

**NCD Alliance messages on the Zero Draft  
of the Political Declaration for the  
UN High-Level Meeting on NCDs and  
Mental Health**

Even though NCDs, including mental health and neurological conditions (NCDs), are the leading cause of death and disability globally, the great majority of countries have made insufficient progress on addressing them, resulting in poorer quality of life and hindering development and economic growth. The Fourth UN High-Level Meeting on NCDs and Mental Health (HLM4) on 25<sup>th</sup> September 2025 is a key moment for governments to show leadership and recommit to achieving SDG 3.4.

This document outlines the NCD Alliance's main responses to the [Zero Draft of the political declaration of the HLM4](#). The following key messages draw on the NCD Alliance's consultation with its members on priorities for the political declaration, including [The Call to Lead on NCDs](#), our [policy priorities](#) briefing for the HLM4, and [proposed political declaration text](#). This is accompanied by a more detailed document with a series of textual comments. In order to provide more constructive feedback on the text, this document aligns itself with the framing of the zero draft. This initial draft provides clear and ambitious steps for progress on NCDs, which could be further strengthened.

## 1. Preambular paragraphs

### We welcome

- The affirmation of previous commitments under the past three High-Level Meetings on NCDs and two on Universal Health Coverage, as well as recognition that the burden of NCDs extends beyond the primary conditions outlined in the political declaration.
- The attention given to vulnerable and marginalised communities including those in emergency and humanitarian settings and the heightened vulnerability of people living with NCDs and mental health conditions during the COVID-19 pandemic.
- Acknowledgement of the complex poly-crisis that has unfolded since 2018 has had on national responses to NCDs and mental health.
- Recognition of the impact that NCDs and exposure to their risk factors has on health, the economy, and sustainable development.
- Language recognising the first-hand experience and important contributions people living with NCDs bring to the NCD response.
- **NCD Alliance supports the three new fast-track targets related to tobacco, hypertension, and mental health.** These targets are cross-cutting, equity-driven, and actionable, addressing major gaps in prevention, care, and treatment across the NCD spectrum. **If achieved, they would accelerate implementation toward Universal Health Coverage (UHC), strengthen health systems, and deliver significant health and economic returns.**

### We recommend

- Aligning with the “5x5” framework (paragraphs 5-7) to recognise the five major conditions and their risk factors, given the bidirectional relationship across the main NCDs and other co-morbidities.

- Recognising the WHO-led preparatory process that contributed to the UN Secretary-General's report
- Including paragraphs on air pollution, given its significant role as a major NCD risk factor, as recognised in the 2018 political declaration; on food systems, given the interlinkages between food, nutrition and NCDs from production to consumption; and on climate change, given the vulnerability of people living with NCDs to its effects.
- To be forward-looking and take steps to address the nexus between NCDs, climate change, and food systems. Since the 2018 High-Level Meeting, the climate crisis has evolved, and we now have more evidence of its impact on health and health systems. Extreme heat and changing weather patterns are also challenging food systems and causing humanitarian crises. This recognition would ensure coherence between the NCD response with these other development agendas to enhance efficiency in combating climate change by increasing mitigation efforts, improving health systems' resilience, and delivering healthy and sustainable food systems.
- Member States to explicitly acknowledge the social, economic, commercial, and environmental determinants of health, noting the different nature of the systemic drivers of NCDs.
- Additional recognition of the growing NCD prevalence in children and adolescents.
- That engagement with the private sector is amended to “relevant private sector” to limit conflicts of interest from industries profiting from health-harming products in the development and implementation of national NCD prevention and control measures, whilst supporting the positive contribution the private sector can bring to public health.

## **2. Create health-promoting environments through action across governments**

### **We welcome**

- Commitments to tackle key areas of action across major NCD risk factors, providing a clear priority action pathway for progress on NCD prevention and control.
- Attention given to measures outside the health sector and on social protection to address the social determinants driving NCDs.
- The 80% target for countries to adopt or increase health taxes in alignment with WHO's recommendations, as one of the most cost-effective measures to reduce exposure to unhealthy products, while generating public revenue.

### **We express concern**

- That there is no commitment to the adoption of existing technical packages and action plans on major NCD risk factors, including physical activity, to ensure a more comprehensive framework of action on NCDs.
- About the absence of a specific reference in the text to fossil fuels as an unhealthy product driving air pollution, which causes eight million deaths per year. The reduction of fossil fuel

extraction and use, aided by the removal of subsidies, and transition to clean energy systems, is a necessary part of a comprehensive NCD prevention strategy.

- Over the lack of acknowledgement of commercial determinants of health and industry interference in this draft, and the role that strengthening public health considerations within commercial practices can have on promoting healthy environments in the NCD response.

### **We recommend**

- That Member States call for the development of technical packages in key areas of the NCD response that currently lack them, including air pollution, recognised in the 5x5 agenda in the 2018 HLM.
- Member States align their commitment to taxation on tobacco, alcohol, and sugar-sweetened beverages in the operational paragraphs with WHO recommendations.
- A reference to the need to tax processed foods high in fat, salt, and sugar, aligning with WHO's latest guidelines, and implement corrective taxes on fossil fuels, while enforcing health-oriented subsidy reforms that support access to healthy, sustainable diets and clean energy sources.
- Integrating the promotion of physical activity
- The adoption of a tracer indicator target for tackling air pollution as the leading environmental risk factor for NCDs.

### **3. Strengthen primary healthcare**

#### **We welcome**

- The decision to orient health systems towards primary and community-based services, which can deliver many NCD prevention and care services that are more cost-effective and more accessible to communities, particularly vulnerable and marginalised groups.
- The focus on scaling up the health workforce, which will strengthen health systems, benefitting not only people living with NCDs but also those with comorbidities.
- Including effective pricing policies and financial protection mechanisms as a key commitment for advancing access to NCD medicines and health technologies, and delivering effective care, particularly at the primary level.
- The 80% target focused on WHO-recommended medicines and technologies, which include a wide range of NCDs.

#### **We express concern**

We appreciate the disease-specific language, targets, and commitments, as these will tackle overall mortality and improve outcomes of co-morbidities. However, we recommend that the scaling-up of efforts for these remain cohesive and cross-cutting, to ensure health systems strengthening and avoid creating disease-specific silos. Health system strengthening efforts and data-informed decision-making should be considered foundational in advancing NCD prevention and control. We recommend continued focus on cross-cutting processes that need to be

strengthened, e.g., regulation, health technology assessments, and procurement.

### **We recommend**

- That Member States call for the implementation of technical packages in key areas of the NCD response.
- More emphasis on the deployment and optimisation of the health workforce to include community health workers and the delivery of care through multidisciplinary teams.
- That commitments made around technology, digital health, and innovation include language to ensure that these tools are accessible to lower-income countries and populations.
- Member States reaffirm and strengthen language on the harmonisation of regulatory systems and technology transfer and intellectual property policies, including voluntary licensing and TRIPS, in line with previous commitments made in Political Declarations on NCDs and Universal Health Coverage.

## **4. Increase sustainable financing**

### **We welcome**

- Measures introduced to increase financing for health through the implementation of taxes on health-harming products
- The commitment to align national health budgets with disease burdens to meet unmet care needs.
- The decision to focus external support for NCDs to be catalytic, which will serve to support increased domestic resource mobilisation as well as decrease dependency on external financing to support national health systems.
- The commitment to strengthen strategic purchasing arrangements.
- The focus on providing financial protection and the reduction of out-of-pocket expenditures, which will alleviate the financial burden of seeking and sustaining care, thereby increasing adherence to treatment plans and resulting in better health outcomes. The corresponding 80% target will have a significant impact on the health and well-being of people living with NCDs and their households, in addition to aligning with the principles of UHC.

### **We recommend**

- We welcome the explicit intention to increase percentage budget allocations for mental health care; however, this momentum should be carried forward to include a commitment to a broader investment target for noncommunicable diseases and mental health. One proposal to consider is one to scale up domestic public finance to 0.2% GDP in middle-

income countries and 0.6% of GDP in low-income countries for primary health care-based services.<sup>1</sup>

- Expanding the commitment around fiscal policies for health to include health-promoting subsidy reforms, such as removing subsidies for fossil fuels and supporting healthier food systems.
- Additional language around external support, deciding to align it with nationally-led development plans and priorities.
- That Member States strengthen the 80% target to additionally aim for 80% population coverage to ensure that not just the policies are in place to strengthen financial protection, but to ensure that they are being implemented and alleviating the financial burden people and households face by seeking and sustaining NCD care.

## **5. Strengthen governance**

### **We welcome**

- Commitments to develop and implement multisectoral national action plans, and that these plans are rights-based and engage civil society and people living with NCDs in the processes.
- The integration of NCDs across other global health agendas, including health security, pandemic, and emergency preparedness and response, which will encourage greater cohesion within and across government ministries.
- The commitment to regulate harmful commercial marketing, particularly for children and young people, and including in digital environments.

### **We express concern**

- That the political declaration lacks commitments for social participation and urge Member States to introduce language to create, support, and maintain formalised processes and mechanisms for civil society and community engagement, particularly of people with lived experience. Social participation has been instrumental to the success of other global health agendas, such as HIV/AIDS.

### **We recommend**

- That Member States commit to restricting conflicts of interest in policymaking processes to ensure that public health goals are protected and prioritised over commercial interests.
- Introducing language that formalises the engagement of and support for civil society, communities, and people living with and affected by NCDs, including youth, across the

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<sup>1</sup> This number draws from the background papers from International Dialogue on Sustainable Financing for NCDs and Mental Health that was held by the WHO and World Bank as part of the preparatory process for the HLM, which drew upon work from the Lancet Commission on Investment in Health and DCP.

policy cycle and in program implementation through safe and enabling environments

## **6. Strengthen data and surveillance to monitor progress and hold ourselves accountable**

### **We welcome**

Enhanced commitments to data collection and reporting to enhance national decision-making and incorporate SDG 3.4 more explicitly in national SDG reviews.

### **We recommend**

- Calling for a strong accountability mechanism to ensure that the commitments made in this text are progressed and reported on
- An additional paragraph that includes institutionalising regularised processes for collecting, analysing, and disseminating NCD financing data, which will help governments track the alignment between health spending and their national action plans and strategies.
- Including an additional paragraph on disaggregated data collection and analysis to support enhanced decision-making.

## **7. Follow-up**

### **We recommend**

- Acknowledgment of the leadership role of WHO and the expertise, leadership, and coordination the agency provides to advance the NCD agenda.
- That the calls for UN agencies to support Member States in carrying out the commitments of the political declaration also include language on strengthening coordination between agencies via the Inter-Agency Task Force.
- Member States convene the next High-Level Meeting in 2029, before the end of the Sustainable Development Goal period, so that progress on NCDs will remain a political priority in the post-2030 era.