NCD Alliance text comments on the Zero Draft of the 2025 Political Declaration on NCDs and Mental Health

Updated 24th May 2025

Zero draft

Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being

Equity and integration: transforming lives and livelihoods though leadership and action on noncommunicable diseases and the promotion of mental health and well-being

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 25 September 2025 to review progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, commit to accelerating a priority set of evidence-based, cost-effective and affordable actions, and in this regard we:

1. Reaffirm our commitment to reduce by one third premature mortality from noncommunicable diseases by 2030, through prevention and treatment, and promote mental health and well-being **[ADD: across the life-course]** through addressing risk factors and the determinants of health and by accelerating the implementation of the political declarations and outcome document approved by the previous high-level meetings of the General Assembly on the prevention and control of noncommunicable diseases held in 2011[1], 2014[2], and 2018[3] and political declarations approved by the high-level meetings on universal health coverage held in 2019[4] and 2023[5] **[ADD: Pandemic Preparedness, Prevention and Response in 2023 and Anti-Microbial Resistance 2024]**;

   Rationale: Including reference to A/RES/78/3 and A/RES/79/2 as they are relevant to several of the preambular paragraphs and commitments to addressing NCDs.

2. Reaffirm General Assembly resolution 70/1 of 25 September 2015, entitled "Transforming our world: the 2030 Agenda for Sustainable Development", stressing the need for a comprehensive and people-centred approach, with a view to leaving no one behind, reaching the furthest behind first, and the importance of health across all the goals and targets of the 2030 Agenda for Sustainable Development, which are integrated and indivisible;

[1] Resolution 66/2
[2] Resolution 68/300
[3] Resolution 73/2
[4] Resolution 74/2
[5] Resolution 78/4

3. Reaffirm General Assembly resolution 69/313 of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reaffirmed strong political commitment to address the challenge of **[ADD: health]** financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity; **(*will be updated after Seville*)**

[ADD: 3bis. Welcome the convening of preparatory technical meetings on noncommunicable diseases led by the World Health Organization, 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, taking note of their respective outcome documents;]

Rationale: Recognizing precedence from previous HLMs on NCDs, we suggest recognizing the WHO processes that contributed to the UNSG report

4. Take note of the Secretary-General's report[6] entitled "Progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being" and recognize that while some progress has been made, **[ADD: only 19 countries are on track to meet SDG 3.4, reducing premature mortality from noncommunicable diseases by one-third through prevention and treatment and promote mental health and well-being, and]** there are many areas where greater action is needed, using a whole-of-government and whole-of-society approach;

Rationale: The overall progress on NCDs is insufficient, and urgent action is needed. We urge Member States to acknowledge the issue at hand, which in part, necessitates this high-level meeting and the next called for in the follow-up section.

5. Emphasize the burden of noncommunicable diseases, including cardiovascular diseases (such as heart disease and stroke), cancers, diabetes, and chronic respiratory diseases, which together account for more than 43 million deaths each year, 18 million of which occur prematurely (before the age of 70 years), with cardiovascular diseases accounting for the largest share of these deaths, **[ADD: and neurological conditions affecting over 3 billion people and that NCDs currently contribute to 80% of all years lived with disabilities,]** while recognizing the burden of conditions **[ADD: and WHO guidance on conditions]** beyond the **[ADD: five][DEL: four]** main noncommunicable diseases;

[6] A/79/762

Rationale: The 2018 political declaration (A/RES/73/2) recognized mental health and neurological conditions as the fifth major NCD. This change ensures consistency and alignment with previous agreements of the Assembly as well as an inclusive definition of NCDs.

[ADD: 5bis. Emphasize that over 2.1 billion children and young people under 20 are affected by or exposed to the risk factors for noncommunicable diseases and mental ill health, which are expected to become the leading cause of death for this vulnerable population by 2050, and underscores the urgent need to create health-promoting environments and deliver comprehensive primary health care to establish a trajectory for a heathier generation.

Rationale: Children and young people are becoming increasingly exposed to unhealthy environments and the prevalence of NCDs and mental ill health is increasing. Recognition of this helps support the prioritization of the actions outlined in this text as well as reminding Member States of their obligations under the Convention of the Rights of the Child.

[ADD: 5ter. Acknowledge the impact of non-communicable diseases on older persons, which is of particular concern, given the growing proportion of older persons and recognizing that they have an increased risk of multiple non-communicable diseases, which constitutes a major challenge for health systems.]

Rationale: Recognizing global demographic shift, and related burden of disease

6. Emphasize that mental health conditions including anxiety, depression, psychosis and self-harm, affect close to 1 billion people worldwide, represent a leading cause of disability, **[ADD: and suicide is the third leading cause of death among adolescents,]** and commonly co-occur and interact with **[DEL: other]** neurological conditions (including Alzheimer's disease and other forms of dementia), substance use and other noncommunicable conditions;

   Rationale: The word "other" implies mental health conditions are neurological conditions which are currently classified as interconnected but separate conditions.

7. Recognize that the main modifiable risk factors **[ADD:, including tobacco and alcohol use, unhealthy diets, physical inactivity and air pollution,]** are behavioural, **[ADD: economic, commercial,]** environmental and metabolic, are largely preventable, and require cross-sectoral actions to be addressed;

   Rationale: It is important to specify the major NCD risk factors.

8. Emphasize with concern that globally there are: (i) 1.3 billion tobacco users; (ii) 1.3 billion adults living with hypertension – a doubling since 1990 (and only 1 in 5 have it under control); (iii) 800 million adults living with diabetes – a fourfold increase since 1990; and (iv) 41 million children over 5 years old **[ADD: living with] [DEL: being]** overweight or **[ADD: obesity] [DEL: obese]**, while adult obesity has more than doubled since 1990; **[ADD (v) 7% of the world's population aged 15 years and older live with alcohol use disorders, (vi) in 2022 there were an estimated 20 million new cases of cancer and 9.7 million deaths, (vii) 57 million people living with dementia]**

    Rationale: This change removes identity-based language.

    [ADD: 8bis. Recognize the urgent need to address air pollution, primarily driven by fossil fuel use, which constitutes a critical and escalating global health and environmental challenge, with 99% of the world's population being exposed to unsafe air pollution levels.

    8ter. Stress the interlinkages between the increasing morbidity and mortality of noncommunicable diseases and mental health conditions, unsustainable food systems, and the intensifying climate crisis, including through extreme heat events and adverse weather patterns and the threat they pose to food security and the resilience of health systems.]

    Rationale: These additions acknowledge the significant burden of air pollution, a major NCD risk factor, and climate change to make the case that air pollution and climate change action needs to be integrated in NCD responses.

9. Emphasize that noncommunicable diseases and mental health conditions are a significant risk to economic growth and security, **[ADD: costing an estimated 2 trillion United States dollars in the global economy each year,]** and human capital development, with acute illness and long-term poor health preventing people from fulfilling their potential, thereby, compounding cycles of poverty and disadvantage;

    Rationale: To clarify to significant economic impact of these conditions.

10. Recognize that noncommunicable diseases, mental health conditions and their underlying risk factors and determinants, including the environments where people live, work and play, affect people at all ages, including children and adolescents, and recognize that currently 54% of the world's population live in cities and this is expected to rise to 68% by 2050, **[ADD: showing the need to invest in healthy urban environments]**;

    Rationale: This addition explains that due to the rise of urbanization with increased exposure to risk factors, there is need to invest in healthy cities.

11. Recognize that the poorest, socioeconomically disadvantaged, vulnerable and marginalised communities, including those in emergency and humanitarian settings **[ADD: and those living in areas most vulnerable to climate change]**, are often at greatest risk from noncommunicable diseases and mental health conditions **[ADD: struggle to receive appropriate treatment and care]**, and there are unique vulnerabilities for people living in Small Island Developing States;

    Rationale: In line with the Bridgetown Declaration, which recognizes the growing burden of NCDs in areas most affected by climate change.

12. Recognize that since the adoption of the political declaration in 2018, the COVID-19 pandemic, humanitarian crises, **[ADD: the climate crisis,] [DEL: climate emergencies,]** conflicts, and other intersected crises have strained fiscal capacity and alongside challenging macroeconomic conditions, have had a direct impact on health and well-being and have negatively impacted on national responses to noncommunicable diseases and mental health;

    Rationale: The financial impacts of climate change extend beyond climate emergencies, therefore, we suggest "climate crisis" as a more inclusive term.

[ADD: 12bis. Recognize the need to address the impact that unsustainable and unhealthy food systems have on noncommunicable diseases by promoting local food production and healthy and sustainable food systems through comprehensive, multisectoral, whole-of-government policies that increase food and nutrition security and the affordability of healthy diets, leveraging the United Nations Decade of Action on Nutrition.]

Rationale: It is important to acknowledge the need for transformation across the food system, from production and supply.

13. Recognize that the COVID-19 pandemic demonstrated the heightened vulnerability of people living with noncommunicable diseases and mental health conditions and that health systems were poorly prepared to respond to these conditions during the pandemic **[ADD: and saw service disruptions, demonstrating the importance of investing in resilient and health populations and health systems]**;

    Rationale: To align with the political declaration on PPPR (2023).

14. Recognize the threat of antimicrobial resistance, especially in the treatment of noncommunicable diseases such as cancer and commit to integrated strategies that safeguard the effectiveness of antimicrobials across health systems;

15. Recognize the need for integrated, well-financed and functioning health systems to prevent, screen, diagnose, treat and care for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, focusing on primary care, while recognizing the importance of well-functioning referral systems to

connect primary health care with secondary and tertiary health care for conditions that require specialized services;

16. Acknowledge that **[ADD: Member States and]** all stakeholders **[DEL: share responsibility and] [ADD: are subject to obligations to the right to health and health-related human rights, and when aligned with health]** can contribute to creating an environment conducive to preventing and controlling noncommunicable diseases and promoting mental health and well-being, and recognize the need to bring together governments, civil society and the **[ADD: relevant]** private sector to mobilize all available resources, as appropriate, for the implementation of national responses **[ADD:, while giving due regard to managing conflicts of interest]**;

    Rationale: Qualifying industry participation is important to managing conflicts of interest in public health policy while supporting the positive contributions. Member States are responsible for safeguarding people's right to health.

17. Recognize the importance of adopting a human rights-based approach for the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, including **[ADD: the right to health, providing access to essential health services and care, and the right to a safe, clean, healthy, and sustainable environment] [DEL: access to services and care]**, acknowledging that people living with and at risk of these conditions are routinely and unjustly deprived of such access and discriminated against;

    Rationale: To reaffirm the right to a healthy environment while advancing recognition of the links between health and environment within the context of NCDs.

18. Recognize that people living with noncommunicable diseases and mental health conditions have unique experiences and can provide first-hand expertise into designing, implementing and monitoring person-centred prevention, diagnosis, treatment, care (including rehabilitation and palliation) policies and programmes **[ADD:, and acknowledge the WHO Framework on the meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions]**;

    Rationale: This is a key tool that WHO has provided for the benefit of Member States and other stakeholders to facilitate this population's engagement across the policy cycle and program delivery.

19. Acknowledge that there are **[ADD: effective and]** evidence-based interventions for preventing, screening, diagnosing, treating, and caring for people with

noncommunicable diseases[7] and mental health conditions,[8] while also acknowledging that scarce resources means Member States must prioritize the most cost-effective, affordable and feasible interventions, which **[DEL: for the most part]** can be delivered at community **[ADD:,] [DEL: and]** primary health care **[ADD: and population health levels] [DEL: level]**;

Rationale: Many of these interventions are population-wide policies

20. Acknowledge further that investing in the World Health Organization 'Best Buys' between now and 2030 will save close to 7 million lives, further result in 50 million additional years of healthy life, and that these outcomes can be achieved with a return on investment of at least US$ 7 by 2030 for every US$ 1 spent, which would result in more than US$ 230 billion in economic benefits;

21. Recognize that obesity is largely driven by unhealthy food environments and lack of physical activity **[ADD: opportunities, that these environments are shaped by social, economic, commercial and environmental determinants of health,]** and that there has been no progress to stem the rate of overweight in children under 5 years of age in nearly 20 years; the number of children currently affected is 35 million;

Rationale: Commercial determinants of health is a more inclusive term, as even people who are able to access and afford a healthy diet will choose unhealthy foods.

[ADD: 21 bis. Acknowledge that there is not a completely safe level of alcohol use, as alcohol is a causal factor in cancers and other noncommunicable diseases even at low levels of consumption, and recognize the need to accelerate the implementation of evidence-based, cost-effective policies to reduce alcohol-related harm;]

Rationale: It is important Member States acknowledge the latest evidence on alcohol harm to move away from the misleading term "harmful use of alcohol use".

22. Emphasize the need to prioritize affordable and evidenced-based actions to fast-track progress in the next five years that build on demonstrative successes in countries and maximizes return on investment, and that data **[ADD: and indicators]** are essential to chart progress;

Rationale: To enhance accountability by outlining certain goals and targets.

[7] Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024.
[8] Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Geneva: World Health Organization; 2023.

23. Recognize that multimorbidity, including co-incidence with rare diseases, **[ADD: and co-morbidity across noncommunicable and communicable diseases (such as HIV and tuberculosis),]** increases the complexity of early diagnosis and treatment of noncommunicable diseases and mental health conditions;

    [ADD: 23bis. Recognize there are many other noncommunicable diseases and conditions of public health importance that are closely associated with multimorbidity, such as renal, endocrine, haematological, gastroenterological, hepatic, musculoskeletal, skin, eye, ear and oral diseases; genetic disorders; and substance use disorders; and disabilities such as sensory impairment;]

    Rationale: We suggest that this document take an inclusive approach that seeks to address the commonalities in the needs and challenges across the agenda and delivers health for all through PHC and health system strengthening.

24. Recognize that cost-effective and affordable population-level interventions to prevent noncommunicable diseases **[ADD: and poor mental health]** are available and require leadership, political commitment, action and coordination **[ADD: within and]** beyond the health sector **[ADD:, and strong safeguards against conflicts of interest]**;

    Rationale: Many of these interventions can also take place within the health sector, and given the track record of health-harming industry interference in the development and implementation of such interventions, another major requirement to consider is the establishment of safeguards against this barrier.

We therefore commit with utmost urgency to:

25. Fast-track progress on noncommunicable diseases and mental health over the next five years, focusing on tobacco control, preventing and scaling up effective treatment of hypertension and improving mental health care, with the aim to achieve the following global targets: by 2030, 150 million less people are using tobacco, 150 million more people have hypertension under control, and 150 million more people have access to mental health care;

To reach these targets and deliver on our commitment to prevent and control noncommunicable diseases and promote mental health and well-being, we will:

Create health-promoting environments through action across government

26. **[ADD: Significantly]** Increase taxation on tobacco, alcohol **[DEL: and]** sugar-sweetened beverages **[ADD: and processed foods high in fat, salt, and sugar in line with the technical guidance of] [DEL: bearing in mind]** the World Health

Organization **[DEL: recommendations][ADD:, implement corrective taxes on fossil fuels as the major source of air pollution, while supporting health-promoting subsidy reforms to ensure access to healthy and sustainable diets and clean energy sources;]**

Rationale: These changes make the text strong by adding specificity while referring to evidence-based policymaking, in addition to aligning with the equity theme of the HLM.

27. Enact within national and, where relevant, regional **[ADD: and international]** contexts legislation and regulation and take action to:

Rationale: More inclusive language.

(a) reduce tobacco use by: (i) implementing graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging; (ii) eliminating tobacco advertising, promotion and sponsorship; and (iii) comprehensively reducing exposure to second-hand tobacco smoke in indoor workplaces, public places, and public transport **[ADD:, as part of a comprehensive tobacco control strategy to accelerate implementation of the World Health Organization Framework Convention on Tobacco Control and its Protocol to Eliminate Illicit Trade in Tobacco Products]**;

Rationale: Combines 27(a) and (c).

(b) restrict and regulate electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS);

[DEL: (c) accelerate implementation of the World Health Organization Framework Convention on Tobacco Control and its Protocol to Eliminate Illicit Trade in Tobacco Products;]

(d) reduce unhealthy diet, overweight and obesity **[ADD: and promote physical activity]** by: (i) eliminating trans-fatty acids, and reduce levels of saturated fats, free sugars and sodium in processed food and beverages; (ii) providing front-of-pack labelling for food and beverages; (iii) putting in place public food procurement and service policies for healthy **[ADD: and sustainable]** diets; (iv) protecting children and young people from the harmful impact of food marketing, including digital marketing; **[DEL: and]** (v) promoting optimal breastfeeding practices;**[ADD: (v bis) strengthening pathways towards healthy and sustainable food systems improving the supply and availability of healthy food options; and (v ter) increasing access to green and blue spaces to enable physical activity opportunities.]**

Rationale: Unhealthy diets cannot be remedied without also enabling the production and availability of healthy foods; given this section aims to also address the prevention of overweight/obesity, it should also include the

promotion of physical activity, also a major NCD risk factor not specifically addressed in OP 27 yet.

(e) reduce **[DEL: harmful use of]** alcohol **[ADD: use]** by: (i) banning or comprehensively restricting exposure to alcohol advertising; (ii) restricting the physical availability of retailed alcohol; and (iii) enacting and enforcing drink-driving laws;

Rationale: evidence shows there is no completely safe level of alcohol use, and the use of the "harmful use of alcohol" is misleading by implying the opposite.

(f) reduce air pollution by: (i) promoting clean, efficient and **[DEL: expanded urban transit,] [ADD: multi-modal transport systems that include mass transit options and promote safe walking and cycling for short trips,]** car share schemes and low-emission zones; (ii) reducing the open burning of agricultural residues; **[DEL: and]** (iii) increasing access to affordable and **[ADD: clean energy sources and technologies] [DEL: less polluting fuels]** for cooking, heating and lighting; **[ADD: and (iii bis) ensuring a just and equitable transition away from fossil fuels including through the elimination of fossil fuel subsidies, the promotion of renewable energy sources and the improvement of energy efficiency.]**

Rationale: Public transport and emissions-free methods of transport are alternatives to driving that encourage physical activity. Fossil fuels are the leading cause of air pollution, so reducing their consumption and promoting clean alternatives is a necessary part of a comprehensive prevention strategy.

(g) take steps to **[ADD: develop national suicide prevention strategies that: (i)]** decriminalize suicide **[DEL: through limiting] [ADD: (ii) limit]** access to highly hazardous pesticides, and [ADD: to] other means of suicide [ADD: **including installation of barriers at 'jump sites' and restrictions to firearms, (iii) address responsible reporting of suicide by the media, including online, digital and social, (iv) foster socio-emotional life-skills and support for young people, and (v) identify and provide support to everyone affected by suicide and self-harm in line with the WHO LIVE LIFE Initiative]**;

Rationale: Focus should be on suicide prevention including decriminalization.

[ADD: (g bis) adopt existing technical packages and action plans on major risk factors for noncommunicable diseases and mental health conditions, to ensure a comprehensive framework of action;]

Rationale: builds connection to policy progress made as a result of previous HLM political declarations 2011, 2014, and 2018

28. Increase health literacy and implement sustained best practice information and age appropriate communication programmes across the entire population to: (i) educate the public about the harms of smoking/tobacco **[ADD: , alcohol]** use **[ADD: and air pollution]**; (ii) promote healthy diets; (iii) promote physical activity, with links to school and community-based programmes and environmental improvements; and (iv) promote healthy life skills, resilience and mental health and well-being through school-based social and emotional learning;

    Rationale: As a major NCD risk factor, public education campaigns should also include alcohol use. This multisectoral action also aligns the document with the earlier commitment to tax unhealthy products.

29. Address key social determinants of noncommunicable diseases and mental health by: (i) securing access to inclusive and quality education and supportive living and learning environments from childhood to adulthood; (ii) promoting safe, supportive and decent working conditions; (iii) providing social protection and livelihood support for low-income and impoverished households; and (iv) addressing **[ADD: structural discrimination towards women and minorities and]** social exclusion of older persons, particularly older women in rural areas;

    Rationale: Gender is also a determinant of health for NCDs.

[29 bis. Address key economic and commercial determinants of noncommunicable diseases and mental health through strengthening public health considerations in global and regional trade processes to avoid commercial practices that misuse or overuse unhealthy products through supply chains;]

[29 ter. Maximize co-benefits for climate change mitigation and adaptation in the implementation of health-promoting actions;]

[ADD: 29 qua. Request the development of technical guidance and packages by the World Health Organization in key areas of the response to noncommunicable diseases and mental health conditions that currently lack them, reiterating the mandate by the World Health Organization to develop a menu of policy options and cost-effective interventions on air pollution.]

Rationale: Additions in paras 29, bis, ter, and qua are to align with PP recommendations on commercial determinants and climate.

*Target: at least 80% of countries have implemented or increased excise taxes on tobacco, alcohol, and sugar-sweetened beverages **[DEL: to levels recommended by] [ADD: in line with]** the World Health Organization **[ADD: recommendations]** by 2030.*

Rationale: This encourages tax design alignment with WHO recommendations beyond excise tax rates.

[ADD: Target bis: *at least 80% of countries have adopted air quality standards to align with WHO air quality guideline level by 2030.*]

Rationale: The integration of air pollution into NCD action and health strategies has been inadequate despite air pollution being recognized as one of the largest NCD risk factors in the 2018 Political Declaration. Air pollution currently causes over 8 million deaths per year, and Member States are considering for approval at the 78th session of the World Health Assembly a WHO updated road map for an enhanced global response to the adverse health effects of air pollution. Through this, Member States are endorsing a voluntary target (countries to achieve a 50% reduction in the population-attributable fraction of mortality from anthropogenic sources of air pollution by 2040, relative to 2015 baseline value) with actions to reach this target being initiated/integrated by 2030.

[ADD: Target ter: *at least 80% of countries have, and are implementing, a standalone or integrated suicide prevention strategy, policy or plan by 2030*

Strengthen Primary healthcare [ADD: and health systems strengthening]

Rationale: aligns with the heading of the UN Secretary General's Progress Report, and is more inclusive of the shifts needed to deliver the commitments below.

30. Orientate health system and social care policies and capacities to support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course, including through: (i) expanding community-based services to improve prevention, screening, diagnosis, treatment, referral pathways, and follow-up for hypertension, diabetes, cancers, depression and other common noncommunicable diseases and mental health conditions; **[ADD: (i bis) implement technical packages in key areas of the NCD response (i ter) including noncommunicable diseases in universal health coverage benefits packages;]** (ii) integrating prevention, screening, diagnosis, treatment, rehabilitation and long-term care into existing programmes for communicable diseases **[ADD:, such as HIV/AIDS and tuberculosis]**, maternal and child health, and sexual and reproductive health programmes; (iii) shifting delivered in community-based settings, in line with World Health Organization guidance,[9]

[9] Examples include: (i) The WHO package of essential noncommunicable disease (WHO PEN) interventions for primary care; (ii) The WHO HEARTS technical package to improve cardiovascular health in countries; and (iii) The WHO Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders.

focusing on outcomes rather than on procedures **[ADD: ; and (iii bis) making health and social care systems resilient to climate change]**;

Rationale: Action on NCDs should be integrated into broader efforts to achieve universal health coverage, which is critical to supporting the needs of people at risk of and living with NCDs. With respect to point (iii bis) this aligns the text with the climate and health nexus.

31. Prevent and treat cardiovascular diseases by scaling up: (i) early diagnosis, **[ADD: sustainable,]** affordable and effective treatment, and regular follow up for people at risk or living with high blood pressure; (ii) access to **[ADD: quality-assured medicines and health technologies for early hypertension diagnosis and control,] [DEL: antihypertensive treatment]** and statin-based therapies for those at high-risk of a heart attack or stroke;

    Rationale: Provides more specifics on shift required to achieve the progress required in the over-arching target in para 25 above.

32. Improve care for people living with diabetes in line with the 2030 global coverage targets,[10] by scaling up early diagnosis, affordable and effective treatment (including insulin **[ADD: and blood glucose self-monitoring]**) and regular follow up for people at risk or living with diabetes to reduce the likelihood of cardiovascular and other complications; **[ADD: Recognize that early diagnosis and affordable effective treatment is especially important for people living with type 1 diabetes.]**

    Rationale: Early diagnosis and treatment is critical for reducing mortality from type 1 diabetes

    [ADD: 32bis. Promote early detection of cancers through a PHC approach that includes timely referral and access to care, including for breast cancer and improve survival for childhood cancer.]

    Rationale: Most cancers require specialist care referrals beyond PHC

33. Eliminate cervical cancer as a public health problem in line with the 2030 global targets,[11] by scaling up (i) human papillomavirus vaccination, (ii) screening for cervical cancer with a high-performance test, and (iii) treatment for women with cervical cancer;

34. Prevent liver cancer through scaling up **[ADD: (i) hepatitis B and C diagnosis; (ii)]** hepatitis B immunization **[ADD: ; and (iii) liver cancer monitoring of those already affected by liver cancer]** in all countries with high prevalence of hepatitis **[DEL: B]** infection;

[10] See: https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=1 (pages 48 and 99)
[11] See: https://iris.who.int/bitstream/handle/10665/336583/9789240014107-eng.pdf?sequence=1&isAllowed=y (page 20)

35. Prevent and treat asthma and chronic obstructive pulmonary disease by scaling up **[ADD: (i) early diagnosis, affordable and effective treatment, including (ii) access to quality, affordable, and effective inhaled medicines including inhaled] [DEL: access to]** bronchodilators **[ADD: corticosteroids, and combinations of these] [DEL: and oral steroids]**;

    Rationale: provides specificity that will support actual asthma and COPD chronic care needs

36. Scale up the availability and provision of as well as the access to **[ADD: high-quality]** psychosocial, psychological and pharmacological treatments for depression, anxiety and psychosis within general health care services, as well as for other related priority conditions, including childhood and youth mental health conditions, self-harm, alcohol use, epilepsy and dementia, while addressing the stigma **[ADD: and discrimination]** associated with these conditions;

    Rationale: There is also resulting discrimination that is associated with these conditions, this also reinforces a rights-based approach.

[ADD 36bis. Develop strengthen and implement palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverage schemes.]

    Rationale: Palliative care is a cross-cutting NCD requirement.

37. Increase the number, capacity, retention, and competencies of trained health care workers **[ADD: including community health workers,]** to implement integrated **[ADD: multidisciplinary]** primary care services for prevention, screening, diagnosis, treatment, rehabilitation and palliative care for people living with one or several noncommunicable diseases and mental health conditions;

    Rationale: Community health workers play a critical role in delivering health services in rural and hard-to-reach areas, as well as reaching those who are unable to travel. The addition also strengthens the text to align with best practices in healthcare workforce strengthening

38. Advance equitable, sustainable and affordable access to quality-assured medicines and health technologies for noncommunicable diseases and mental health conditions, while supporting and creating systems to uphold their quality and safety by: (i) strengthening pricing policies and financial protection mechanisms; (ii) strengthening **[ADD: forecasting,]** procurement and diversified, resilient supply chains; (iii) **[ADD: harmonizing and]** strengthening regulatory systems; **[DEL: and]** (iv) assessing **[ADD: technology transfer, local manufacturing capabilities,]** intellectual property policies **[including licensing, TRIPS and its flexibilities,]** in

light of global health needs **[ADD; particularly in lower- and middle-income countries; and (iv bis) and ensuring they are climate resilient]**;

Rationale: Various systems should also be harmonized to reduce duplicative efforts and streamline systems. Additionally, as seen during the COVID-19 pandemic, licensing and technology transfer, are critical to ensuring health equity between countries. We also encourage the inclusion of climate resiliency to reference the unique challenges SIDS and other climate-vulnerable countries face which was noted in the Bridgetown Declaration.

39. Leverage technology and innovation for noncommunicable disease prevention and control, and improving mental health, including through **[ADD: inclusive]** digital[12] and assistive products and technologies, to **[ADD: equitably]** increase access to quality systems and services and to empower people living with these conditions, while **[ADD: safeguarding adolescent mental health and]** recognizing the risks that these technologies can pose to mental well-being;

Rationale: The design of digital interventions should not perpetuate existing digital inequality gaps within and between countries but rather bridge them with inclusive design and programming to close the existing digital divide. Research has also demonstrated a significant negative impact between the use of digital spaces and mental health, particularly among adolescents.

*Target: at least 80% of public primary health care facilities in all countries have uninterrupted availability of at least 80% of World Health Organization-recommended essential medicines and **[DEL: basic]** technologies for noncommunicable diseases and mental health conditions at affordable prices by 2030.*

Rationale: it is important to refer to essential rather than basic technologies not to rule out technologies for surgical care, etc.

Increase sustainable financing

40. Increase domestic resources for preventing and controlling noncommunicable diseases and promoting mental health and well-being through improved public financial management, higher taxes on health harming products **[ADD:, health-promoting subsidy reforms,]** and the allocation of budgets in line with national health priorities and unmet needs for care;

Rationale: This ensured coherence across fiscal policies to ensure that health-harming industries are not supported with public funding.

[12] Examples include (i) digitalised health systems; (ii) electronic patient records, appointment reminders, telemedicine, health information systems and digital payments; and (iii) access to applications chatbots, and mobile health services to track health, support medicine adherence, and enable behavioural change.

41. Commit to mobilize and allocate adequate, predictable and sustained resources for national responses to prevent and control noncommunicable diseases and to promote mental health and well-being, through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the **[ADD: relevant]** private sector, to advance action at all levels;

    Rationale: Same as above.

42. Urgently scale up the percentage of public health budgets dedicated to mental health with the aim to increase the current global average of 2% to at least 5% **[ADD: in low- and middle-income countries and 10% in high-income countries]** by 2030;

    Rationale: Based on findings conducted by the Lancet Commission on Global Mental Health (2018)

[ADD: 42bis. Urgently scale up investment in noncommunicable diseases and mental health by establishing an ambitious, yet attainable, financing target for their prevention and control;]

    Rationale: In order to avoid uneven approaches across conditions, we strongly encourage Member States to commit to developing an inclusive target for both noncommunicable diseases that will encourage a system-wide approach.

[ADD: 42 ter. Allocate an additional 1% of GDP to the delivery of primary health care]

    Rationale: In line with World Bank, WHO, UNICEF 2019 recommendations to achieve commitment made for progress in PHC in UHC HLM 2019, that will deliver cross-cutting health benefits including for NCDs and Mental Health]

43. Focus external support from development partners on catalyzing fiscal, regulatory and legislative policy change and improvements in service capacities, access and outcomes **[ADD: that are aligned with nationally led development plans and priorities,]** and support the development of global and regional public health goods, including measures to counter the marketing **[ADD: availability, affordability of and lack of information on] [DEL: of]** unhealthy products;

    Rationale: to align with best practices in development as agreed in the Addis Ababa Action Agenda.

44. Strengthen strategic purchasing arrangements, such as pooled procurement, to stimulate the scaled-up implementation of cost-effective interventions identified in health benefit packages;

45. Reduce out-of-pocket expenditure and the risk of impoverishment **[DEL: for people and households affected] [ADD: particularly for low-income and vulnerable groups]** by noncommunicable diseases and mental health conditions by revising financial protection policies to explicitly cover or limit the cost of essential services, diagnostics, and medicines;

Target: *at least 80% of countries have financial protection policies* ***[ADD: to cover 80% of the population]*** *in place that cover or limit the cost of essential services, diagnostics,* ***[DEL: and]*** *medicines* ***[ADD:, and other health technologies]*** *for noncommunicable diseases and mental health conditions by 2030.*

Rationale: To make progress on financial protection under UHC, a relatively high level of coverage is needed in order to make this a meaningful target. We also urge the addition of health technologies, which are a separate classification of medical products.

Strengthen governance

46. Develop and implement noncommunicable diseases and mental health multisectoral national plans and, where appropriate, subnational plans that: (i) are focused on a set of evidence-based, cost-effective and affordable interventions that are based on the local context; (ii) identify the roles and responsibilities of government ministries and agencies and development partners; (iii) are costed and linked to broader health, development **[ADD:, climate,]** and emergency plans; (iv) are rights-based and engaging people living with noncommunicable diseases and mental health conditions; and (v) are ambitious but have measurable targets;

[ADD: 46bis. Safeguard health governance and policymaking processes, including participatory approaches from conflicts of interest and undue influence from health-harming industries to ensure that private interests do not override public health goals;]

47. Integrate noncommunicable diseases prevention and control, and mental health and psychosocial support, into health security, pandemic and emergency **[ADD: prevention,]** preparedness and humanitarian response frameworks **[ADD:, and climate change mitigation and adaption plans,]** to contribute to resilient and responsive health systems capable of effective emergency preparedness and response;
Rationale: This edit provides alignment across UN texts and their respective commitments while aligning with the edits of this document to address climate and the environment in the NCD response.

48. Counter misinformation and disinformation around the prevention and treatment of noncommunicable diseases and mental health conditions, including by increasing health literacy, and regulate digital environments to ensure the necessary protections, especially for children and young people, against harmful commercial marketing and all forms of online violence;

ADD: 48bis. Create, maintain, and support the meaningful participation of young people, civil society, communities, and people living with or affected by noncommunicable diseases and mental ill health to support inclusive governance and implementation for the prevention and control of noncommunicable diseases and mental health through safe and open environments;]
Rationale: Stronger commitments towards social participation, including people with lived experience would strengthen the text. The political declaration on HIV/AIDS and the support it gave to communities, civil society, and people with lived experience have been instrumental to the progress made in that agenda.

Target: at least 80% of countries have integrated noncommunicable diseases prevention and control, and mental health and psychosocial support, into national preparedness and response frameworks by 2030.

Strengthen data and surveillance to monitor progress and hold ourselves accountable

49. Improve infrastructure for systematic and ongoing country surveillance on noncommunicable diseases, **[ADD: mental health, and their]** risk factors **[DEL: mental health,]** including death registration, population-based surveys, **[ADD: disease registries]** and facility-based information systems;

[ADD: 49bis. Call upon the World Health Organization to: (i) renew the comprehensive non-communicable diseases global monitoring framework and related global targets to reinvigorate and strengthen global action and reporting; and (ii) establish and coordinate a robust and transparent global multisector accountability mechanism, to complement and enhance existing mechanisms, with Member States, non-State actors and development partners sharing progress in delivering commitments and agreed actions with the World Health Organization to enable regular and structured reporting.]
Rationale: Originally an assignment from the First Political Declaration, the Global Monitoring Framework is set to expire this year and is currently one of the few global reporting platforms for NCDs. Therefore, its renewal is important to the monitoring and evaluation of the enforcement of this text. We also encourage the establishment of a formal mechanism to ensure that the strong commitments in this text are actioned and reported on.

[ADD: 49ter. Expand, standardize, and mainstream data on risk factors, including air pollution, in NCD and mental health surveillance, monitoring, and reporting activities;

Rationale: Air pollution data is not routinely recorded or integrated into NCD surveillance and reporting. This is essential to support countries in accelerating data driven responses to air pollution and enhancing accountability.

50. Develop and support national and regional capacity for **[ADD: quality and disaggregated]** data collection **[ADD: and][DEL:, data]** analysis, health economic analysis, health technology assessment and implementation research related to noncommunicable diseases and mental health service development **[ADD:, provision]** and evaluation;

Rationale: transparent, quality, and granular data that are disaggregated by age, gender, income, and other characteristics relevant to national contexts support evidence-based action and financing.

[ADD: 50bis. Strengthen financial accountability mechanisms and participatory national budget processes to promote transparency in national health accounts and official development assistance funding flows by institutionalizing regularized processes for collecting, analyzing, and disseminating noncommunicable disease financing data;]

Rationale: This will help assess financing needs and national planning improve alignment between national disease burdens and spending to enhance health outcomes.

51. Incorporate reporting on noncommunicable diseases and mental health into national Sustainable Development Goals-related review processes such as the voluntary national reviews, including timely reporting on global targets;

*Target: at least 80% of countries have an operational noncommunicable diseases and mental health surveillance and monitoring system **[ADD: that includes disease and risk factor prevalence data]** by 2030.*

Follow up

In order to ensure adequate follow-up, we:

52. Emphasize the leading role of the World Health Organization as the directing and coordinating authority on international health to continue to support Member States through its normative and standard-setting work, provision of technical cooperation,

assistance and policy advice, and the promotion of multisectoral and multistakeholder partnerships and dialogue;

53. Call upon United Nations agencies **[ADD: via the Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases]**, multilateral development banks and other regional and intergovernmental organizations, to scale up support to Member States in their efforts to prevent and control noncommunicable diseases and mental health conditions and the implementation of the present political declaration;

    Rationale: In order to strengthen and enhance coordination of agencies through an existing mechanism and avoid duplicative efforts.

54. Further call upon United Nations agencies, multilateral development banks and other regional and intergovernmental organizations to scale up support to Member States through catalytic development assistance, including through the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases and the Health4Life Fund;

55. Also call upon the Global Fund **[ADD: and other global health initiatives, including multilateral development banks,]** to prioritize further the inclusion of noncommunicable diseases and mental health conditions interventions into its work programme;

    Rationale: This call should not be made to the Global Fund alone. This addition by recent commitments by Ministries of Health, Ministries of Development, and bilateral and multilateral development agencies to shift external financing towards a "one plan, one budget" approach for integrated health systems to reach UHC.

56. Call upon the **[ADD: relevant]** private sector to **[ADD: reaffirm and]** strengthen its commitment to prevent and control noncommunicable diseases and promote mental health and well-being by **[ADD: actively supporting and]** contributing to the implementation of the present political declaration **[ADD:, and by delivering on the commitments already endorsed in]** **[DEL: and]** the outcomes of the previous high-level meetings of the General Assembly on the prevention and control of noncommunicable diseases held in 2011, 2014, and 2018;

    Rationale: More active engagement and commitment to deliver on the declaration is needed by relevant private sector actors as the commitments for specific areas for action were outlined in the 2011 text.

57. Request the Secretary-General to provide, in consultation with Member States, and in collaboration with the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly by the end of **[ADD:2028]** **[DEL: 2030]** a progress report on

the implementation of the present political declaration on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, which will serve to inform the next high-level meeting to be convened in **[ADD: 2029] [DEL:2031].**

Rationale: The next HLM should take place before the end of the SDG era to review and better position accurate commitments for NCDs in the post-2030 agenda