

NCD Alliance’s proposed text for the political declaration for the Fourth UN High-Level Meeting of the General Assembly on the prevention and control of NCDs and the promotion of mental health and wellbeing

Background

The Fourth UN High-Level Meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and wellbeing (HLM4) in September 2025 is a key opportunity for Member States to review progress, renew political commitments to put the global response to non-communicable diseases including mental health and neurological conditions (NCDs) back on track, and reset the agenda to strengthen linkages between NCDs and the broader global health agenda and the Sustainable Development Goals (SDGs).

The global NCD response is at an important inflection point. Progress on NCDs has been insufficient and has slowed since 2015, according to the UN Secretary-General’s Progress Report, with only 19 states and territories on track to achieve the NCD mortality target outlined in SDG 3.4. Globally, since 2000, the chance of dying prematurely (between the ages of 30 and 70) from an NCD has gone down by 22%, but NCD mortality between the ages of 30 and 70 has increased in more than 20 countries, and most of these are LMICs, illustrating the stark disparity in the NCD response. Exposure to NCD risk factors and NCD morbidity follow a similar socio-economic gradient, making it imperative that leaders commit to implementing policies and allocating resources to reach the furthest behind first and narrow the disparities between and within countries’ health outcomes.

In the seven years since the Third UN High-Level Meeting on NCDs (HLM3) in 2018, two High Level Meetings (HLMs) on Universal Health Coverage (UHC) in 2019 and 2023 and the Pandemic Prevention, Preparedness and Response Political Declaration (2023) have all emphasized the interlinking nature of global health agendas and the need for an integrated approach. The evolving climate crisis has also provided evidence of its health impacts and seen increasing recognition of the need to address the common drivers and solutions for climate and health, including action on air pollution, the biggest environmental risk for noncommunicable diseases, and delivering healthy and sustainable food systems.

The NCD Alliance’s overall vision for the outcome of HLM4 is a concise, high-level, and political outcome document that galvanises Heads of Government and State to action, leadership, and ownership of the NCD response through time-bound commitments and tangible targets free from industry interference from health-harming sectors.

The NCD Alliance has drafted preambular and operative paragraphs for the Political Declaration that address bottlenecks and challenges in the response to date, as well as forward-looking priorities that have the potential to accelerate action. These recommendations are drawn from previously agreed text in the last three HLMs on NCDs, the two HLMs on UHC, and other texts reflecting the global commitment to health and sustainable development. They are not intended to be viewed as a comprehensive or shadow draft, but rather seek to build upon the recommendations outlined in the UN Secretary-General’s Progress Report on NCDs, address priority gaps, while reflecting our global alliance’s approach towards an inclusive agenda that seeks to address the commonalities in the needs and challenges across the NCD agenda and delivers health for all.

Preambular paragraphs

- Reaffirm our commitments in the outcome documents of the previous high-level meetings of the General Assembly on Noncommunicable Diseases and the need to finalize and deliver national multisectoral action plans and targets for the prevention and control of noncommunicable diseases, including mental health and neurological conditions, taking into account the World Health Organization's recommended packages, initiatives, action plans, and reporting progress on targets where they exist in line with the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases' Appendix 3 and NCD Global Monitoring Framework to achieve voluntary NCD targets and SDG 3.4.. (Source: A/RES/73/2 paragraph 20, A/RES/68/300 paragraph 24, 2023 Bridgetown Declaration on NCDs and Mental Health)
- 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. (Source: A/RES/73/2 paragraph 9).
- Express grave concern that the huge human and economic cost of noncommunicable diseases, including mental health and neurological conditions, contributes to poverty and inequities and threatens the health of peoples and the development of countries, costing an estimated 2 trillion United States dollars lost annually in the global economy as a result of reduced productivity and premature mortality. (Source: A/RES/73/2 paragraph 7, The Global Economic Burden of Noncommunicable Diseases¹)
- Recall World Health Assembly resolution A77/A/CONF./3 of 28 May 2024, entitled "Social participation for universal health coverage, health and well-being". (Source: A/RES/78/4 paragraph 7).
- Reaffirm earlier commitments to promoting social participation to empower people, communities, and civil society to participate in comprehensive and integrated decision-making processes that affect health across the policy cycle and at all levels of the system for a whole-of-government and whole-of-society approach. (Source: A/RES/78/4 paragraphs 47 and 104).
- Acknowledge the meaningful involvement of people living with, at risk of, and affected by noncommunicable diseases, and the role of the active participation of civil society organizations, local communities and youth in facilitating and delivering the achievement of more effective responses that support national efforts and recognize commitments to strengthen the coordination of these stakeholders to improve the effectiveness of these efforts. (Source: A/RES/70/266 paragraphs 21, 29; A/RES/66/2 paragraph 37)

¹ Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., Feigl, A.B., Gaziano, T., Mowafi, M., Pandya, A., Prettner, K., Rosenberg, L., Seligman, B., Stein, A.Z., & Weinstein, C. (2011). The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum.

- Recognize there are many other conditions of public health importance that are closely associated with the five major NCDs including mental health and neurological conditions, such as renal, endocrine, 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. (Source: own)
- Acknowledge the critical interlinkages between sustainable and healthy food systems, access to nutritious foods and affordable healthy diets, and the prevention and control of noncommunicable diseases and obesity, and recognize that food systems must be designed to ensure equitable and sufficient access to safe and affordable healthy diets for all all-year-round, particularly by vulnerable populations, while emphasizing that dietary risk factors, exacerbated by unhealthy food environments and industry interference in policymaking, remain a leading cause of noncommunicable diseases globally, and recall the commitments made in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases (2013–2030) and the United Nations Decade of Action on Nutrition (2016–2025), which collectively advocate for transformative actions across policies, public health, nutrition, and food systems to reduce the burden of noncommunicable diseases through improved nutrition and enabling the consumption of healthy food. (Source: A/RES/74/2 paragraph 16, own based on A/RES/78/168 and the WHO Global Action Plan for NCDs)
- Note the urgent need to address air pollution, primarily driven by fossil fuel use, which constitutes a critical and escalating global health and environmental challenge and stress the interlinkages between the increasing morbidity and mortality of noncommunicable diseases and the intensifying climate crisis, including extreme heat events and adverse weather patterns, and the threat they pose to the resilience of health systems. (Source: own based on WHO global air quality guidelines²)
- Continue to recognize that people living with noncommunicable diseases are disproportionately impacted and vulnerable to pandemics and health emergencies and stress the need for Member States to strengthen national health systems through the provision of noncommunicable disease and mental health services to ensure adequate response to future health emergencies. (Source: A/RES/78/3 paragraphs 7 and 22).
- Take note of recommendations and research that has been conducted on the global financing gap for noncommunicable diseases, estimating that investing an additional \$18 billion annually in high-priority interventions would avert thirty-nine million deaths and generate an average net economic benefit of \$2.7 trillion or \$390 per capita and facilitate the achievement of SDG 3.4 by most countries. (Source: The Lancet NCD Countdown 2030)
- Recognize the role of governments in strengthening legislative and regulatory frameworks and institutions in support of equitable access to quality service delivery for the prevention and control of NCDs, including through engagement with their respective communities and people living with and affected by NCDs, including women, and those hardest to reach, in accordance with the right of all people to the enjoyment of the highest attainable standard of physical and

² WHO global air quality guidelines. Particulate matter (PM_{2.5} and PM₁₀), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide. Geneva: World Health Organization; 2021. License: CC BY-NC-SA 3.0 IGO.

mental health. (Source: A/RES/78/4 paragraph 44, International Covenant on Economic, Social and Cultural Rights Article 12)

Operative Paragraphs

Accelerate Implementation

1. Reaffirm our unwavering commitment to exercising decisive, inclusive, and accountable leadership and pledge to revitalize and accelerate the global response to noncommunicable disease prevention and control by ensuring a comprehensive and coordinated approach through whole-of-government strategies that foster policy coherence and sustained action at all levels. (Source: A/RES/72/2 paragraph 17)
2. Commit to delivering integrated services for the prevention and control of noncommunicable diseases and their comorbidities at the primary level to ensure that the needs of people of all ages are met. (Source: own based on A/RES/75/284 paragraphs 60(e) and 61(e))
3. Urge Parties to the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC) to uphold their commitments by allocating adequate human, technical and financial resources for its full implementation, call on non-signatory countries to ratify and adhere to the WHO FCTC and its Protocol to Eliminate Illicit Trade in Tobacco Products and express concern over the insufficient progress in implementing the treaty, emphasising the need for action without tobacco industry interference. (Source: A/RES/73/2 paragraph 22, own).
4. Develop and implement whole-of-government and equity-based strategies to support the prevention of NCDs and promote mental health and well-being, integrated into the budgets and plans of all relevant ministries and government agencies that reduce exposure to the common risk factors of noncommunicable diseases based on the guidance provided by the WHO Global Action Plan on NCDs' updated Appendix 3 and other packages of recommended interventions to support the implementation of agreements on the marketing, labelling, and taxation of unhealthy products, such as tobacco, alcohol, and unhealthy foods, and promote physical activity to address social, economic, and commercial determinants of health and achieve national health goals. (Source: A/RES/68/300 paragraph 18, A/RES/73/2 paragraphs 15, 17, 19, and A/RES/74/2 paragraph 59)
5. Commit to the integration of air pollution mitigation measures into national policies and programs aimed at the prevention and control of noncommunicable diseases, aligning national noncommunicable disease strategies based on the updated roadmap of the WHO for an effective global response to the adverse health impacts of air pollution and its target of a fifty percent reduction in the population-attributable fraction of mortality from anthropogenic sources of air pollution by 2040. (Source: Updated Road map for an enhanced global response to the adverse health effects of air pollution, *to be approved by the WHA May 2025*)
6. Resolve to reduce out-of-pocket expenditures and ensure financial protection throughout the life course by integrating medicines, diagnostics, health technologies, services, and palliative care for noncommunicable diseases into national health benefits packages, to achieve universal health coverage and promote access to affordable, quality, safe, and effective NCD medicines and diagnostics, especially for those in vulnerable situations and lower-income status, to address

unmet health needs, and invite all relevant stakeholders, including the relevant private sector to continue to work to improve the availability, affordability, and transparency of prices and costs related to essential health products. (Source: A/RES/73/2 paragraphs 35, 36, and 44(f); A/RES/78/4 paragraphs 75 and 83).

7. Pledge to increase the availability of and equitable access to noncommunicable disease treatments and care, particularly for low- and middle-income countries, in line with established global strategies, through the value chain including by strengthening and harmonizing regulatory mechanisms, improving local production capabilities, developing national pricing policies, and trade through multilateral agreements, and facilitate the transfer of technology by addressing intellectual property barriers through voluntary measures and as outlined in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and the 2001 Doha Declaration on the TRIPS Agreement and Public Health. (Source: A/RES/78/4 paragraphs 74, 75 and 77).
8. Pledge to increase, strengthen, and optimize the deployment of the health workforce to address the estimated global shortfall of health workers in accordance with the Global Strategy on Human Resources for Health: Workforce 2030 including through multidisciplinary care teams and community health workers, by investing in their education, training, development, and retention in line with national plans to promote primary health services, with strong referral systems, for the prevention and control of noncommunicable diseases, reaffirming the important role primary healthcare and community-based health services have in regular access to basic medicines, health screenings, and disease management. (Source: A/RES/78/4 paragraph 91, A/RES/77/287 PP 11).
9. Urge Member States to take active steps to end institutionalization of mental health care by gradually redirecting resources from institutions and fully integrating a human rights perspective into a comprehensive network of community-based mental health services, including primary care, to access holistic mental health services, social care, and support based on informed consent and are free from coercion and respects their legal capacity, and to develop universal and targeted school-based mental health services and psychosocial programmes to promote mental health and well-being of adolescents, including through socioemotional life and skills programmes to counter bullying and violence and improve social connection, both online and offline, and counter stigmatization and discrimination against persons with mental health conditions and psychosocial disabilities. (Source: A/RES/77/300 paragraphs 12 and 21, A/HRC/RES/52/12 paragraph 5; WHO Comprehensive Mental Health Action Plan 2013-2030, paragraph 61)
10. Urge Member States to adopt prevention strategies to address depression and suicide and promote mental health, in particular among adolescents, through equitable access to early identification, assessment, management and follow-up services, repealing legislation criminalizing suicide, and restricting access to lethal means of suicide, focusing on tackling the social, economic and environmental determinants of mental health. (Source: A/RES/77/300 paragraph 17 and WHO Live Life: An implementation guide for suicide prevention in countries)

Break Down Silos

11. Strengthen commitment to universal health coverage and its implementation by recognizing the importance of integrating person-centred noncommunicable disease prevention and control into national health benefits packages, while ensuring that primary health care is a core component in national health strategies to achieve the Sustainable Development Goal targets 3.4 and 3.8 concurrently and to expand upon the achievements made in other successful global health programs. (Source: A/RES/78/4 paragraph 49, own).
12. Affirm the need to advance people-centered service delivery to ensure that noncommunicable disease challenges are advanced as part of comprehensive approaches and integrated service delivery in other global health programs such as maternal and child health, HIV/AIDS, tuberculosis, and malaria, especially in countries with the highest prevalence rate, considering their linkages. (Source: A/RES/73/2 paragraph 39, A/RES/78/4 paragraph 55(a-d)).
13. Call for the expansion of integrated service delivery in humanitarian responses with a view to ensuring the continuity and provision of essential non-communicable disease services across the continuum of care, as well as the prevention and control of their risk factors, in accordance with humanitarian principles and the imperative of preserving essential health services and public health functions, with particular attention to countries most vulnerable to the impacts of climate change. (Source: A/RES/73/2 paragraph 40, A/RES/75/130 second preambular paragraph on page 4, A/RES/78/3 paragraph 22, A/RES/78/4 paragraph 55, own)
14. Commit to strengthening resilience against future pandemics through the integration of noncommunicable disease prevention and care into universal health coverage, including in responses to and recovery from future pandemics and health emergencies, recognizing that people living with noncommunicable diseases were disproportionately affected by and vulnerable to COVID-19. (Sources: A/RES/73/3 paragraph 22, A/RES/75/284 paragraph 57).
15. Advance policies that promote local food production and healthy food systems through comprehensive multisectoral, whole-of-government policies that increase food and nutrition security and the affordability of healthy diets with the aim to reduce malnutrition in all its forms, including childhood and adult overweight and obesity, as an important element for healthier populations and improved overall health and well-being. (Source: A/CONF.223/2024/4 paragraph 26(c)(ii), Bridgetown Declaration on NCDs and Mental Health, A/RES/68/300 paragraph 27, A/RES/74/2 paragraph 16)
16. Reaffirm the right to a clean, healthy, and sustainable environment and recognize that air pollution is a major risk factor for noncommunicable diseases, with fossil fuel extraction and combustion as main drivers of both air pollution and the climate crisis, decide to implement policies transitioning away from fossil fuels to renewable energy, in a just and equitable manner, adopt greater regulations on climate-impacting industries, and promote healthy, active communities by addressing the impact of environmental determinants of noncommunicable diseases including all forms of pollution and unsustainable and unhealthy food systems, creating climate-resilient health systems to ensure the highest attainable standard of physical

and mental health. (Source: A/RES/76/300, A/RES/73/2 paragraph 32, A/RES/79/1 paragraph 29(c)).

Mobilize Investment

17. Commit to increasing the funding for noncommunicable diseases including mental health and neurological conditions by mobilizing finance from national, bilateral and multilateral channels, including official development assistance, to using a range of strategies and approaches that support international collaboration and innovative mechanisms and partnerships for sufficient, adequate, predictable, and sustainable financing, emphasizing catalytic investments in low-income and middle-income countries. (Source: A/RES/73/2 paragraph 46, A/RES/75/284 paragraph 66)
18. Call upon Member States to promote better allocation and alignment of national health spending and use of resources with national disease burdens by establishing national financing targets that increase resources allocated to cost-effective measures based on the recommendations provided in the WHO NCD Global Action Plan's Appendix 3, while pursuing effective health policies and interventions to respond to unmet needs of their populations in terms of lives saved and the return on investment as they look to achieve universal health coverage that includes the delivery of essential medicines, diagnostics, and products, through unified national strategies, plans, and budgets and align international global health development efforts to catalyse country-led responses to break down siloes and unify health systems. (Source: A/RES/73/2 paragraph 24 and A/RES/78/4 paragraphs 39 and 87).
19. Commit to implement fiscal measures, including health-oriented subsidy reforms that support access to healthy, sustainable diets and clean energy sources, and adopting tobacco taxation policies aligned with the WHO Framework Convention on Tobacco Control's recommendation of at least 75% of retail price, and other health taxes to significantly increase the price of unhealthy products such as alcohol, sugar-sweetened beverages, and other processed foods high in fat, sodium, and/or sugar, as a means to simultaneously reduce consumption of these health-harming products and related healthcare costs, as well as create potential revenue streams for health and development financing. (Source: A/RES/73/2 paragraphs 21 and 44(c), A/RES/74/2 paragraph 44, and own based on WHO Fiscal Policies to Promote Healthy Diets, WHO Manual on Sugar-Sweetened Beverage Taxation Policies to Promote Healthy Diets, WHO Global report on the use of alcohol taxes).
20. Recognize that health financing requires global solidarity and collective effort and urge Member States to strengthen international cooperation to support efforts to build resilient and integrated health systems, including through catalytic official development assistance that is aligned with national noncommunicable disease priorities and development plans under a "one plan, one budget" approach, and increasing the number of contributors to the United Nations Multiparter Trust Fund for Noncommunicable Diseases and Mental Health and other multisectoral partnerships and responses to noncommunicable disease prevention and control. (Source: A/RES/79/2 paragraphs 33 and 35).

Deliver Accountability

21. Call upon WHO, with the full participation of Member States and in collaboration with United Nations agencies, funds, and programs, and other relevant regional and international organizations to update and revise the voluntary global targets of the Global Monitoring Framework on Noncommunicable Diseases according to the agreed timelines and encourage alignment with the WHO NCD Progress Monitor to create a comprehensive system to inform and guide policy and programming to track health outcomes, risk factor exposure, and maximize the impact of interventions, while resolving to continue to contribute information on trends in an inclusive set of noncommunicable diseases to WHO according to the agreed timelines. (Source: A/RES/68/300 paragraph 30(g)i-ii).
22. Strengthen national data systems, recalling the importance of transparent, quality, and granular data that are disaggregated by age, gender, income, and other characteristics relevant to national contexts that support evidence-based action and financing for noncommunicable diseases, including population-based incidence, prevalence, morbidity, and mortality to monitor progress towards noncommunicable disease targets. (Source: A/RES/73/2 paragraph 45 and A/RES/75/284 paragraph 69(a)).
23. Establish sustainable, efficient, and accountable governance structures at local, national, regional, and global levels, which are critical to an effective, coordinated and inclusive multisectoral response for the prevention and control of noncommunicable diseases and ensure that these structures include the participation of civil society, youth, and people with lived experience. (Source: A/RES/79/2 paragraph 17).
24. Strengthen financial accountability mechanisms and participatory national budget processes to promote transparency and improve alignment between available data on national disease burdens and spending via national health accounts, national health and development strategies, and health outcomes for noncommunicable diseases through institutionalizing regularized processes for collecting, analysing, and disseminating NCD financing data. (Source: own based on A/RES/75/284 paragraph 69(a))
25. Convene a high-level meeting on noncommunicable diseases in New York in 2029 to provide a comprehensive review of the implementation of the present declaration to identify gaps and solutions in the noncommunicable disease response to drive progress on the 2030 Agenda for Sustainable Development. (Source: A/RES/78/2 paragraph 50).

Engage Communities

26. Agree to create and maintain safe and open environments that enable meaningful participation of civil society, communities, and people living with and affected by noncommunicable diseases to support inclusive governance for the prevention and control of noncommunicable diseases, including by exploring modalities for enhanced social participation, ensuring the meaningful involvement of youth in policy-making, program implementation and capacity building due to their unique vulnerability to NCD risk factors. (Source: A/RES/75/284 paragraph 64b; A/RES/73/2 paragraph 41, A/RES/78/4 paragraph 104)

27. Commit to the active engagement of communities and people living with noncommunicable diseases by drawing upon the WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health and Neurological Conditions, to implement formalized participatory approaches across decision-making, planning, and implementation of the NCD response, including providing them increased and sustained technical and financial support that strengthen their capacity to equitably participate and lead in localized decision-making, monitoring, and research to deliver tailored responses that protect the rights and meet the needs of people living with non-communicable diseases. (Source: A/RES/75/284 paragraph 64, A/RES/78/4 paragraph 104)
28. Resolve to safeguard health governance and policymaking processes, including multisectoral and multistakeholder mechanisms and other participatory approaches from conflicts of interest and undue influence from health-harming industries to ensure that private interests do not override public health goals and to address these commercial determinants of health. (Source: A/RES/78/4 paragraph 45)