NCD Alliance

Political Declaration of the High-Level Meeting on NCDs and Mental Health
Summary of NCD Alliance's Advocacy Asks – Compilation 2

1. Introduction

This paper is aligned with the position of NCD Alliance (NCDA), based on its consultation with its members, on priorities for the Political Declaration, presented in The Call to Lead on NCDs, our detailed policy priorities briefing for the fourth UN High-Level Meeting on NCDs and Mental Health (HLM4), and proposed Political Declaration text. This document aims to respond to the proposals of Member States in the second compilation text and should be read alongside: 1) our text responses to the Zero Draft, which includes more rationale for our recommendations, and; 2) our topline messages in response to the Zero Draft, which still broadly apply to the compilation text and discussions that will take place at the second reading on 23 June.

2. Preambular paragraphs

Recognising WHO-led preparatory meetings and inputs into the HLM4
Ref: Paragraphs 4, 4ter, and 4sexies alt

We encourage Member States to acknowledge the WHO-led preparatory meetings for the HLM4 and the process that informed the UN Secretary-General's report. In this regard, we strongly support proposals to reference key global and regional convenings. To ensure a comprehensive reflection of this preparatory process, we urge the inclusion of the outcome documents from these meetings, most notably the *Bridgetown Declaration on NCDs and Mental Health* from the SIDS Ministerial Conference, which is absent at present, and the *Bangkok Declaration on Oral Health*. Additionally, we recommend recognising the WHO Second Global Conference on Air Pollution and Health, given its pivotal role in addressing air pollution as a major NCD risk factor.

Strengthening references to WHO technical and public goods on NCDs and Mental Health
Ref: Paragraphs 19, 20, 24, 27, 31-36, and 39oct

We urge Member States to recognise WHO's role in setting norms and standards to prevent and control NCDs, acknowledging WHO technical and public goods on NCDs, which provide guidance for common solutions across a wide range of NCDs. For instance, we recommend that Member States mention the NCD 'best buys' explicitly when referring to the most cost-effective, affordable, and feasible interventions, and note that there are existing WHO technical packages on NCD prevention and care in paragraphs 19 and 24.

Integrating the full range of NCDs and risk factors
Ref: Paragraphs 5, 5bis, 5quin, 6, 6quat, 6sexies, 7, 8, 8ter, 8quat, 10quat, 11, 12, 13bis, 18, 21bis, 21ter, 23, 27(d bis), 27(f)

We encourage the adoption of an inclusive approach to the types of conditions referenced in the text. We support the use of the 5x5 agenda, established at the last High-Level Meeting (HLM), which recognises mental health and neurological conditions as the fifth NCD group and air

pollution as the fifth risk factor. NCD Alliance encourages greater clarity regarding neurological conditions, and we are supportive of additional language in 5ter and 6quat.

We also support the recognition of the wider burden from other NCDs and conditions of public health importance beyond the 5x5, which share common risk factors and benefit from common health system responses to NCDs. The illustrative listing of this broader agenda should include rare diseases, renal, hepatic, musculoskeletal, oral, eye and ear diseases, genetic disorders, and injuries and disabilities (to be included in 23 and 23bis).

References and commitments around air pollution are few, as with physical activity. While these references are improved in the compilation text, these crucial areas for action could be further integrated. We strongly urge Member States to reaffirm air pollution as a major risk factor for NCDs and mental health conditions, as currently proposed, given that over eight million people die every year due to air pollution, with 99% of the world's population living in areas with higher levels of air pollution than recommended by WHO. To ensure meaningful progress, we strongly encourage Member States to further recognise fossil fuels as major drivers of air pollution and climate change, along with their associated risks to health and well-being.

Given the bidirectional relationships across the five major disease categories and other comorbidities, and the interdependencies with the five major risk factors shared across NCDs, the Political Declaration should address comprehensive and multisectoral solutions to achieve SDG 3.4.

Greater focus on equity and rights-based commitments
Ref: Paragraphs 5quin, 6, 6ter, 6quat, 10bis, 10ter, 10sexies, 10sept, 11bis, 15, 15quat, 16, 17, 17alt, 17bis, 21pre, 39bis, 49.

We strongly support a greater focus on equity and rights-based language and commitments in the preambular and operative paragraphs of the text. An equity and human rights-based approach is a core part of the prevention and control of NCDs. As equity is one of the primary themes of HLM4, we support Member States' additions of this focused language in the compilation text.

NCDs follow a social gradient; the lower one's socioeconomic status, the higher the chance of morbidity and mortality related to NCDs, and at a younger age, due to higher levels of risk factor exposure and less access to services across the continuum of care. In addition to income and socioeconomic status, greater focus on equity in the context of NCDs means taking account of gender, age, race, ethnicity, migratory status, disability, and geographic location. Policies and interventions must ensure equitable access to healthcare, especially for marginalised and underserved populations affected by NCDs.

We also appreciate the introduction of more gender-sensitive and gender-responsive language, recognising the unique presentation, impacts, and exposure to risk factors experienced by women and girls. This includes mainstreaming gender perspectives into prevention and control strategies, the role of women in the health workforce, and the structural discrimination and socioeconomic barriers they face in seeking and sustaining care. We support Member State proposals reflecting more age-sensitive language given the growing proportion of older people, disproportionate burden, and increased risk of multi-morbidities, which strengthens the collective commitments of the text.

3. Create health-promoting environments across government

Delivering proven, cost-effective policies to reduce NCD risk factor exposure
Ref: Paragraphs 26-28, health-promoting environments target, and back to paragraphs 19, 20, 24, 25

NCD Alliance encourages Member States to emphasise NCD interventions in alignment with WHO recommendations, where relevant in this section, particularly in reference to the best buys across paragraph 27's subsections. As an example, we strongly support proposals to commit to adopting existing technical packages and action plans on major risk factors for NCDs, to ensure a comprehensive framework of action (para 27 (g bis)).

It is crucial that suggested actions on tobacco control are framed as part of a comprehensive tobacco control strategy to accelerate implementation of WHO's Framework Convention on Tobacco Control (FCTC) and its Protocol to Eliminate Illicit Trade in Tobacco Products (para 27 (a)). We express concern at the US proposal to limit the FCTC reference to Parties only; additional language would need to be added to encourage ratification of the FCTC (para 27 (c)).

NCD Alliance supports the fast-track targets (*see 6. below*), and in the context of NCD prevention, the target for reduced tobacco use prevalence in particular, which can be achieved through the accelerated implementation of priority, proven, cost-effective policies on tobacco control (including the best buys) as part of a comprehensive tobacco control strategy. We also urge Member States to retain the operational target on implementing or increasing health excise taxes as recommended by WHO, given their high return on investment and multiple wins on population health, equity, and the economy (*see 5. below for additional detail on health taxes and 7. below for additional detail on targets and increasing financing for health)*.

Acting on air pollution, in link to fossil fuels and climate change
Ref: Paragraphs 27(f), 28, 29, back to paragraphs 7, 8quat, 11, 12, 13bis, forward to 45, 46, 47ter, 48

We support the proposal to frame action on air pollution as part of efforts to address the wider environmental determinants of health, keeping a focus on both air pollution and climate change. We also commend the additional proposed actions to promote active transportation, green spaces, and the climate resilience of health systems and to address industrial sources of air pollution.

We continue to encourage Member States to explicitly recognise fossil fuels as the major drivers of air pollution and climate change, and commit to more specific interventions to address root causes, such as ensuring just and equitable transitions towards clean energy sources, including by eliminating fossil fuel subsidies and promoting renewable energy. These efforts should maximise co-benefits for climate change mitigation and adaptation, while advancing health-promoting actions and health systems strengthening – this could be acknowledged more explicitly.

We continue to recommend that Member States add a target on air pollution, given limited action in this area despite being crucial to achieve progress on SDG target 3.4. The following

recommended target builds on the recently adopted WHO updated road map for an enhanced global response to the adverse health effects of air pollution:

Target: at least 80% of countries have adopted air quality standards that align with WHO air quality guideline levels by 2030.

We remain concerned about the removal of reference to Small Island Developing States (SIDS) and reference to developing countries instead as this is often misinterpreted as meaning low- and middle-income countries (LMICs); many SIDS, however, are not LMICs. We encourage countries to maintain reference to SIDS, recognising their unique vulnerabilities, especially to climate change, and often limited resources to respond to crisis.

Addressing the determinants of health – incl. commercial determinants – and health-harming narratives

Ref: Paragraphs 26alt 2 bis, 27, 28, 28bis, 29, back to paragraphs 1, 5quin, 6sexies, 7, 8ter, 10, 10quat, 11, 12, 12bis, 13, 17, 21, 21bis, 24, and forward to 30, 47, 48ter, 49

NCD Alliance supports a systemic approach to NCD risks that focuses on social, economic, commercial, and environmental determinants of health, as recognised by the current document. We urge Member States to retain the term commercial determinants of health in the Political Declaration as proposed by many blocs, bringing awareness to the impact that commercial actors and activities can have on health, and the need to address negative impacts, compared to wider economic considerations that have an impact on health, such as income inequities, revenue taxation models, or austerity measures.

The Political Declaration must remain consistent by recognising how systemic drivers of NCDs, such as socioeconomic status, food systems, harmful commercial marketing practices, structural discrimination, and other factors, shape and restrict individual choices. We therefore urge additional recognition and commitments to address these population-level drivers, rather than using language attributing risk factor trends to individuals' "lifestyles."

We also urge Member States to replace the term "harmful use of alcohol" with "alcohol use," reflecting the findings of scientific research that there is no safe level of alcohol consumption. Even moderate consumption has been associated with a wide range of NCDs.

Suicide prevention and decriminalisation

Ref: Paragraph 27(g), referring back to 6quin and 8ter

We urge Member States to retain the decriminalisation of suicide as part of suicide prevention efforts and welcome the additional proposals to expand paragraph 27(g), which develops a comprehensive and holistic set of efforts for national-level action.

4. Strengthen primary healthcare

Integrated, person-centred care to achieve UHC

Ref: Paragraphs 30, 30ter, 45 and target

NCDA supports broad integration of the NCD response with communicable diseases, including HIV/AIDS and tuberculosis, maternal and child health, health programmes for women and girls, and sexual and reproductive health (30 additions and 30ter).

We support the disease-specific paragraphs (paragraphs 31-36), however, we encourage Member States to add language recognising relevant existing cross-cutting and disease-specific technical and normative tools, and, explicitly state the need for cross-cutting action in the NCD and mental health response, so as to avoid the diseases specific paragraphs being read as exclusive lists (*see 2. above*).

NCD Alliance urges additional focus on humanitarian and health emergencies and suggests adding language on making health systems resilient to climate change.

We strongly support the retention of the targets both on availability of essential medicines and health technologies, and on financial protection (*see also 5.below)* as key components in achieving SDG 3.4 on NCDs, SDG 3.8 on UHC, and SDG 1 on poverty.

Improved access to essential NCD medicines, diagnostics and other health technologies
Ref: Cross-cutting paragraphs 37ter, 38, 38alt, 39ter, 39quat, 39quin, 39sexies, 39sep, 43- 45, and target

NCD Alliance strongly supports efforts to improve access to essential NCD medicines, diagnostics, and other health technologies, and urges Member States to retain and strengthen language on procurement, strategic purchasing arrangements, e.g. pooled procurement (where appropriate, e.g., in smaller and less developed markets in LMICs), pricing policies (including price transparency), intellectual property policies (including technology transfer, voluntary licensing, and TRIPS and its flexibilities) and local and regional capacity building and manufacturing in LMICs. These activities would be further supported by strengthening forecasting and harmonisation of regulatory systems.

We strongly support the retention of targets on both the availability of essential medicines and health technologies as well as financial protection, as key components in achieving SDGs 1, 3.4, and 3.8 and 1 on poverty.

A staffed, skilled, supported, sustainably financed workforce
Ref: Paragraph 37

NCD Alliance strongly supports the emphasis on increased numbers, capacity, and retention of a competent health workforce, which is crucial for an effective NCD response, including community health workers, who are a valuable resource in NCD prevention and response. NCD Alliance also supports the use of the WHO Academy as a tool for training the healthcare workforce on NCDs.

Deinstitutionalisation of mental health care
Ref: Paragraph 30(iii), referring back to 6alt, 10 sexies

The deinstitutionalisation of mental health care is a critical component of delivering human-rights-based approaches to health. To round out this approach, we encourage Member States to add language within the text on the recovery of persons and their reintegration into society. Furthermore, we recommend that Member States retain the commitment to promoting shifts away from institutions and tertiary facilities towards primary healthcare for mental health

services delivery, which will help increase service availability, particularly at the local level, and person-centered approaches.

5. Increase sustainable financing

Recognising the "triple-win" of fiscal measures
Ref: Paragraphs 20bis, 26, 26alt, 26alt 2, health-promoting environments target, 40

We urge Member States to retain and strengthen commitments for fiscal measures, including under the financing section of the Political Declaration. Health taxes are evidence-based, cost-effective tools that provide governments with a "triple-win" by: 1) increasing government revenue, which can be applied to health systems; 2) reducing consumption of harmful products, thereby reducing the burden of NCDs; and 3) ultimately delivering long-term savings for health systems attributable to improved population health.

We also call upon Member States to introduce commitments for coherent fiscal policies by implementing corrective taxes on health-harming industries, particularly fossil fuels, and promoting subsidy reforms to improve access to healthy and sustainable diets and clean energy sources, also acknowledging the contribution they can provide to NCD financing.

Committing to specific and measurable financing targets
Ref: Paragraph 42

This draft text builds significant momentum in establishing "SMART" targets. Therefore, we urge Member States to introduce language that commits to developing an inclusive target for investment in both NCDs and mental health that will encourage a system-wide approach and avoid an uneven response across conditions *(see also 7. below)*.

Increasing sustainable financing for health
Ref: Paragraphs 40, 41, 45, target

NCD Alliance urges Member States to retain language that commits to aligning national health budgets with disease burdens to meet unmet care needs, which is disproportionate in many health systems. We also encourage Member States to keep language committing to external support for NCDs to be catalytic and in line with national health and development plans and priorities. This will serve to support increased domestic resource mobilisation as well as decrease dependency on external financing to support national health systems in the long term.

Reducing out-of-pocket expenditure and financial protection
Ref: Paragraph 45, target

We strongly support the Political Declaration's ambition to take meaningful action to reduce out-of-pocket health expenditure (OOPE) and introduce financial protection measures for NCD medicines, products, services, and beyond. In many LMICs, OOPE is a significant proportion of total health spending, often rivaling or outpacing public spending. Given that average costs per facility visit are twice as high for NCDs compared to infectious diseases, that the chronic nature of these conditions necessitates long-term care, and based on the scale of the epidemic, we can safely assume that many of the 1.3 billion people who are driven into poverty – or are further impoverished – as a result of OOPE are seeking NCD care. Not only does this commitment

reinforce existing commitments to UHC, but it will result in real and meaningful change for people living with NCDs.

6. Strengthen governance

Committing to social participation
Ref: Paragraph 46(iv), and back to 6alt, 18, 28, and 36

The conceptualisation, design, implementation, and monitoring of NCD prevention and control programmes and policy are strengthened through the meaningful participation of civil society, particularly people living with NCDs, mental health, and neurological conditions. We welcome Member States' increased recognition, within the aforementioned paragraphs of the text, of this crucial role, particularly the key part that people with lived experience expertise can play in developing national NCD plans with Member States. We encourage additional reference to the *WHO Framework for Meaningful Engagement of People Living with NCDs Including Mental Health and Neurological Conditions,* as a resource in facilitating greater social participation. We further encourage Member States to advance modalities for community engagement and social participation, and commit to ensuring an open, safe, and enabling environment in which civil society, communities, and people of all ages with lived experience can fully contribute to the NCD response across the policy cycle.

Integrating NCD action into humanitarian settings and emergency responses
Ref: Paragraph 47, 47bis, 47ter and target

NCD Alliance welcomes the language and target focused on the integration of NCD prevention and care and mental health services into preparedness, response, and recovery in humanitarian settings. We welcome additional language on climate change, but express concern over the proposed deletions regarding health security and pandemic preparedness in this paragraph and urge Member States to retain these references, while adding a reference to "pandemic prevention" to align with the Political Declaration of the Pandemic Prevention, Preparedness, and Response Accord (A/RES/78/2).

Limiting conflicts of interest
Ref: Paragraphs 41, 46, 46bis, 52, 56, 56bis, referring back to 16, 24

Health-harming industries (including those involved in tobacco, alcohol, unhealthy food products, and fossil fuels) have inherent conflicts of interest with global public health goals. Therefore, NCD policymaking processes must be protected from undue industry influence by giving due regard to preventing and managing conflicts of interest; and references to the engagement of private sector should always specify relevant private sector. We appreciate Member States' proposals to strengthen this commitment and encourage retention of such language in the revised text.

We express concern over proposed language for WHO to have dialogues with "Economic Operators", as such dialogues should not take place with health-harming industries which have

inherent conflicts of interest. If reference to these dialogues is retained, additional language is required regarding preventing and managing conflicts of interest.

7. Strengthen data and surveillance to monitor progress and hold ourselves accountable

Supporting NCD targets to 2030 and beyond
Ref: Paragraphs 25 and the targets under each subheading, Subsections on Strengthen Governance and Follow up

NCD Alliance views the "fast-track" and indicator targets outlined in the draft text of the Political Declaration as important benchmarks on the way to achieving the 2030 targets, and we strongly encourage Member States to retain them to drive progress and improve accountability. Clear targets would accelerate implementation toward UHC, strengthen health systems, and deliver significant economic returns. In this vein, we strongly support the introduction of two additional targets noted above (air pollution in 3. above and establishing an inclusive financing target in 5.above).

We also encourage reference to the WHO Global Monitoring Framework on NCDs as a foundation for accountability and to support its further development.

Delivering on regular monitoring and reporting to citizens and the global community

While the targets proposed represent a step forward, NCD Alliance expresses continued concern over the absence of a strong accountability mechanism for NCDs. Given that this text is action-oriented and sets clear and specific goals, it is critical that commitments made are tracked, regularly reported on, and followed up at the national, regional, and global levels. Civil society, communities, and people living with NCDs and mental health conditions must be integral to the design, implementation, and follow-up of any accountability framework.

8. Follow up

Integrating NCD commitments into the post-SDG agenda
Ref: Paragraph 57

NCD Alliance strongly encourages Member States to convene another HLM on NCDs and Mental Health in 2029, before the end of the SDG period, to review progress and better position accurate commitments for NCDs in the post-2030 agenda. Given that NCDs and mental health conditions cause over 43 million deaths each year and continue to strain health systems and economies, a HLM in 2029 is critical to secure sustained action and ensure integration into the post-2030 agenda.