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The United Nations political declaration on non-communicable diseases and mental health needs a just and action driven approach

Non-communicable diseases (NCDs) and mental health conditions are responsible for more than 43 million deaths annually. It is critical that the upcoming United Nations general assembly high level meeting triggers decisive and sustained action on NCDs, says the World Health Organization Civil Society Working Group on NCDs

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The UN Secretary General's Progress Report made clear that the world is off track to meet the 2030 target of a one third reduction in mortality from non-communicable diseases (NCDs).¹ In response, the United Nations General Assembly will host a high level meeting in September, aiming to galvanise commitment to accelerate action. The meeting will culminate in a political declaration on NCDs and mental health.

A "zero" draft of the political declaration is available for consultation with member states.² The WHO Civil Society Working Group on NCDs, which includes more than 30 international Civil Society Organisations, has reviewed the zero draft against its own priorities for action, captured in its statement to the UN Multistakeholder Hearing.³ Our collective conclusion is clear. The political declaration must go further if it is to confront the urgency, scale of action, and accountability needed to stem the rising burden of NCDs and mental health conditions.

It is encouraging that the draft includes three "fast track" targets and five indicators to support accelerating actions across areas including health promoting environments, primary healthcare, sustainable financing, governance, and data and surveillance. However, the political declaration must acknowledge that NCDs and mental health conditions are the leading cause of morbidity, mortality, and disability worldwide. In addition, the continued siloed approach to diseases and risk factors has made insufficient progress. People centred approaches involving multiple sectors and stakeholders are what countries, communities, advocates, and people with lived experience are demanding. The draft must build on the commitments of previous declarations to deliver mechanisms for meaningful social participation and to challenge commercial practices and poorly prepared health systems that perpetuate health inequities.

In terms of health promoting environments, the draft omits any reference to commercial practices that drive diseases and undermine prevention efforts. There is no commitment to protecting children and young people from harmful marketing, improving unhealthy and unsustainable food systems, delivering a gender responsive approach, or confronting trade and investment rules that hinder regulation. The draft

also lacks enforceable measures to safeguard public health policymaking from conflicts of interest and interference by health harming industries.

Equally troubling is the limited attention to climate resilience and planetary health. The draft mentions climate emergencies but omits the role of fossil fuels in driving the disease burden from air pollution and the climate crisis. The political declaration must call for commitments to climate resilient health systems and for initiatives with health and environmental co-benefits.

In terms of primary healthcare, the zero draft leans heavily on disease specific interventions that risk reinforcing a siloed and exclusionary approach. The political declaration needs a vision for strong health systems that deliver health education and preventive services. These systems must be based on integrated person centred primary care combined with strengthened secondary and tertiary care services. These systems must be adaptable to diverse and emerging challenges, including pandemics, climate related health emergencies, and ageing populations. In line with the WHO Universal Health Coverage Compendium,⁴ the declaration should call for the inclusion of NCDs and mental health within implementable packages of care that include health promotion and prevention alongside treatment, rehabilitation, and palliative care. It must also support the implementation of the WHO "Best Buys," a set of impactful, cost effective interventions proven to reduce the burden of NCDs.⁵

With an estimated global shortage of 11 million health workers by 2030, action to strengthen the health workforce is critical.⁶ A resilient and well supported workforce underpins the delivery of all health services and contributes to broader social and economic development. Commitments to health workers must include protections for physical and mental wellbeing and safety, good working conditions, continuing education, and reduction of brain drain from low and middle income countries.

We welcome references to increased domestic resource allocation, protection from catastrophic out-of-pocket healthcare expenses, and taxation of health harming commodities. However, the declaration must go further in recognising the need for innovative financing and investment mechanisms

to support prevention and management of NCDs and mental health conditions and commit to ambitious but achievable global financing targets.

The draft calls for a “whole of society” approach but, unlike the 2018 declaration, stops short of explicit commitments to national high level multisectoral coordination bodies that ensure cross-government policy coherence, implementation, and accountability. It also backtracks from the 2018 political declaration by omitting formal commitments to embed social participation into governance and institutionalise the participation of young people and those with lived experience in shaping and implementing policies.

In terms of data and surveillance, the draft fails to define civil society’s role in independent monitoring and accountability. This oversight weakens the ability of non-state organisations to hold governments accountable for delivering on their commitments. Clear, disaggregated data across key demographics must be collected and reported to support equitable, evidence based implementation. Accountability mechanisms must ensure transparency and independent review.

Overall, the zero draft shows potential. But without bold revisions, it risks becoming a document of diluted ambition rather than a roadmap for action. We cannot afford a high level meeting that recognises problems but falls short on solutions. Global leaders must match their words with action, and seize this opportunity to enshrine justice, accountability, and equity at the heart of the global response to NCDs and mental health conditions.

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