

## **NCD Alliance Priority Recommendations for the 2018 UN Political Declaration on NCDs: Ensuring the UN High-Level Meeting on NCDs Counts for All People**

June 2018

The NCD Alliance congratulates the co-facilitators on preparing a Zero Draft Elements Paper for the Political Declaration of the UN High-Level Meeting on NCDs in September 2018, which reflects a broad array of priorities for future action on NCDs. This paper sets out the priority commitments that the NCD Alliance is requesting Member States to consider for inclusion in the final Political Document. These are based upon extensive consultation with our civil society network.

The negotiations on the Political Declaration in New York will be a fast-moving iterative process. Drawing upon the experience of the previous two UN HLMs, the NCD Alliance is ready to support Member States throughout the drafting process.

### **A bold and ambitious Political Declaration to scale up and transform the NCD response**

Given this is the third UN High-Level Meeting for NCDs, the modalities resolution for the UN HLM commits Member States to agree a concise and action-oriented Political Declaration (PD) which builds on “the opportunities and challenges in the implementation of previous commitments.” The priorities recommended by the NCD Alliance therefore draw heavily from language previously agreed by Member States, including 2011 and 2014 Political Declarations; as well as build upon the bottlenecks and priorities identified in the 2017 UN Secretary General Progress Report on NCDs and the 2018 WHO Global Independent High-Level Commission on NCDs.

As noted by the WHO Director-General in Report A71/14, the world is reaching an inflection point. If significant investments are not made now, the increase in premature mortality from NCDs in low- and middle-income countries will not be offset by any gains in implementing commitments made, and the world will not be able to reach target 3.4 of the 2030 Agenda. This UN HLM will provide the last opportunity for Member States to affirm their strong political commitment and reinforce action.

### **Six headline messages on the scope and purpose of the Zero Draft Elements Paper:**

- **The context of the SDGs:** This UN HLM on NCDs is taking place three years after NCDs were included for the first time in the global development agenda – the 2030 Agenda for Sustainable Development. This context is unique and should be the framing for the UN HLM and Political Declaration. It is an opportunity for political leaders to reinforce the importance of NCDs and health in the SDGs, and commit to strengthen the interlinkages and synergies between NCDs and other areas of sustainable human development;
- **The imperative for action and investment:** Given that the PD will be adopted by Heads of Government and State, it is crucial the PD includes a clear case for political action and investment in NCDs. The current draft is weak in this area. The preamble should draw on the UNSG report, which includes clear evidence on the scale of the challenge, as well as the recent WHO report “Saving Lives, Spending Less” which reinforces NCDs as a smart and strategic investment;
- **A high-level political document:** The UN HLM is a political meeting with Heads of Government and State, therefore the Political Declaration must be a “leader level” political document and not technical. It should build upon the global NCD response to date, reaffirm previous commitments and targets, and include a set of forward-looking political commitments that emphasize the role and responsibility of Heads of State/Government to take action, leadership and ownership of the NCD response;
- **A structured declaration:** Building upon the two previous UN HLMs, the Political Declaration would benefit from grouping the action-oriented commitments under a small number of sub-headings. The NCD Alliance has recommended 7 sub-headings that would follow the preamble, many of which draw from the UNSG report or WHO High-Level Commission report;
- **Address the unfinished business and bottlenecks:** Despite widespread consensus on the solutions and what works for NCDs, progress has been too slow since 2011. The current trajectory shows that most of the global NCD targets will not be met in 2025 and 2030. The Political Declaration must focus on the causes of this implementation deficit – the barriers and bottlenecks in the response at all levels – which have been well articulated in the UNSG report from 2017;

- **Bold, time-bound commitments for action at the national level:** Since the last UN HLM in 2014, the deadline for many of the time-bound commitments have expired and over two thirds of all Member States failed to achieve them. The UN HLM is therefore a significant opportunity to commit to bold, specific, time-bound and measurable national commitments for this next phase of the NCD response.

#### Six headline messages on commitments in the Zero Draft Elements Paper:

- **Reinvigorate political leadership:** The 2018 PD provides a significant opportunity for Heads of State and Government to commit to decisive, inclusive and accountable leadership and oversee the process of ownership at the national level. This leadership should be seen in support of the Minister of Health, to enable a whole-of-government response, with buy-in and commitment from all government departments to ensure policy coherence. The PD should include time-bound commitments to develop national NCD plans, targets and multisectoral mechanisms by 2020, and reaffirm leadership for gender-responsive and human rights-based approaches to NCDs at the highest political level;
- **Put people first:** The two previous PDs on NCDs recognised the importance of a whole-of-society approach, but none have explicitly articulated the crucial role of civil society in the NCD response. The 2018 PD should seize this opportunity and acknowledge this, together with making a political commitment to ensure the meaningful involvement of civil society, including people living with NCDs and young people in all parts of the NCD response; commit to developing global principles for meaningful involvement of people living with NCDs, drawing upon the HIV/AIDS response; and commit to increase and sustain investment in civil society, particularly in LMICs;
- **Scale up smart and sustainable NCD financing:** Despite modest financing requirements and the cost-effectiveness of many NCD control policies and interventions, financing has remained a major barrier to progress. The PD should have a strong section on financing, with time-bound commitments to 1) Measure and close the global resource gap on NCDs by 2025; 2) increase national budgetary allocations with specific targets for domestic investment based on national investment cases; 3) implement global recommended fiscal policies including price and tax measures on tobacco and alcohol, and take steps to enable the use of fiscal policies on sugary products to improve health; 4) increase catalytic financing for NCDs via international development assistance; and 5) both integrate NCDs into existing global health financing platforms and explore establishment of new mechanisms such as a multi-partner fund;
- **Balance prevention and health system strengthening for NCDs:** Since the last UN HLM in 2014, the WHO Best Buys – the sixteen most cost-effective interventions for NCD prevention and control - have been updated and agreed to by all Member States. The PD should include a time-bound political commitment to implement these WHO Best Buys and other recommended interventions by 2022. In addition, the links between NCDs and universal health coverage (UHC) should be strengthened, explicitly committing to including NCD prevention, screening, diagnosis, treatment and care to be components of national UHC packages;
- **Constructive engagement with the private sector:** While parts of the private sector have an important role to play in NCDs, progress against paragraph 44 of the 2011 PD on the contribution of private sector has been slow. The 2018 PD should draw from the Montevideo Roadmap on NCDs which emphasizes that it is up to governments to decide when and how to engage the private sector, and that the rules of engagement vary for different parts of the private sector. In all countries, governments should commit to enhancing national capacity to engage constructively with the private sector for NCD prevention and control in a way that maximises public health benefits. Member States should learn from past experiences and commit to adopting effective regulatory measures for the unhealthy commodity industries (tobacco, alcohol, and processed and ultra-processed food), as well as establish and enforce strict engagement principles that manage conflicts of interest, ensure transparency, and safeguard against private sector involvement and influence on public health policymaking;
- **Follow up and accountability:** A plethora of commitments and targets have been set on NCDs, but too many have gone unmet without sufficient review and recourse, and overall progress towards global targets is off track. The HLM is an opportunity for governments to strengthen accountability in three main ways: 1) strengthen transparent and inclusive accountability mechanisms at country and global levels; 2) introduce independent accountability as an important component of NCD monitoring and review, drawing upon women and children's health, and commit to NCD Countdown 2030; and 3) commit to the next UN HLM on NCDs being held in 2022, which would ensure sufficient time for governments to make progress whilst maintaining global momentum on the issue.

## NCD Alliance priority recommendations for the UN Political Declaration on NCDs

<p><b>Preamble</b></p>	<ul style="list-style-type: none"> <li>• <i>Recognize</i> that NCDs - including cancer, cardiovascular diseases, diabetes, chronic respiratory diseases, and mental and neurological conditions - are an unprecedented human catastrophe inflicting suffering on all countries, communities and families, and represent a major challenge to <b>all dimensions of sustainable human development</b>, driven by and contributing to rising poverty and inequality and impacting disproportionately on vulnerable populations including people living with disabilities, women, children and indigenous populations;</li> <li>• <i>Recognize</i> there are many other conditions of public health importance that are <b>closely associated with the four major NCDs</b>, including renal, endocrine, neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and oral diseases and genetic disorders; mental and substance use disorders; disabilities such as blindness and deafness; and violence and injuries;</li> <li>• <i>Strongly reaffirm</i> our <b>political commitment to accelerate progress</b> on implementation of the 2011 NCD Political Declaration and 2014 NCD Outcome Document; the 2030 Agenda for Sustainable Development and SDG 3.4 particularly, WHO Global NCD Action Plan; WHO 2025 Global Monitoring Framework; WHO Mental Health Action Plan 2013-2020; WHO Global Dementia Plan; 2017 WHO resolution on cancer; 2018 WHO resolution on rheumatic fever and rheumatic heart disease; and Montevideo Roadmap 2018-2030;</li> <li>• <i>Note with deep concern</i> that <b>progress on NCDs has been slow and insufficient</b>, and that without a significant scaling up of investment and action to address the critical barriers, premature mortality from NCDs will continue to increase and the world will not meet SDG target 3.4 on NCDs;</li> <li>• <i>Express grave concern</i> that the <b>enormous human and economic cost of NCDs</b> contributes to poverty and inequality and threatens the health of peoples and the development of countries, costing developing countries over the next 15 years more than USD 7 trillion, while an additional USD 1.27 per person per year in low and lower-middle-income countries invested in implementing the set of best buys for the prevention and control no non-communicable diseases will save 8.2 million lives, achieve a 15% reduction in premature mortality from NCDs and generate USD 350 billion in economic growth by 2030<sup>1,2</sup>;</li> <li>• <i>Reaffirm</i> the <b>primary role and responsibility of Governments in addressing NCDs with coordination across departments</b>, accompanied by whole of society approaches to NCDs, including through engaging civil society, relevant private sector, people living with or affected by NCDs, young people, philanthropic foundations, academia, and all relevant stakeholders to generate effective responses for the prevention and control of NCDs.</li> </ul>
<p><b>Reinvigorate political leadership to accelerate the NCD response</b></p>	<ul style="list-style-type: none"> <li>• <i>Strengthen</i> our <b>commitment as Heads of State and Government</b> to provide decisive, inclusive and accountable leadership, to revitalize and intensify the comprehensive global NCD prevention and control response, and oversee the process of ownership at the national level to ensure an integrated, whole-of-government response and policy coherence;</li> <li>• <i>Commit</i> by <b>2020 to develop, cost and implement national multisectoral NCD plans with embedded national targets</b>, taking into account national contexts; establish national multisectoral mechanisms or analogous bodies by 2020, for the engagement, policy coherence and accountability of sectors beyond health;</li> <li>• <i>Commit</i> to integrate NCDs into <b>health and development planning instruments</b>, including National Sustainable Development Plans, Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs), as well as national responses related to SDG areas including, but not limited to, end poverty, address climate change and air pollution, ensure education, end</li> </ul>

<sup>1</sup> Global Status Report on noncommunicable diseases 2014 “Attaining the nine global noncommunicable diseases targets; a shared responsibility” Geneva, Switzerland. World Health Organization; 2014

<sup>2</sup> Saving lives, spending less: a strategic response to noncommunicable diseases. Geneva, Switzerland. World Health Organization; 2018

	<p>hunger, improve nutrition and promote sustainable agriculture, ensure sustainable consumption and production, ensure access to housing and transportation and strengthen partnerships;</p> <ul style="list-style-type: none"> <li>• <i>Commit</i> by 2022 to accelerate <b>implementation of the WHO Best Buys and other recommended cost-effective interventions</b> for the prevention and control of NCDs and their risk factors, according to country-led prioritization, as agreed by Member States in the updated Appendix III of the WHO Global Action Plan 2013-2020;</li> <li>• <i>Commit</i> to integrate interventions for <b>mental and neurological health and well-being</b> into national responses to NCDs, and provide treatment and care for people with mental health disorders within community settings;</li> <li>• <i>Commit</i> to ensure <b>gender-responsive approaches</b> for the prevention and control of NCDs and the promotion of mental and neurological health and well-being, recognizing that gender plays an important role in the drivers, determinants, access to health services and care-giving elements of NCDs, and that data on NCD outcomes should be disaggregated, including by gender, to ensure prevention and control efforts reach the poorest and most vulnerable;</li> <li>• <i>Commit</i> to adopt a <b>human rights-based approach</b> to addressing NCDs, with clear, specific targets and timelines that fulfil human rights obligations arising from international law, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention of the Rights of the Child.</li> </ul>
<p><b>Put people first in the NCD response</b></p>	<ul style="list-style-type: none"> <li>• <i>Acknowledge</i> the <b>role and contribution of civil society, including people living with and affected by NCDs and young people</b> in the NCD response, including in awareness-raising, advocacy and communication, service delivery, research, and accountability;</li> <li>• <i>Commit</i> to ensure <b>the full involvement and participation of civil society</b>, including people living and affected by NCDs and young people, in decision-making and policy-setting processes at national, regional and global levels and throughout the design, planning, implementation and evaluation of programmes and services;</li> <li>• <i>Commit</i> to working with members of civil society, including people living with or affected by NCDs and youth leaders to <b>develop, regional and national global principles for the meaningful involvement of people living with NCDs</b> in all aspects of the NCD response;</li> <li>• <i>Commit</i> to <b>increased and sustained investment in NCD civil society</b> to support national and regional NCD responses, including dedicated efforts to strengthen the capacity of civil society organizations and coalitions in advocacy, community and political mobilization, communication and awareness raising, service delivery, and monitoring and accountability;</li> <li>• <i>Commit</i> to partner with local leaders and civil society, including community-based organizations, <b>to develop and scale up community-led NCD services</b> and initiatives, and to address stigma and discrimination.</li> </ul>
<p><b>Scale up sustainable and smart financing for NCDs</b></p>	<ul style="list-style-type: none"> <li>• <i>Commit</i> to work towards <b>closing the global NCD resource gap</b> by 2025 through greater strategic investments, increased domestic and international funding to enable countries to access predictable and sustainable financial resources, sources of innovative financing, and by ensuring that funding is aligned with national NCD and development strategies;</li> <li>• <i>Commit</i> to <b>scaling up domestic investment for NCDs</b> to reach specific targets based on national investment cases and costed national NCD plans, where feasible; and to carry out health impact assessments and full-cost accounting, which factors in the true cost to societies of policies that have a bearing on NCDs;</li> <li>• <i>Commit</i> to implement <b>globally recommended fiscal policies</b> including price and tax measures on tobacco, as agreed in Article 6 of the FCTC, and on sugary foods and drinks, including sugar-sweetened beverages, alcohol, and fossil fuels as part of a comprehensive approach;</li> <li>• <i>Reiterate</i> that the <b>fulfilment of all ODA commitments</b> remains crucial, including the commitment</li> </ul>

	<p>by many developed countries to achieve the 0.7 per cent of ODA/GNI and 0.15 to 0.20 per cent of ODA/GNI to least developed countries, and urge governments to step up efforts to increase ODA for NCDs as a crucial source of catalytic funding;</p> <ul style="list-style-type: none"> <li>• <i>Reaffirm</i> our strong commitment to the full and timely implementation of the policies and actions of the <b>Addis Ababa Action Agenda</b> in order to increase sustained investment in NCDs, as it relates to domestic public resources and taxation, domestic and international private business and finance, and international development cooperation;</li> <li>• <i>Commit</i> to <b>explore innovative financing mechanisms</b> to leverage investment in NCDs, drawing upon models combining public and private resources such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility, UNITAID, and GAVI, and to expand the remit of these existing global health financing mechanisms to include NCDs and mental health, acknowledging the increasing burden of co-morbidities that require an integrated approach;</li> <li>• <i>Commit</i> to the establishment of a <b>multi-partner fund</b> to catalyze financing for the development of national NCDs and mental health responses and policy coherence at country level;</li> <li>• <i>Commit</i> to <b>use strategic lending</b> from the World Bank and regional development banks to finance national NCD responses more widely;</li> <li>• <i>Commit</i> to integrate NCDs into <b>human-capital and human development indices</b> in order to increase targeted actions and investments in the development and implementation of financial, economic, and social policies that will benefit the prevention and control of NCDs and mental health and well-being;</li> <li>• <i>Commit</i> to <b>protect public health within bilateral, regional, and multilateral trade and investment agreements</b> to support national sovereignty in regulating the sale of products and services that increase risk of NCDs, such as unhealthy foods, tobacco, and alcohol; and in promoting equitable availability and accessibility of quality, safe, effective and affordable medicines, technologies, treatment, rehabilitation, and palliative care.</li> </ul>
<p><b>Ensure prevention is a cornerstone of the NCD response</b></p>	<ul style="list-style-type: none"> <li>• <i>Commit</i> to concentrate efforts on <b>tackling the underlying social, economic, environmental and commercial determinants of NCDs and reducing risk factors</b> by fostering cross-sectoral collaboration and through the implementation of WHO Best Buys and other recommended cost-effective interventions to reduce tobacco use, the harmful use of alcohol, unhealthy diets, physical inactivity and exposure to air pollution into national and sub-national health policies and plans;</li> <li>• <i>Commit</i> to accelerate implementation of the <b>WHO Framework Convention on Tobacco Control</b> by its States parties, while calling for its universal ratification, using the WHO FCTC Global Strategy as a roadmap for action and recognizing the role of the FCTC Conference of Parties as the primary authority on tobacco control;</li> <li>• <i>Commit</i> to implement <b>cost-effective and evidence-based interventions to halt all forms of malnutrition</b>, including undernutrition, overweight and obesity, with a specific focus on childhood obesity as per the WHO Ending Childhood Obesity Implementation plan, taking into account additional WHO recommendations, national priorities and the UN Decade of Action on Nutrition;</li> <li>• <i>Commit</i> to work comprehensively and cohesively across sectors to <b>increase physical activity</b> by supporting implementation of recommendations in the WHO Global Action Plan for Physical Activity 2018-2030;</li> <li>• <i>Commit</i> to <b>reduce the harmful use of alcohol</b> through measures detailed in the WHO Global Strategy to Reduce the Harmful Use of Alcohol;</li> <li>• <i>Commit</i> to <b>implement WHO technical packages</b> to minimize exposure to risk factors for NCDs, including the MPOWER measures for tobacco control, SHAKE technical package for salt reduction, and the REPLACE guide for the elimination of industrially produced trans fats from the global food supply by 2023;</li> <li>• <i>Commit</i> to <b>promote and implement policy, legislative, and regulatory measures, including fiscal</b></li> </ul>

	<p><b>policy interventions</b>, including taxation of tobacco, alcohol and of food and drinks that are energy-dense and of low nutritional value, including those high in sugars, fats, and salts as appropriate, and subsidies of healthy alternatives in order to minimize the impact of risk factors and promote healthy diets;</p> <ul style="list-style-type: none"> <li>• <i>Commit</i> to address the <b>environmental determinants of health</b>, especially indoor and ambient air pollution, drawing on experience from addressing other health-harming commodities such as tobacco, alcohol and unhealthy foods and beverages, and with particular attention to co-benefit actions for human and planetary health, notably including climate change mitigation;</li> <li>• <i>Commit</i> to create <b>health-promoting environments</b> that provide individuals with healthy choices, provide safe, comfortable, convenient walkways and public transportation, and strengthen health literacy through a combination of education and public awareness campaigns addressing all NCD risk factors, signs and symptoms, to facilitate earlier diagnosis.</li> </ul>
<p><b>Strengthen health systems and UHC for NCDs</b></p>	<ul style="list-style-type: none"> <li>• <i>Recognize</i> the reciprocal relationship between <b>universal health coverage</b>, including financial risk protection, and NCD prevention and control, ensuring that national UHC packages include services for NCDs and mental health and neurological and substance abuse conditions, particularly for the poorest and most vulnerable populations;</li> <li>• <i>Strengthen</i> and <b>reorient health systems</b>, with a focus on primary health care and a lifecourse approach to the prevention and control of NCDs and mental and neurological health and well-being, as part of comprehensive universal health coverage, including access to safe, affordable, effective and quality essential medicines, technologies, treatment, rehabilitation, and palliative care, and reaffirm the right of TRIPS flexibilities according to the Doha Declaration;</li> <li>• <i>Support</i> the universal right of people living with NCDs to <b>access high quality care for NCDs, including quality safe, effective and affordable essential medicines, vaccines, including HPV and hepatitis B vaccines, and health technologies</b>, in line with population and patient needs;</li> <li>• <i>Strengthen</i> an <b>integrated, people-centred and lifecourse approach to NCDs</b> in response to the growing burden of multimorbidity, including <b>mental and neurological health services</b> with attention to the four objectives of the WHO Mental Health Action Plan, reproductive, maternal, child and adolescent health and communicable diseases such as tuberculosis and HIV, noting the co-benefits of integrated implementation of the 2018 UN Political Declaration on Tuberculosis and the 2006, 2011 and 2016 UN Political Declarations on HIV and AIDs;</li> <li>• <i>Ensure</i> a <b>well-equipped health workforce</b> by investing in education, training, and capacity building to respond to the health needs of a country's population, including task sharing, empowerment of, and improved coordination with nurses, pharmacists and the social sector, with appropriate remuneration.</li> </ul>
<p><b>Constructive engagement with the private sector</b></p>	<ul style="list-style-type: none"> <li>• <i>Commit</i> to <b>enhancing national capacity to engage constructively with the private sector</b>, ranging from micro-enterprises to cooperatives and multinationals, for NCDs in a way that <b>maximizes public health benefits while managing conflicts of interest</b>, ensuring transparency, and safeguarding against private sector involvement and influence on public health policymaking;</li> <li>• <i>Commit</i> to <b>strengthening evidence-based policy and regulatory frameworks</b>, and align private sector incentives with public health goals, to make health conducive choices available and affordable in healthy environments;</li> <li>• <i>Invite the private sector</i> to commit to strengthen its contribution to accelerating progress on NCD prevention and control, by taking initiative to promote healthy products and environments and be accountable for action in the following areas: <ul style="list-style-type: none"> <li>○ Implement the WHO set of recommendations to <b>restrict marketing of unhealthy foods and non-alcoholic beverages to children and youth</b>, and explore establishing an international code of conduct on marketing, together with an accountability mechanism;</li> <li>○ <b>Create a health-promoting environment for workers</b>, including by establishing tobacco-free</li> </ul> </li> </ul>

	<p>workplaces, supporting healthy food choices and encouraging active travel to work, while also providing safe and healthy working environments through occupational safety and health measures, good corporate practices, workplace wellness programmes and health insurance plans;</p> <ul style="list-style-type: none"> <li>○ Take measures <b>to produce and promote healthy food options</b>, including by reformulating products to reduce sugar, salt, saturated fats and eliminate trans fats, implement effective labelling and decrease the marketing and availability of unhealthy products, especially to children and youth;</li> <li>○ Contribute to efforts to develop and improve <b>access to and affordability of quality-assured medicines, vaccines and technologies</b> for the prevention, control and palliation of NCDs, using mechanisms that have been successfully implemented for communicable diseases, such as tuberculosis and HIV, to promote both research and development and quality assurance, registration and distribution, in accordance with the Doha Declaration;</li> <li>○ Contribute <b>to innovative financing mechanisms</b> through the investment of catalytic funding or incorporation into risk-pooling mechanisms;</li> <li>○ <b>Divest from unhealthy commodity industries</b> (including tobacco, alcohol and fossil fuels) and economic activity that leads to increased risk of NCDs.</li> </ul>
<p><b>Follow up and accountability</b></p>	<ul style="list-style-type: none"> <li>• <i>Commit</i> to effective, evidence-based and operational <b>accountability mechanisms at global and national levels</b> that are transparent and inclusive, with the active involvement of civil society, to support implementation and monitoring of progress of political commitments and targets;</li> <li>• <i>Commit</i> to <b>ensuring local and national accountability</b> by funding and supporting civil society organizations that work to protect and promote human rights and public health with a focus on NCDs, including the adoption of legal and policy frameworks that promote their operations and ensure their independence;</li> <li>• <i>Commit</i> to accelerate efforts to strengthen <b>comprehensive national surveillance systems</b> to collect quality population-based incidence, prevalence and mortality data to monitor progress towards national NCD and risk factor targets disaggregated as possible by age, gender, income, and other factors, and leveraging existing infrastructure such as cancer registries;</li> <li>• <i>Support</i> a <b>global independent accountability mechanism for NCDs</b>, involving multilateral agencies, governments, civil society and academia, to support the monitoring, review and analysis of progress on NCDs globally, such as <i>NCD Countdown 2030</i>;</li> <li>• <i>Request</i> the Secretary General, with the support of WHO, to <b>contribute to the annual reviews of progress on the 2030 Agenda for Sustainable Development</b> taking place at the High-Level Political Forum, so as to ensure NCDs are included in voluntary national reviews;</li> <li>• <i>Decide</i> to convene the <b>next UN General Assembly High-Level Meeting on NCDs in 2022</b>, to review progress on the commitments made and how the response continues to contribute to progress on the 2030 Agenda for Sustainable Development.</li> </ul>