Political Declaration of the High-level Meeting on NCDs and Mental Health
NCDA Priority Asks – Rev.1

Introduction

This paper presents the NCD Alliance's priority calls to UN Member States after review of Rev.1 of the Political Declaration and responds to the thematic areas of the document, which must either be maintained or improved to produce an actionable and impactful text that will drive progress on the NCD agenda.

Our priorities are based on the NCD Alliance's (NCDA) positions presented in The Call to Lead on NCDs, and our detailed policy priorities briefing for the fourth UN High-Level Meeting on NCDs and Mental Health (HLM4), developed in consultation with its members.

Our key priority calls to Member States based on Rev.1 are detailed below:

- Commit to social participation and the role of civil society
- Integrate the full range of NCDs
- Retain strong language on fiscal measures
- Address the determinants of health, particularly commercial determinants
- Act on air pollution, linking it with fossil fuels and climate change
- Improve access to essential NCD medicines, diagnostics, and other health technologies
- Reduce out-of-pocket expenditure and deliver financial protection
- Support NCD targets to 2030 and beyond

Comments on a longer list of issues of concern across Rev.1 are provided at the end of this document.

We urgently call upon Member States to:

Commit to social participation and the role of civil society

Ref: Paragraphs 27, 29, 59, 72(iv), 83

The conceptualisation, design, implementation, and monitoring of NCD prevention and control programmes and policies are strengthened through the meaningful participation of civil society, particularly people living with NCDs, including mental health and neurological conditions. We express concern that Member States' suggestions to strengthen language on social participation have not been retained (such as the framing of engagement in paragraph 72(iv)). Notably, **civil society is only referenced once** within the text (in paragraph 59) and only in reference to mental health. We encourage Member States to recognise the crucial role civil society plays in the effective design, implementation, and monitoring of health service delivery, and it should be supported and enhanced (in line with the capacity development commitments in paragraph 59). Reinserting language that continues to recognise and advance civil society's expertise and role is important to prevent backsliding from the 2018 document.

NCDA welcomes, however, the retention of language recognising the important role people with lived experience expertise can play to develop national NCD plans with Member States and encourage additional reference to the *WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases, and Mental Health and Neurological Conditions,* as a resource in facilitating greater social participation. However, we encourage stronger language previously proposed by Member States, which references multisectoral national plans being

"developed with" people and communities living with noncommunicable diseases and mental health conditions.

We further encourage Member States to ensure consistent application of equity and rights-based language concerning communities, people with lived experience, and civil society.

Integrate the full range of NCDs

Ref: Paragraphs 8-9, 46, 47

We welcome the **inclusive approach** to the various conditions referenced in the text and recognition of the wider burden from other NCDs and conditions of public health importance, which share common risk factors and benefit from common health system responses to NCDs. However, we continue to be concerned that the draft declaration lacks a statement that both: 1) recognises the "5x5" agenda of the main NCDs including mental health and neurological conditions and their common risk factors, as established in the 2018 declaration, and; 2) provides a more comprehensive listing of this broader agenda.

We encourage Member States to provide text in this declaration recognising the major diseases, conditions and risk factors previously agreed by the General Assembly and providing an illustrative listing of this broader agenda that should include rare diseases, renal, hepatic, musculoskeletal, oral, eye and ear diseases, genetic disorders, and injuries and disabilities.

To avoid the diseases specific paragraphs being read as exclusive lists, we urge Member States to ground and unite responses to these conditions by: 1) inserting language recognising relevant, existing, cross-cutting, and disease-specific technical and normative tools, and; 2) explicitly state the need for cross-cutting action in the NCD and mental health response to **support the link to, and achievement of, UHC**, provided in paragraph 46.

Retain strong language on fiscal measures

Ref: Paragraphs 41, 64, health-promoting environments target

We urge Member States to retain commitments for fiscal measures. Health taxes are evidence-based, cost-effective tools[1] 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. These taxes are also popularly supported[2] and have been implemented successfully across a range of Member State contexts[3].

We also call upon Member States to expand commitments in paragraph 41 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, acknowledging the contribution they can provide to NCD financing.

[1] Background about the cost-effectiveness analysis of these measures can be found here for tobacco taxes, alcohol taxes, and SSB taxes;

[2] For example a 2022 Gallup Poll found that a majority of people surveyed across several countries favoured higher taxes on alcohol, tobacco, and sugary drinks.

[3] The following resources provide an overview of the status across countries of tobacco taxes, alcohol taxes (also see this recent report from Movendi International) and SSB taxes; for taxes on foods high in fats, salt and sugar, please refer to WHO guideline: Fiscal policies to promote healthy diets.

NCD Alliance

Address the determinants of health, particularly commercial determinants

Ref: Paragraphs 12, 15, 16, 20, 27, 35, 39, 42, 43(c, f), 45, 56, 65, 83

NCD Alliance supports a systemic approach to NCD risks that focuses on **social, economic, commercial, and environmental determinants of health**, and welcomes paragraph 42. We urge Member States to retain the term commercial determinants of health in future revisions to ensure recognition of: 1) the impact that commercial actors and activities can have on health; 2) the need to address negative impacts alongside broader economic considerations that influence health, such as income inequities, revenue taxation models, or austerity measures, and; 3) the importance of consistency in the text –for example, recognising NCD risk factors are also commercial (paragraph 12).

In line with this, the Political Declaration needs to use **language that consistently acknowledges the systemic drivers** that shape individual behaviours and should avoid the use of the term "lifestyles" (paragraphs 15, 39). Additionally, Member States should replace the term "harmful use of alcohol" with "alcohol use" (paragraphs 12, 43(f), 45, 56), in recognition of scientific evidence showing that no level of alcohol consumption is safe.

Health-harming industries, such as tobacco, alcohol, unhealthy foods, 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.** References to the engagement of the private sector and other stakeholders than government should always specify "relevant" private sector or stakeholders. We appreciate additions in line with this in paragraphs 65 and (partially) 83. We encourage strengthening paragraphs 27 and 83 for consistency and adding a standalone paragraph on safeguarding conflicts of interest as previously suggested by a Member State.

Act on air pollution by linking it with fossil fuels and climate change

Ref: Paragraphs 12, 13, 20, 42, 43(h), 45, 74

We welcome the acknowledgment of air pollution as a major NCD risk factor, the level of exposure, and its impact on mortality in the preambular section. We also welcome the expansion of actions to address this public health emergency, including the promotion of active mobility and the regulation of polluting industrial sectors, vehicles, engines, fuels, and consumer and commercial products. However, to focus real progress on air quality, we urge Member States to **specify fossil fuels** (rather than just fuels) as the major source of air pollution. This should include a commitment to phasing out fossil fuel subsidies, for instance, under 43(h), where we also recommend adding a commitment to adopting air quality standards in alignment with the WHO air quality guideline level.

We also encourage Member States to explicitly recognise fossil fuels as the major driver of both air pollution and climate change in the preambular section. This section would benefit from a paragraph on the impact of climate change as previously suggested by a Member State during the review process of the Zero Draft. Moreover, while we welcome recognition of exposure to air pollution and climate change as key determinants of health (para 42), we also encourage Member States to acknowledge more explicitly how NCD policy should maximise co-benefits for climate change mitigation and adaptation, while advancing health-promoting actions and health systems strengthening. We also welcome language recognising that those living in areas most vulnerable to climate change bear a disproportionate burden of NCDs and the unique vulnerabilities of Small Island Developing States (SIDS).

Improve access to essential NCD medicines, diagnostics, and other health technologies.
Ref: Paragraphs 60-62, 69, and target

NCD Alliance strongly supports efforts to improve access to essential NCD medicines, diagnostics, and other health technologies. We urge Member States to retain and strengthen language on procurement to support strategic purchasing arrangements such as pooled procurement, as well as measures such as pricing policies, price transparency, and local and regional capacity building and manufacturing in LMICs. We also call on Member States to ensure language supports balanced intellectual property policies, including support for technology transfer, voluntary licensing, and TRIPS flexibilities. These activities would be further supported by strengthening forecasting and harmonization of regulatory systems. **The combination of these activities is crucial to enhancing the availability and affordability of medicines in LMICs,** is complementary to the achievement of the corresponding target on financial protection (under financing), and supports the achievement of integrated health services under UHC.

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.

Reduce out-of-pocket expenditure and deliver financial protection
Ref: Paragraphs 60, 70, 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, OOPEs are a significant proportion of total health spending, often rivalling or surpassing public spending. Given that average costs per facility visit are twice as high for NCDs compared to infectious diseases,[4] that the chronic nature of these conditions require long-term care, and 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 also result in real and meaningful change for people living with NCDs.

Support NCD targets to 2030 and beyond
Ref: Paragraphs 40,49, 51-52, and the targets under each subheading

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**. Such clear targets would accelerate implementation toward UHC, strengthen health systems, and deliver significant economic returns. We also encourage reference to the *WHO NCD Global Monitoring Framework* as a foundation for accountability and to support its further development.

Retaining these clear targets delivers on the HLM's Modalities Resolution commitment to an "action-oriented political declaration with a shared vision to mobilise political will" and its proposal of "consideration of measurable global targets and objectives" (A/RES/79/58 paragraph 5).

[4] Haakenstad AM. Out-of-Pocket Payments for Noncommunicable Disease Care: A Threat and Opportunity for Universal Health Coverage [Internet]. Harvard T.H. Chan School of Public Health; 2019. https://dash.harvard.edu/entities/publication/aff66f7d-be86-497f-a4da-f71490d00175

We further recommend:

Preamble:

Recognizing WHO-led preparatory meetings and inputs into the High-Level Meeting
Ref: Paragraph 6

We encourage Member States to acknowledge explicitly the WHO-led preparatory meetings for this HLM and the process that informed the UN Secretary-General's report including the Small Island Developing States (SIDS) Ministerial Conference on Noncommunicable Diseases and Mental Health, the High-Level Technical Meeting on NCDs in Emergencies, the International Dialogue for the Sustainable Financing of Noncommunicable Diseases and Mental Health, the Global Oral Health Meeting, and the WHO 2nd Global Conference on Air Pollution and Health, and their respective outcome documents.

Strengthening references to WHO technical and public goods on NCDs and Mental Health
Ref: Paragraphs 43(f), 48-55

We urge Member States to recognise WHO technical and public goods on NCDs, which provide guidance for common solutions across a wide range of NCDs.

Greater focus on equity and rights-based commitments
Ref: Paragraphs 15, 17-18, 20, 76-77

We strongly support a greater focus on equity and rights-based language and commitments in the preambular and operative paragraphs of the text, which are a core part of effective and comprehensive approaches for the prevention and control of NCDs. We also welcome paragraphs 17, 18, and 20, which continue to progress these commitments and will help deliver on the HLM's overall theme of "equity and integration".

NCDs follow a social gradient; the lower one's socio-economic 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 call on Member States to strengthen commitments for equitable access to services for all populations, regardless of the characteristics above.

Create health-promoting environments through action across government

Delivering proven, cost-effective policies to reduce NCD risk factor exposure
Ref: Paragraphs 41, 43, health-promoting environments target, and back to paragraphs 30, 31, 36

NCD Alliance encourages Member States to emphasize NCD interventions in alignment with WHO recommendations and welcome reference to the Best Buys in paragraph 31. 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 (paragraph 43 (f bis) in Rev 1).

It is crucial that suggested actions on tobacco control are framed as part of a comprehensive tobacco control strategy to accelerate implementation of the WHO's Framework Convention on Tobacco Control (FCTC) and its Protocol to Eliminate Illicit Trade in Tobacco Products. We urge Member States to go further by encouraging FCTC ratification among Member States that are not yet Parties to the treaty (paragraphs 43 (a, c)).

Suicide prevention and decriminalisation
Ref: Paragraph 43(i)

We urge Member States to retain the decriminalisation of suicide as part of suicide prevention efforts and welcome the additional proposals to develop a comprehensive and holistic set of efforts for national-level action.

Strengthen primary healthcare

A staffed, skilled, supported, sustainably financed workforce
Ref: Paragraphs 58-59

NCD Alliance recommends Member States strengthen paragraph 58 by reintroducing language to support the education and training of healthcare workers and including the reference to the WHO Academy as a tool for training the healthcare workforce on NCDs. We urge Member States to expand the scope of paragraph 59 beyond mental health care workers and include a reference to other NCDs. We also encourage the retention of the Member State proposal for consideration of action to address concerns on the migration of health professionals.

Deinstitutionalisation of mental health care
Ref: Paragraph 47(iv)

The deinstitutionalisation of mental health care is a critical component of delivering human-rights-based approaches to health. We recommend that Member States retain the commitment to promoting shifts away from institutions and tertiary facilities towards primary health care for mental health services delivery, which will help increase service availability, particularly at the local level, and person-centred approaches.

Mobilise and increase sustainable financing

Committing to specific and measurable financing targets
Ref: Paragraphs 65-66

NCD Alliance regrets that Member States have not called for the development of an attainable yet ambitious financing target that is inclusive of both NCDs and mental health conditions. We propose that paragraph 66 should be expanded to include NCDs, and that the target increase amount should be specified as, “levels necessary to achieve the investment needs set out in national NCD and mental health plans and strategies.”

Increasing sustainable financing for health
Ref: Paragraphs 63-65, 68, 70, and 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 welcome commitments to improved coordination across financing frameworks, and explicit reference to the Lusaka Agenda that might better deliver the “one plan, one budget” approach to external support for health systems. 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.

Strengthen governance

Integrating NCD action into humanitarian settings and emergency responses

Ref: Paragraph 47(v), 73-74, and target

NCD Alliance welcomes the language and target focused on the integration of NCD prevention and care and mental health services into prevention, preparedness, and response in emergency, pandemic, and humanitarian setting planning.

Support research, strengthen data and public health surveillance to advance evidence, monitor progress and hold ourselves accountable

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

Follow up

Integrating NCD commitments into the post-SDG agenda

Ref: Paragraph 84

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, an HLM in 2029 is critical to secure sustained action and ensure integration into the post-2030 agenda.