

Draft text amendment proposals for the Zero Draft from the Union for International Cancer Control (UICC), World Cancer Research Fund International (WCRFI) and McCabe Centre for Law and Cancer, and integrating text proposals from the NCD Alliance.

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

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

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

Rationale: UN Secretary General's Report recognizes NCDs as a policy success but an implementation failure. Therefore, it is important to prioritise implementation in the framing of the Political Declaration.

1. Reaffirm our commitment to reduce by one third premature mortality from noncommunicable diseases by 2030, through prevention and treatment, and promote mental health and well-being through addressing risk factors and the determinants of health and by accelerating the implementation of the political declarations and outcome document approved by the previous high-level meetings of the General Assembly on the prevention and control of noncommunicable diseases held in 2011¹, 2014², and 2018³ and the political declarations approved by the high-level meetings on universal health coverage held in 2019⁴ and 2023⁵;
2. Reaffirm General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, stressing the need for a comprehensive and people-centred approach, with a view to leaving no one behind, reaching the furthest behind first, and the importance of health across all the goals and targets of the 2030 Agenda for Sustainable Development, which are integrated and indivisible;
3. Reaffirm General Assembly resolution 69/313 of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reaffirmed strong political commitment to address the challenge of financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity; (*will be updated after Seville*)
4. Take note of the Secretary-General's report⁶ entitled “Progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being” and recognize that while some progress has been made, **[ADD: only 19 countries are on track to meet**

¹ Resolution 66/2

² Resolution 68/300

³ Resolution 73/2

⁴ Resolution 74/2

⁵ Resolution 78/4

⁶ A/79/762

SDG3.4, reducing premature mortality from noncommunicable diseases by one-third through prevention and treatment and promote mental health and well-being, and] there are many areas where greater action is needed, using a whole-of-government and whole-of-society approach;

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

5. Emphasize the burden of noncommunicable diseases, including cardiovascular diseases (such as heart disease and stroke), cancers, diabetes, and chronic respiratory diseases, which together account for more than 43 million deaths each year, 18 million of which occur prematurely (before the age of 70 years), with cardiovascular diseases accounting for the largest share of these deaths, while recognizing the burden of conditions beyond the **[DEL: four][ADD: five]** main noncommunicable diseases;

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

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

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

[ADD: 5ter: Acknowledge the impact of non-communicable diseases on older persons, which is of particular concern, given the growing proportion of older persons and recognizing that they have an increased risk of multiple non-communicable diseases, which constitutes a major challenge for health systems⁷.]

Rationale: This is language from the 2018 declaration, and is important to include because of aging populations and the importance of recognizing co-morbidities which is currently absent from this document.

6. Emphasize that mental health conditions including anxiety, depression, psychosis and self-harm, affect close to 1 billion people worldwide, represent a leading cause of disability, and commonly co-occur and interact with other neurological conditions (including Alzheimer's disease and other forms of dementia), substance use and other noncommunicable conditions;
7. Recognize that the main modifiable risk factors **[ADD:, including tobacco and alcohol use, unhealthy diets, physical inactivity and air pollution,]** are **[DEL: behavioural] ADD: commercial]**, environmental, **[ADD: economic, behavioural,]** and metabolic, are largely preventable, and require cross-sectoral actions to be addressed;

⁷ A_RES_73_2-EN.pdf

Rationale: It is important to specify the major NCD risk factors, and suggest re-ordering to emphasize the proportional influence that commercial and environmental factors have on the burden of NCDs, and particularly to move away from personal-responsibility narratives.

8. Emphasize with concern that globally there are: (i) 1.3 billion tobacco users; (ii) 1.3 billion adults living with hypertension – a doubling since 1990 (and only 1 in 5 have it under control); (iii) 800 million adults living with diabetes – a fourfold increase since 1990; and (iv) 41 million children over 5 years old **[ADD: living with] [DEL: being] overweight or [ADD: obesity,] [DEL: obese]** while adult obesity has more than doubled since 1990; **[ADD (v bis) 400 million people aged 15 years and older living with alcohol use disorders⁸ (vi ter) 99% of the world's population live in areas which exceed WHO's air quality guidelines and 85% of the estimated 7m air pollution related deaths are the result of NCDs⁹ (vii quar) In 2022, there were an estimated 20 million new cases of cancer and 9.7 million deaths and this is projected to grow to over 35 million new cancer cases in 2050 - a 77% increase since 2022¹⁰]**

Rationale: We recommend adding in these further figures to reflect the impacts of risk factors contained within the established 5x5 framework, noting the need for urgent policy implementation to address these.

9. Emphasize that noncommunicable diseases and mental health conditions are a significant risk to economic growth and security, and human capital development, with acute illness and long-term poor health preventing people from fulfilling their potential, thereby, compounding cycles of poverty and disadvantage;
10. Recognize that noncommunicable diseases, mental health conditions and their underlying risk factors and determinants, including the environments where people live, work and play, affect people at all ages, including children and adolescents, and recognize that currently 54% of the world's population live in cities and this is expected to rise to 68% by 2050 **[ADD: reinforcing the need to invest in healthy urban environments];**

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

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

Rationale: Millions of people living with NCDs, mental health and neurological conditions experience access challenges to treatment and care. Data from a country capacity survey found that one in five countries reported NCD medicines being out of stock in 2021.¹¹

12. Recognize that since the adoption of the political declaration in 2018, the COVID-19 pandemic, humanitarian crises, climate emergencies, conflicts, and other intersected crises

⁸ WHO [Global status report on alcohol and health and treatment of substance use disorders](#)

⁹ WHO Global Health Observatory

¹⁰ WHO/IARC Global Cancer Observatory

¹¹ [Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2021 global survey](#), WHO 2023

have strained fiscal capacity and alongside challenging macroeconomic conditions, have had a direct impact on health and well-being and have negatively impacted on national responses to noncommunicable diseases and mental health;

13. Recognize that the COVID-19 pandemic demonstrated the heightened vulnerability of people living with noncommunicable diseases and mental health conditions and that health systems were poorly prepared to respond to these conditions during the pandemic;
14. Recognize the threat of antimicrobial resistance, especially in the treatment of noncommunicable diseases such as cancer and commit to integrated strategies that safeguard the effectiveness of antimicrobials across health systems, **[ADD: promote equitable and timely access to effective quality antimicrobials and complementary diagnostics, ensure appropriate treatment of infections through effective antimicrobial stewardship measures, and implement infection, prevention and control programmes, antimicrobial stewardship measures and better antimicrobial resistance surveillance that includes cancer treatment outcomes, especially in LMICs in line with the political declarations of the high-level meetings on antimicrobial resistance held in 2016 and 2024.¹²]**
Rationale: This addition includes text from the 2024 Political Declaration on Antimicrobial Resistance, ensuring that some of the measures are included in the Political Declaration on NCDs and Mental Health for continued integration of and attention to this critical issue in public health.
15. Recognize the need for integrated, well-financed and functioning health systems to prevent, screen, diagnose, treat and care for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, **[DEL: focusing on primary care]**, while recognizing the importance of **[ADD: early detection,]** well-functioning referral systems to connect primary health care with secondary and tertiary health care for conditions that require specialized services;
Rationale: A comprehensive health system from primary to secondary and tertiary care is critical for NCD prevention and control.
16. **[ADD: Promote transparent, accountable partnerships across sectors- including government civil society, and the private sector - ensuring due diligence and alignment with public health goals.]** Acknowledge that all stakeholders share responsibility and can contribute to creating an environment conducive to preventing **[ADD: ,]****[DEL: and]** controlling **[ADD: , and treating]** noncommunicable diseases and promoting mental health and well-being, and recognize the need to bring together governments, civil society and the **[ADD: relevant]** private sector to mobilize all available resources, as appropriate, for the implementation of national responses;
Rationale: Qualifying industry participation is important to managing conflicts of interest in public health policy while supporting the positive contributions. Treatment of NCDs added to align with language with previous Political Declarations on NCDs.
17. Recognize the importance of adopting a human rights-based approach for the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, including access to services and care, acknowledging that people living with and at risk of these conditions are routinely and unjustly deprived of such access, **[ADD: experience stigma]** and discriminated against;

¹² [A/79/L.5](#)

Rationale: To recognize the importance of stigma for people living with NCDs such as cancer and mental health conditions

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

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

19. Acknowledge that there are evidence-based interventions for preventing, screening, diagnosing, treating, and caring for people with noncommunicable diseases¹³ and mental health conditions,¹⁴ while also acknowledging that scarce resources means Member States must prioritize the most cost-effective, affordable and feasible interventions, which for the most part can be delivered at community and primary health care level;

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

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

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

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

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

¹³ Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024.

¹⁴ Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Geneva: World Health Organization; 2023.

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

Rationale: To enhance accountability by outlining certain goals and targets. Important to include lives saved in addition to return on investment.
23. Recognize that multimorbidity, including co-incidence with rare diseases, increases the complexity of early diagnosis and treatment of noncommunicable diseases and mental health conditions;
24. Recognize that cost-effective and affordable population level interventions to prevent noncommunicable diseases are available and require leadership, political commitment, action and coordination beyond the health sector;

We therefore commit with utmost urgency to:

25. Fast-track **[ADD: action and progress]** on noncommunicable diseases and mental health over the next five years, focusing on tobacco control **[ADD:, unhealthy diets, alcohol control,]** preventing and scaling up effective treatment of hypertension **[ADD: and cancer,]** and improving mental health care with the aim to achieve the following global targets: by 2030, 150 million less people are using tobacco, 150 million more people have hypertension under control, and 150 million more people have access to mental health care **[ADD: and 5 million more people have access to cancer treatment and palliative care;]**

Rationale: This paragraph as currently written in the Zero Draft focuses on a limited number of risk factors and only hypertension and mental health as the main NCD conditions. This is not representative of the total global burden of disease for NCDs. In cancer, the current burden is almost 20 million cases and 10 million deaths annually and is exponentially increasing. Not including cancer and its risk factors does not meet the needs of countries and the huge burden they are facing. This operational paragraph should include the five NCDs and NCD risk factors, rather than selecting a subset of these.

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

Create health-promoting environments through action across government

26. **[ADD: Significantly]** Increase taxation on tobacco, alcohol **[DEL: and]** sugar-sweetened beverages **[ADD:, and processed foods high in fat, salt, and sugar in line with the technical guidance of]** **[DEL: bearing in mind]** the World Health Organization recommendations **[ADD:, and implement corrective taxes on fossil fuels as the major source of air pollution];**

Rationale: These changes make the text stronger by adding specificity while referring to evidence-based policymaking, in addition to aligning with the equity theme of the HLM.
27. Enact within national and, where relevant, regional **[ADD: and international]** contexts legislation and regulation and take action to:
 - (a) reduce tobacco use by: (i) implementing graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging; (ii) eliminating tobacco advertising, promotion and

sponsorship; and (iii) comprehensively reducing exposure to second-hand tobacco smoke in indoor workplaces, public places, and public transport; **[ADD: as part of a comprehensive tobacco control strategy to accelerate implementation of the World Health Organization Framework Convention on Tobacco Control and its Protocol to Eliminate Illicit Trade in Tobacco Products];**

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

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

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

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

Rationale: Unhealthy diets cannot be remedied without also enabling the production and availability of healthy foods; given this section aims to also address the prevention of overweight/obesity, it should also include the promotion of physical activity, also a major NCD risk factor not specifically addressed in OP 27 yet.

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

Rationale: Evidence shows there is no completely safe level of alcohol use, and the use of the "harmful use of alcohol" is misleading as it implies there is a harmless use of alcohol, when there is not.

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

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

(g) take steps to **[ADD: implement national suicide prevention strategies that: (i)]** decriminalize suicide **[ADD: and reduce its occurrence]** **[DEL: through limiting]** **[ADD: (ii bis) limit]** access

to highly hazardous pesticides , and **[ADD: to]** other means of suicide **[ADD: including installation of barriers at ‘jump sites’ and restrictions to firearms, (iii ter) address responsible reporting of suicide by the media, including online, digital and social, (iv quar) foster socio-emotional life-skills and support for young people, and (v quin) identify and provide support to everyone affected by suicide and self-harm in line with the WHO LIVE LIFE Initiative];**

Rationale: Focus should be on suicide prevention including decriminalization.

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

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

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

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

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

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

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

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

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

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

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

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

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

Strengthen [DEL: Primary health care] [ADD: Health Systems]

Rationale: While PHC is the foundation of health systems, the prevention and management of NCDs requires a comprehensive approach and the strengthening of secondary and tertiary care.

30. Orientate health system and social care policies and capacities to support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course, including through: (i) expanding community-based services to improve prevention, screening, diagnosis, treatment, referral pathways, and follow-up for hypertension, diabetes, cancers, depression and other common noncommunicable diseases and mental health conditions; **[ADD: (i bis) implement technical packages in key areas of the NCD response (ii ter) including noncommunicable diseases in universal health coverage benefits packages;]** **[DEL: (ii)][ADD: (iii)]** integrating prevention, screening, diagnosis, treatment, rehabilitation and long-term care into existing programmes for communicable diseases **[ADD:, such as HIV/AIDS and tuberculosis]**, maternal and child health, and sexual and reproductive health programmes; **[DEL: (iii)][ADD: (iv)]** shifting delivered in community-based settings, in line with World Health Organization guidance,¹⁵ focusing on outcomes rather than on procedures **[ADD: ; and (v quar.) making health and social care systems resilient to climate change];**

Rationale: Action on NCDs should be integrated into broader efforts to achieve universal health coverage, which is critical to supporting the needs of people at risk of and living with NCDs.

With respect to point (iii bis) this aligns the text with the climate and health nexus.

31. Prevent and treat cardiovascular diseases by scaling up: (i) early diagnosis, affordable and effective treatment, and regular follow up for people at risk or living with high blood pressure; (ii) access to antihypertensive treatment and statin-based therapies for those at high-risk of a heart attack or stroke;
32. Improve care for people living with diabetes in line with the 2030 global coverage targets,¹⁶ by scaling up early diagnosis, affordable and effective treatment (including insulin) and regular follow up for people at risk or living with diabetes to reduce the likelihood of cardiovascular and other complications;

¹⁵ Examples include: (i) The WHO package of essential noncommunicable disease (WHO PEN) interventions for primary care; (ii) The WHO HEARTS technical package to improve cardiovascular health in countries; and (iii) The WHO Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders.

¹⁶ See: https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=1 (pages 48 and 99)

33. Eliminate cervical cancer as a public health problem in line with the 2030 global targets,¹⁷ by scaling up (i) human papillomavirus vaccination, (ii) screening for cervical cancer with a high-performance test, and (iii) treatment for women with cervical cancer;

[ADD: (33 bis) Promote early detection of cancers through a PHC approach that includes timely referral and access to care, to achieve targets of at least 60% early-stage diagnosis for breast cancer, reduce breast cancer mortality by 2.5% per year, and improve survival for childhood cancer to 60%¹⁸].

Rationale: Cancer early detection is included in the WHO 'Best Buys' and breast cancer is included in the Political Declaration of 2018 and is absent in the 2025 Zero draft. Childhood cancer is an important NCD in children and included in the WHA resolution 70.12 on Cancer Prevention and Control in the context of an integrated approach. The World Health Organization's Global Initiative for Childhood Cancer was established in 2018 with the goal of increasing the survival rate of children with cancer globally to at least 60% by 2030 while reducing their suffering and improving their quality of life. These additions align with the three WHO Global Cancer Initiatives on cervical, breast and childhood cancers.

34. Prevent liver cancer **[ADD: and reduce mortality]** through scaling up: **[ADD: (i bis)] hepatitis B and C diagnosis and treatment (ii ter) hepatitis B immunization [DEL: in all countries with high prevalence of Hepatitis B infection][ADD] and (iii qua) liver cancer monitoring of those already affected by hepatitis to increase early diagnosis and improve survival]**

Rationale: The proposed language in this paragraph highlights an integrated approach and aligns with the World Health Organization's (WHO) new Global Health Sector Strategy (GHSS) on HIV, viral hepatitis and sexually transmitted infections (STIs).

35. Prevent and treat asthma and chronic obstructive pulmonary disease by scaling up access to bronchodilators and oral steroids; **[ADD: strengthen national capacities for an integrated approach on lung health, to create an evidence-based and cost-effective integrated lung health package¹⁹]**

Rationale: Non-communicable lung diseases include chronic obstructive pulmonary disease, pulmonary fibrosis, asthma and lung cancer and it is important need to strengthen primary healthcare in the context of an integrated approach; and acknowledging that pulmonary diseases and other noncommunicable diseases often share the same risk factors, and require comprehensive lung health services, with effective referral pathways to secondary and tertiary care, when appropriate.

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

[ADD: (36 bis) Develop, strengthen and implement palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective

¹⁷ See: <https://iris.who.int/bitstream/handle/10665/336583/9789240014107-eng.pdf?sequence=1&isAllowed=y> (page 20)

¹⁸ WHO. [The Global Breast Cancer Initiative](#)

¹⁹ EB156/ Conf./5

and equitable palliative care services in the continuum of care, across all levels, with emphasis on primary care, community and home-based care, and universal coverage schemes;]^{20 21}

Rationale: Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual. Non-communicable diseases such as cancer require palliative care services. Palliative care is provided at moment of diagnosis and critical in countries where early detection services are not in place or fragmented and cancers are diagnosed at a late stage.

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

Rationale: Community health workers play a critical role in delivering health services in rural and hard-to-reach areas, as well as reaching those who are unable to travel. The addition also strengthens the text to align with best practices in healthcare workforce strengthening and not limited to primary care only but as part of health system strengthening

38. Advance equitable, sustainable and affordable access to quality-assured medicines, **[ADD: diagnostics, vaccines]** and health technologies for noncommunicable diseases and mental health conditions **[ADD: in line with the WHO model lists]**, while supporting and creating systems to uphold their quality and safety by: (i) strengthening pricing policies and financial protection mechanisms; (ii) strengthening procurement and diversified, resilient supply chains; (iii) **[ADD: harmonizing and]** strengthening regulatory systems; **[DEL: and]** (iv) assessing **[ADD: technology transfer]** intellectual property policies **[including licensing and TRIPS,]** in light of global health needs **[ADD: particularly in lower- and middle-income countries;]**

Rationale: These points highlight actions to increase access, affordability and quality of medicines particularly for LMICs.

39. Leverage technology and innovation for noncommunicable disease prevention and control, and improving mental health, including through digital²² and assistive products and technologies, to increase access to quality systems and services and to empower people living with these conditions, while recognizing the risks that these technologies can pose to mental well-being;

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

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

²⁰ WHA67.19

²¹ [2022-GA-resolution-77-238](#)

²² Examples include (i) digitalised health systems; (ii) electronic patient records, appointment reminders, telemedicine, health information systems and digital payments; and (iii) access to applications chatbots, and mobile health services to track health, support medicine adherence, and enable behavioural change.

Increase sustainable financing

40. Increase domestic resources for preventing **[DEL: and]** controlling **[ADD: , and]** treating noncommunicable diseases and promoting mental health and well-being through improved public financial management, higher taxes on health harming products **[ADD: such as alcohol, tobacco, unhealthy food and fossil fuels, health-promoting subsidy reforms,]** and the allocation of budgets in line with national health priorities and unmet needs for care;
Rationale: This ensures coherence across fiscal policies and that health-harming industries are not supported with public funding.

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

42. Urgently scale up the percentage of public health budgets dedicated to mental health with the aim to increase the current global average of 2% to at least 5% by 2030;

[ADD: 42 bis. Urgently scale up the percentage of public health budgets dedicated to noncommunicable diseases to increase the global average to at least 35% by 2030;]

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

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

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

45. Reduce out-of-pocket expenditure and the risk of impoverishment for people and households affected by noncommunicable diseases and mental health conditions by revising financial protection policies to explicitly cover or limit the cost of essential services, diagnostics, and medicines;

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

high level of coverage is needed in order to make this a meaningful target. We also urge the addition of health technologies, which are a separate classification of medical products.

Strengthen governance

46. Develop **[ADD: , fund]** and implement noncommunicable diseases and mental health multisectoral national plans **[ADD: by 2028]** and, where appropriate, subnational plans that: (i) are focused on a set of evidence-based, cost-effective and affordable interventions that are based on the local context; (ii) identify the roles and responsibilities of government ministries and agencies and development partners; (iii) are costed and linked to broader health, development **[ADD: , climate,]** and emergency plans; (iv) are rights-based and engaging people living with noncommunicable diseases and mental health conditions; and (v) are ambitious but have measurable **[ADD: and timebound]** targets;

Rationale: added language to include time bound targets.

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

Rationale: Reinforces importance of due diligence and protecting health promotion and policymaking from industry lobbying.

47. Integrate noncommunicable diseases prevention and control, and mental health and psychosocial support, into health security, pandemic and emergency preparedness and humanitarian response frameworks to contribute to resilient and responsive health systems capable of effective emergency preparedness and response;
48. Counter misinformation and disinformation around the prevention and treatment of noncommunicable diseases and mental health conditions, including by increasing health literacy, and regulate digital environments to ensure the necessary protections, especially for children and young people, against harmful commercial marketing and all forms of online violence;

[ADD: 48 bis. Create, maintain, and support the meaningful participation of young people, civil society, communities, and people living with or affected by noncommunicable diseases and mental ill health to support inclusive governance and implementation for the prevention and control of noncommunicable diseases and mental health through safe and open environments;]

Rationale: Stronger commitments towards social participation, including people with lived experience would strengthen the text. The political declaration on HIV/AIDS and the support it gave to communities, civil society, and people with lived experience have been instrumental to the progress made in that agenda.

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

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

Rationale: Disease registries like population-based cancer registries are critical for national cancer surveillance to monitor incidence, mortality, stage at diagnosis, and survival and to

provide national trend data.

[ADD: 49 bis. Call upon the World Health Organization to: (i) renew the comprehensive non-communicable diseases global monitoring framework and related global targets to reinvigorate and strengthen global action and reporting; and (ii) establish and coordinate a robust and transparent global multisector accountability mechanism, to complement and enhance existing mechanisms, with Member States, non-State actors and development partners sharing progress in delivering commitments and agreed actions with the World Health Organization to enable regular and structured reporting.]

Rationale: Originally an assignment from the First Political Declaration, the Global Monitoring Framework is set to expire this year and is currently one of the few global reporting platforms for NCDs. Therefore, its renewal is important to the monitoring and evaluation of the enforcement of this text. We also encourage the establishment of a formal mechanism to ensure that the strong commitments in this text are actioned and reported on.

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

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

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

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

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

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

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

*Target: at least 80% of countries have an operational noncommunicable diseases and mental health surveillance and monitoring system **[ADD: that includes disease and risk factor prevalence data]** by **DEL: 2030** **[ADD:2028]**.*

Rationale: provides more detail required for tracking NCDs and risk factors

Follow up

In order to ensure adequate follow-up, we:

52. Emphasize the leading role of the World Health Organization as the directing and coordinating

authority on international health to continue to support Member States through its normative and standard-setting work, provision of technical cooperation, assistance and policy advice, and the promotion of multisectoral and multistakeholder partnerships and dialogue;

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

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

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

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

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

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

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

57. Request the Secretary-General to provide, in consultation with Member States, and in collaboration with the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly by the end of **[ADD:2028] [DEL: 2030]** a progress report on the implementation of the present political declaration on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, which will serve to inform the next high-level meeting to be convened in **[ADD: 2029] [DEL:2031]**.

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