

## NCD Alliance Analysis of the 2018 Political Declaration on NCDs

September 2018

*Note: Version of text under silence procedure available [here](#)*

The [Political Declaration](#) (PD) of the 2018 UN High-Level Meeting on Noncommunicable Diseases (UN HLM on NCDs) will be adopted by world leaders on 27 September, after long and difficult negotiations among Member States in New York. The Declaration sets out what governments will commit to in order to accelerate their response to address NCDs, building off their commitments at the 2011 and 2014 UN High-Level Meetings on NCDs. The NCD Alliance engaged throughout the negotiations process, which began in June, analysing the various iterations of the Political Declaration and sharing priority recommendations for the outcome document of the HLM on NCDs. The NCD Alliance's [proposed outcome document](#) (POD) was shared with the co-facilitators of the HLM on NCDs, and with all key Member States in New York and Geneva.

The recommendations in the NCD Alliance POD called on governments to: reinvigorate political leadership; put people first in the NCD response; scale up smart and sustainable financing for NCDs; balance prevention and health systems strengthening for NCDs; constructively engage with the private sector; and ensure follow up and accountability to make progress and continue the global momentum on addressing NCDs. Additionally, NCDA called upon governments to commit to implementing the WHO Best Buys and other recommended interventions, including fiscal measures such as sugar, tobacco, and alcohol taxation (STAX), and to include mental health and air pollution as core components of the NCD response.

This document provides a brief analysis of NCDA's priority recommendations contained in its proposed outcome document and how these recommendations appeared, if at all, in the final text of the Political Declaration on NCDs.

NCD Alliance <a href="#">Priority Recommendations</a>	Specific language recommendations	Political Declaration <i>For the full text of each paragraph, please see the document <a href="#">dated 18 September</a></i>
<b>Preamble</b>	Recognize 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	<b>PP6.</b> <ul style="list-style-type: none"> <li>● Many countries still face significant challenges</li> <li>● Burden of NCDs continues to rise disproportionately in developing countries</li> </ul> <b>PP7.</b> <ul style="list-style-type: none"> <li>● Human and economic cost of NCDs contributes to poverty and inequities and threatens the health of peoples and the development of countries</li> </ul>

<p>Recognize 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</p>	<p><i>No language in the PD</i></p>
<p>Strongly reaffirm 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</p>	<p><b>PP1.</b></p> <ul style="list-style-type: none"> <li>● Strongly reaffirm political commitment to accelerate the implementation of the outcome documents of the 2011 and 2014 HLMs</li> <li>● Achieve 2030 Agenda target 3.4 on NCDs and mental health</li> </ul> <p><b>OP4.</b></p> <ul style="list-style-type: none"> <li>● Also scale up the implementation of the commitments made in 2011 and 2014 to reduce risk factors for NCDs</li> <li>● Footnotes WHO action plans, including WHO GAP</li> </ul>
<p>Note with deep concern 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</p>	<p><b>PP4.</b></p> <ul style="list-style-type: none"> <li>● Action is inadequate and level of progress and investment is insufficient</li> </ul>
<p>Express grave concern 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 of 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.</p>	<p><b>PP7.</b></p> <ul style="list-style-type: none"> <li>● NCDs contribute to poverty and inequities and threaten the health of peoples and the development of countries, costing developing countries over the next 15 years more than US\$ 7 trillion</li> </ul>

	<p>Reaffirm 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</p>	<p><b>PP15.</b></p> <ul style="list-style-type: none"> <li>● Reaffirm the primary role and responsibility of Governments at all levels</li> <li>● Develop national multisectoral responses for NCDs</li> <li>● Promote and protect the right of everyone to the enjoyment of the highest attainable standard of physical and mental health</li> <li>● Importance of pursuing whole-of-government and whole-of-society approaches, as well as health-in-all-policies approaches, equity-based approaches and life-course approaches</li> </ul> <p><b>PP16.</b></p> <ul style="list-style-type: none"> <li>● Other stakeholders also share responsibility and can contribute in creating a conducive environment to prevent and control NCDs and bring together stakeholders</li> </ul>
<p><b>Reinvigorate political leadership to accelerate the NCD response</b></p>	<p>Strengthen our commitment as Heads of State and Government 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</p>	<p><b>PP1.</b></p> <ul style="list-style-type: none"> <li>● Strongly reaffirm our political commitment to accelerate the implementation of the outcome documents of the 2011 and 2014 HLMs on NCDs</li> </ul>
	<p>Commit 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</p>	<p><b>OP9.</b></p> <ul style="list-style-type: none"> <li>● Establish or strengthen national multi-stakeholder dialogue mechanisms for the implementation of national multisectoral action plans</li> </ul>

	<p>Commit 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 hunger, improve nutrition and promote sustainable agriculture, ensure sustainable consumption and production, ensure access to housing and transportation and strengthen partnerships</p>	<p><i>No language in PD</i></p>
	<p>Commit 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</p>	<p><i>Note: The Best Buys are not mentioned by name in the PD</i></p> <p><b>OP3.</b></p> <ul style="list-style-type: none"> <li>● Implement, according to own country-led prioritization, a set of cost-effective, affordable and evidence-based interventions and good practices, including those recommended by WHO,</li> </ul> <p><b>OP4.</b></p> <ul style="list-style-type: none"> <li>● Also scale up the implementation of the commitments made in 2011 and 2014 to reduce exposure to risk factors for NCDs taking into account WHO recommended interventions</li> </ul> <hr/> <p>[1] Such as WHO Global Action Plan for the Prevention and Control on NCDs 2013-2020, the WHO Mental Health Action Plan 2013–2020, the WHO Global Strategy and Action Plan on Ageing and Health 2016-2020, the WHO Action Plan on Physical Activity 2018-2030, the WHO Global Strategy to Promote Healthy Diets and Physical Activity, and the WHO Global Strategy to Reduce Harmful Use of Alcohol, as well as the WHO Framework Convention on Tobacco Control.</p>

	<p>Commit 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</p>	<p><b>PP11.</b></p> <ul style="list-style-type: none"> <li>● Recognize that mental disorders and other mental health conditions, as well as neurological disorders, contribute to the global burden of NCDs and that people living with mental disorders and other mental health conditions may face stigma and discrimination</li> </ul> <p><b>OP21.</b></p> <ul style="list-style-type: none"> <li>● Implement measures to improve mental health and well-being, including through developing and integrating comprehensive services and treatment for people living with mental disorders and other mental health conditions into national responses for NCDs</li> </ul>
	<p>Commit 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</p>	<p><b>PP14.</b></p> <ul style="list-style-type: none"> <li>● Acknowledge that mainstreaming a gender perspective for the prevention and control of NCDs is crucial to understand and address the health risks and needs of women and men of all ages</li> </ul>
	<p>Commit 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.</p>	<p><b>OP12.</b></p> <ul style="list-style-type: none"> <li>● Take the necessary measures to recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health across the life-course, in respecting human rights obligations</li> </ul>

<b>Put people first in the NCD response</b>	Acknowledge 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	<b>OP26.</b> <ul style="list-style-type: none"> <li>Promote meaningful civil society engagement to encourage governments to develop ambitious national multisectoral responses for the prevention and control of NCDs, and to contribute to their implementation, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, assess progress, provide services, and amplify the voices of and raise awareness about people living with and affected by NCDs</li> </ul>
	Commit 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	<i>OP26 only paragraph on civil society</i>
	Commit 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	<i>OP26 only paragraph on civil society</i>
	Commit 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	<i>OP26 only paragraph on civil society</i>
	Commit 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	<i>OP26 only paragraph on civil society</i>

<b>Scale up sustainable and smart financing for NCDs</b>	Commit 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	<b>OP30.</b> <ul style="list-style-type: none"> <li>Commit to mobilize and allocate adequate, predictable and sustained resources for national responses to prevent and control NCDs and to promote mental health and well-being, through domestic, bilateral, and multilateral channels, including international cooperation and ODA, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels</li> </ul>
	Commit 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	<b>OP8.</b> <ul style="list-style-type: none"> <li>Develop, as appropriate, a national investment case on the prevention and control of NCDs and the number of lives that could be saved and the return on investment</li> </ul>

<p>Commit 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</p>	<p><b>OP5.</b></p> <ul style="list-style-type: none"> <li>Promote and implement policy, legislative, and regulatory measures, including fiscal measures as appropriate, aiming at minimizing the impact of the main risk factors for NCDs, and promote healthy diets and lifestyles</li> </ul> <p><b>OP6.</b></p> <ul style="list-style-type: none"> <li>Accelerate the implementation of WHO FCTC by its States parties, while continuing to implement tobacco control measures without any tobacco industry interference, and to encourage other countries to consider becoming parties to the Convention</li> </ul> <p><b>OP7.</b></p> <ul style="list-style-type: none"> <li>Implement cost-effective and evidence-based interventions to halt the rise of overweight and obesity, in particular, childhood obesity, taking into account WHO recommendations and national priorities</li> </ul>
<p>Reiterate that the <b>fulfillment of all ODA commitments</b> remains crucial, including the commitment 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>	<p><i>Note: OP30 is the only mention of ODA</i></p> <p><b>OP30.</b></p> <ul style="list-style-type: none"> <li>Commit to mobilize and allocate adequate, predictable and sustained resources for national responses, including international cooperation and Official Development Assistance,</li> </ul>
<p>Reaffirm 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</p>	<p><b>PP2.</b></p> <ul style="list-style-type: none"> <li>Reaffirm the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda</li> </ul>



	<p>Commit 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</p>	<p><b>OP30.</b></p> <ul style="list-style-type: none"> <li>• Commit to continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector</li> </ul>
	<p>Commit 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</p>	<p><i>No language in the PD</i></p>
	<p>Commit to <b>use strategic lending</b> from the World Bank and regional development banks to finance national NCD responses more widely</p>	<p><i>No language in the PD</i></p>
	<p>Commit 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</p>	<p><i>No language in the PD</i></p>
	<p>Commit 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</p>	<p><i>No language in the PD</i></p>

<p><b>Ensure prevention is a cornerstone of the NCD response</b></p>	<p>Commit 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</p>	<p><b>PP5.</b></p> <ul style="list-style-type: none"> <li>● Address the underlying social, economic and environmental determinants of non-communicable diseases and the impact of economic, commercial and market factors</li> </ul>
	<p>Commit 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, pending adoption by the FCTC Conference of the Parties in October 2018, as a roadmap for action and recognizing the role of the FCTC Conference of Parties as the primary authority on tobacco control</p>	<p><b>OP6.</b></p> <ul style="list-style-type: none"> <li>● Accelerate the implementation of WHO FCTC by its States parties, while continuing to implement tobacco control measures without any tobacco industry interference, and to encourage other countries to consider becoming parties to the Convention</li> </ul>
	<p>Commit 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</p>	<p><b>PP8.</b></p> <ul style="list-style-type: none"> <li>● Welcome the Decade of Action on Nutrition and encourage its implementation</li> </ul> <p><b>OP7.</b></p> <ul style="list-style-type: none"> <li>● Implement cost-effective and evidence-based interventions to halt the rise of overweight and obesity, in particular, childhood obesity, taking into account WHO recommendations and national priorities</li> </ul> <p><i>Note: Specific WHO action plans are included in the footnote of OP4</i></p>
	<p>Commit 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</p>	<p><i>Note: Specific WHO action plans are included in the footnote of OP4</i></p>

Commit to <b>reduce the harmful use of alcohol</b> through measures detailed in the WHO Global Strategy to Reduce the Harmful Use of Alcohol	<i>Note: Specific WHO action plans are included in the footnote of OP4</i>
Commit 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	<i>No language in the PD</i>
Commit to <b>promote and implement policy, legislative, and regulatory measures, including fiscal 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><b>OP5.</b></p> <ul style="list-style-type: none"> <li>● Promote and implement policy, legislative, and regulatory measures, including fiscal measures as appropriate</li> </ul>
Commit 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	<p><b>OP15.</b></p> <ul style="list-style-type: none"> <li>● Increase global awareness, action and international cooperation on environmental risk factors, to address NCD deaths attributed to human exposure to indoor and outdoor air pollution</li> </ul> <p><b>OP16.</b></p> <ul style="list-style-type: none"> <li>● Promote healthy communities by addressing the impact of environmental determinants on NCDs, including air, water and soil pollution, exposure to chemicals, climate change and extreme weather events; as well as the ways in which cities and human settlements are planned and developed, including sustainable transportation and urban safety, to promote physical activity, social integration and connectivity</li> </ul>

	<p>Commit 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</p>	<p><b>OP16.</b></p> <ul style="list-style-type: none"> <li>Promote healthy communities by addressing the ways cities and human settlements are planned and developed, including sustainable transportation and urban safety, to promote physical activity, social integration and connectivity</li> </ul> <p><b>OP18.</b></p> <ul style="list-style-type: none"> <li>Empower the individual to make informed choices by providing an enabling environment, strengthen health literacy through education, implement population-wide and targeted mass and social media campaigns that educate the public about the risk factors of NCDs</li> </ul>
<p><b>Strengthen health systems and UHC for NCDs</b></p>	<p>Recognize 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</p>	<p><b>OP19.</b></p> <ul style="list-style-type: none"> <li>Strengthen and reorient health systems towards the achievement of universal health coverage</li> </ul>
	<p>Strengthen 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</p>	<p><b>OP20.</b></p> <ul style="list-style-type: none"> <li>Promote increased access to affordable, safe, effective, and quality medicines and diagnostics and other technologies, reaffirming the TRIPS Agreement to promote access to medicines for all</li> </ul>
	<p>Support 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</p>	<p><b>OP22.</b></p> <ul style="list-style-type: none"> <li>Promote access to affordable diagnostic, screening, treatment and care as well as vaccines that lower the risk for cancer, including cervical and breast cancers</li> </ul>

	<p>Strengthen 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</p>	<p><b>OP23.</b></p> <ul style="list-style-type: none"> <li>● Integrate, as appropriate, responses to NCDs and communicable diseases, such as HIV/AIDS and TB,</li> </ul>
	<p>Ensure 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</p>	<p><b>OP19.</b></p> <ul style="list-style-type: none"> <li>● Access to an adequate and well trained/equipped health workforce</li> </ul>
<p><b>Constructive engagement with the private sector</b></p>	<p>Commit 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</p>	<p><b>OP27.</b></p> <ul style="list-style-type: none"> <li>● Engage with the private sector while giving due regard to managing conflicts of interests</li> </ul>
	<p>Commit 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</p>	<p><i>No language in the PD</i></p>

	<p>Invite <b>the private sector</b> 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:</p> <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></li> <li>● Take measures <b>to produce and promote healthy food options</b>, including by reformulating products, 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></li> <li>● Contribute <b>to innovative financing mechanisms</b></li> <li>● <b>Divest from unhealthy commodity industries</b></li> </ul>	<p><b>OP28.</b> Invite the private sector to:</p> <p>(a) Promote and create safe and healthy working environments</p> <p>(b) Contribute to reducing harmful use of alcohol in their core areas</p> <p>(c) Take concrete steps, where relevant, towards eliminating the marketing, advertising and sale of alcoholic products to minors</p> <p>(d) Make further efforts to reformulate food products</p> <p>(e) Commit to further reduce exposure of and impact on children of marketing of foods and beverages high in either fats, in particular saturated fats and trans fats sugars or salt</p> <p>(f) Contribute to further improve access to and affordability of safe, effective and quality medicines and technologies</p>
<b>Follow up and accountability</b>	<p>Commit 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</p>	<p><b>OP29.</b></p> <ul style="list-style-type: none"> <li>● Establish or strengthen, transparent national accountability mechanisms taking into account existing global accountability mechanisms</li> </ul>
	<p>Commit 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</p>	<p><i>No language on funding civil society in the PD</i></p>

	<p>Commit 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</p>	<p><i>No language on surveillance systems in the PD</i></p>
	<p>Support 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></p>	<p><i>No language on independent accountability in the PD</i></p>
	<p>Request 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</p>	<p><i>No language on the HLPF in the PD</i></p>
	<p>Decide 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</p>	<p><b>OP34.</b></p> <ul style="list-style-type: none"> <li>● Calls upon Secretary-General to submit, by the end of 2024, a progress report on this Declaration in preparation for a HLM on NCDs in 2025</li> </ul>