1 Key headlines from the partner consultations undertaken during the preparation of the NCD Guiding Framework

| Stakeholder | Key headlines relevant to NCD Guiding Framework |
|--|--|
| WHO – Physical Activity Unit, Healthy Diets, Legal and Social Determinants of Health | <ul style="list-style-type: none"> • The opportunity for the Commonwealth to help accelerate WHO projects and programmes and to plug gaps is recognised. • The WHO advises that the Commonwealth should focus on the specific areas of advantage it has and WHO can provide tailored support aligned with these areas. • Youth voice is not represented consistently, so this is a useful area for the Commonwealth to focus on. • It is vital to ensure that the work led by the Commonwealth in this area uses existing WHO tools, including the 'best buys'. • The specific needs of the range of audiences that are to be targeted has to be fully respected, particularly the cultural nuances. • In addition to the more generalised NCD tools, there are also WHO departments with expertise and resources covering several thematic areas including education, diet, physical activity, mental health and teams leading on individual NCDs, e.g., diabetes, hypertension etc. • The principal of a 'whole system' approach to behaviour change being applied is encouraged, because we all need to be mindful that 'individual choice' is a difficult area to influence as the environmental circumstances can be very restrictive in certain countries and cultures. • The utilisation of findings from the ongoing RECAP project (WHO 2022c) will be important, as many of the pilot countries taking part are Commonwealth countries and the lessons learned can be built upon. • At the policy level, NCD policies exist and so do sport policies – but there are not enough policies on physical activity or connections between sports and health partners, including government ministries. • A focus on the 'downstream' levels should include improving capacity and training – WHO has emerging projects on this linked with the International Olympic Committee. • WHO has a list of countries that are being identified that need to focus on obesity and diet. The Commonwealth's work could support activities linked to the Commonwealth countries on this list. • The WHO Global status report on physical activity (WHO 2022d)- the Commonwealth could consider delivering a version for Commonwealth countries and this could then point out the main issues. • Further engagement from WHO's diet team is recommended, as well as in the Sustainable Mobility Department. • An overall conclusion is that there are many WHO departments and leads on a range of areas. It will be a challenge for the Commonwealth to efficiently engage with everyone on everything, so agreeing a simple one-person mechanism for communication and a joint commitment to working on it via the MOU will be essential. |

(Continued)

Table A2.1 Key headlines from the partner consultations undertaken during the preparation of the NCD Guiding Framework

| Stakeholder | Key headlines relevant to NCD Guiding Framework |
|-----------------------|---|
| NCD Alliance | <ul style="list-style-type: none"> • A key priority of the NCD Alliance is on promoting a global financing dialogue for NCDs, because while there has been major progress in creating tools and technical packages, financial investment has not shifted. • The NCD Alliance encouraged that the Commonwealth includes actions relating to financing solutions in the NCD Guiding Framework. • It was noted that many Commonwealth countries are showing strong leadership in the fight against NCDs. • The NCD Alliance, through its youth leaders programme, is working with young people in a similar way to that proposed through the NCD Guiding Framework. So there is an opportunity we could link the activities for even more impact. • The NCD Alliance is keen to continue to be consulted and involved in areas of the NCD Guiding Framework that align with its priorities and actions. |
| UNESCO | <ul style="list-style-type: none"> • Several consultation and update meetings were held with UNESCO throughout the course of producing the NCD Guiding Framework. These tracked progress of this work alongside UNESCO's Fit for Life Flagship programme, which was developing at the same time. • The Fit for Life programme has many areas of alignment with the NCD Guiding Framework. Efforts have been made to ensure there are effective opportunities to co-deliver projects that fall under both programmes and avoid duplication. • For example, Fit for Life has a focus on intersectoral approaches using sport to build inclusive and resilient societies. This is fully supported by the Secretariat and is a primary aim of the Commonwealth's Sport for Development and Peace work. • The NCD Guiding Framework has a focus on intersectoral approaches to reduce the burden of NCDs, using physical activity, sport and a healthy diet. So it was agreed that UNESCO would support the Commonwealth's work in this area using its own areas of comparative advantage. • Through UNESCO's role as the main agency promoting quality physical education, it is important to consider how health education and physical education could be primary ways to leverage a better understanding of NCDs and the risk factors from young people, who are a key audience for the NCD Guiding Framework. • An opportunity has arisen for the Secretariat to work alongside UNESCO on its Fit for Life project, which aims to unlock the potential of every learner through school health and nutrition programmes. These programmes represent feasible, affordable and effective responses to global challenges, many of which are also challenges that the NCD Guiding Framework is seeking to address. |
| Resolve to Save Lives | <ul style="list-style-type: none"> • A key focus of Resolve to Save Lives in terms of diet interventions is on the existence of trans-fats and sodium intake. • Data on both these areas are hard to collate and use as an evidence base for action. • The use of measurement indicators and the publication of a data baseline to support the NCD Guiding Framework is encouraged, but the lack of data in many areas may limit the choice of indicators to focus on. • Indicators of a healthy diet that are more collatable are fruit and vegetable intake and height and weight statistics. |

Annex 3: Key Commonwealth Documents on Gender, Health, Sport and Youth

A selection of key documents and resources on Commonwealth meetings, mandates and commitments concerning the promotion of the gender, health and sports agenda.

Gender

1. 'The Commonwealth Declaration for Gender Equality and empowerment of women 2022–2030': https://production-new-commonwealth-files.s3.eu-west-2.amazonaws.com/s3fs-public/2022-11/D19065_COM_Gender%20Declaration%202022.pdf
2. 'Commonwealth women's affairs ministers endorse roadmap to fast-track gender equality': <https://thecommonwealth.org/news/commonwealth-womens-affairs-ministers-endorse-roadmap-fast-track-gender-equality>
3. The 13th Commonwealth Women's Affairs Ministers Meeting: <https://thecommonwealth.org/events/13th-commonwealth-womens-affairs-ministers-meeting>

Health

1. 'Bangladesh and Rwanda announce the Kigali-Dhaka compact on mental health': <https://thecommonwealth.org/news/bangladesh-and-rwanda-announce-kigali-dhaka-compact-mental-health>
2. The 34th Commonwealth Health Ministers Meeting: Ministerial Statement: [https://production-new-commonwealth-files.s3.eu-west-2.amazonaws.com/s3fs-public/2022-05/CHMM\(22\)4%2034CHMM%20Ministerial%20Statement.pdf](https://production-new-commonwealth-files.s3.eu-west-2.amazonaws.com/s3fs-public/2022-05/CHMM(22)4%2034CHMM%20Ministerial%20Statement.pdf)
3. 2020 Commonwealth Health Ministers Meeting: Final Outcome Statement: <https://production-new-commonwealth-files.s3.eu-west-2.amazonaws.com/migrated/inline/2020%20Health%20Ministers%20>

[Meeting%20Final%20Outcome%20Statement%5B9%5D.pdf](#)

4. CHOGM 2022 Communiqué, Leaders Statement and Declarations on Delivering a Common Future: <https://thecommonwealth.org/news/chogm-2022-communiqué-leaders-statement-and-declarations-delivering-common>
5. 'Confronting inequitable access to health commodities for the acceleration of cervical cancer elimination goals within the Commonwealth': <http://www.cancercontrol.info/wp-content/uploads/2021/11/49-52.pdf>
6. The Commonwealth Charter: <https://thecommonwealth.org/charter>
7. 'Spouses and partners of Commonwealth Heads of Government commit to action on cervical cancer elimination': <https://thecommonwealth.org/news/spouses-and-partners-commonwealth-heads-governments-commit-action-cervical>
8. *Confronting the epidemic of non-communicable diseases in the Commonwealth*: <https://thecommonwealth.org/publications/addressing-rising-burden-noncommunicable-diseases-commonwealth>

Sport

1. *The Global Sport and Sustainable Development Goals Impact Report: Policy Brief* (2023): <https://thecommonwealth.org/publications/global-sport-and-sustainable-development-goals-impact-report>
2. 'The 7th Commonwealth Debate on Sport and Sustainable Development': <https://thecommonwealth.org/events/7th-commonwealth-debate-sport-and-sustainable-development>

3. Sport for Development and Peace and the 2030 Agenda for Sustainable Development: https://production-new-commonwealth-files.s3.eu-west-2.amazonaws.com/migrated/inline/CW_SDP_2030%2BAgenda.pdf
4. Commonwealth Moves: <https://thecommonwealth.org/our-work/commonwealth-moves>
2. The Commonwealth Youth Networks: <https://thecommonwealth.org/our-work/youth-networks>
3. 'Youth delegates deliver key asks to Heads of State at landmark in-person meeting': <https://thecommonwealth.org/news/youth-delegates-deliver-key-asks-heads-state-landmark-person-meeting>

Youth

1. 'Commonwealth Heads declare 2023 the Year of the Youth': <https://thecommonwealth.org/news/commonwealth-heads-declare-2023-year-youth>

Annex 4: A Selection of Key External Resources on NCDs

1. *Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of non-communicable diseases* (WHO 2017)
2. Draft updated Appendix 3 to *Global action plan for the prevention and control of non-communicable diseases 2013–2030* (WHO 2022e)
3. *Global action plan for the prevention and control of non-communicable diseases 2013–2030* (WHO 2013)
4. *WHO Package of Essential Non-communicable (PEN) Disease Interventions for Primary Health Care* (WHO 2020c)
5. *Global action plan on physical activity 2018–2030: More active people for a healthier world*
6. *ACTIVE: a technical package for increasing physical activity* (WHO 2018c)
7. *Global RECAP – Global Regulatory and Fiscal Capacity Building Programme: Promoting Healthy Diets and Physical Activity* (WHO 2022c)
8. *Toolkit for developing a multisectoral action plan for NCDs* (WHO 2022f)
9. *Achieving well-being: A draft global framework for integrating well-being into public health utilising a health promotion approach* (WHO 2022g)
10. *Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level* (WHO 2015)
11. *Playing the long game: A framework for promoting physical activity through sports mega-events* (WHO 2022h)
12. '2023 Bridgetown declaration on NCD and Mental Health' (issued by the Small Island Developing States (SIDS) Ministerial Conference on noncommunicable diseases and mental health) (WHO 2023b)

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