

3 JULY 2025

THE CALL TO LEAD

partially reflected in Rev.1 of the Political Declaration

Following two rounds of input from governments, a new revised draft of the Political Declaration has been shared with government negotiators in New York. Unlike the zero draft, this version is not a public document. Based on what we have seen, this first revision (Rev.1) carries forward many priorities from The Call to Lead on NCDs, but there is still a lot to fight for. As negotiations continue, civil society must stay engaged—championing the advances reflected in Rev.1 and urging governments to strengthen areas where ambition and accountability are still lacking.

COMMUNITY ENGAGEMENT

The Call to Lead on NCDs comes from civil society - including people living with and affected by NCDs and mental health conditions.

- ▶ We are pleased the text continues to recognize that people living with NCDs and mental health conditions, their families and caregivers, can provide unique expertise and should be engaged.
- ▶ However, Rev.1 continues to have major gaps on community engagement, such as:
 - Missing language that formalises inclusive engagement across the policy cycle—by civil society, communities, and those living with and affected by NCDs.
 - Zero references to “social participation” or *WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases, and Mental Health and Neurological Conditions*.
 - **Just one single mention of civil society**—and only in relation to capacity-building for mental health—completely overlooking the powerful role civil society plays in mobilising communities, holding governments accountable, and driving change on the ground.
- ▶ Building on the Kigali Youth Declaration, we see stronger recognition of the unique needs of children and young people. Yet, there is no mention of children and young people’s meaningful participation in any processes.



SOUNDBITE



Governments are starting to echo **The Call to Lead on NCDs**, yet important voices are still left out. You can’t lead on NCDs without the people most affected. Civil Society must be at the table. Inclusion should be intentional, not incidental.

TIME TO  LEAD
GLOBAL WEEK FOR ACTION ON NCDs
18-25 SEPTEMBER 2025

#ActOnNCDs
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MOBILISE INVESTMENT

Rev.1 affirms the need to mobilise and increase sustainable financing, including through fiscal measures like health taxes and delivering financial protection to reduce out-of-pocket payments, but fails to call for a global financing target for NCDs.



By increasing sustainable funding for health that includes

Insufficiently reflected



Specific and measurable financing targets for NCDs strategies and;

No overall financing target developed for NCDs. Includes a target on mental health budgets, and a tracer indicator for financial protection policies.



Maximises the win-win from health taxes and other fiscal measures.

Includes 1) call to implement and increase taxation on tobacco, alcohol, sugar-sweetened beverages and foods high in fat, sugar and salt, and; 2) a tracer target on increasing taxes on tobacco, alcohol, and sugar-sweetened beverages.



Partially reflected in Rev. 1



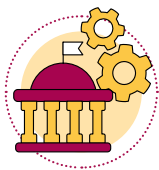
Reflected in Rev. 1

- ▶ We welcome commitment to scaling up the percentage of public health budgets dedicated to mental health care, but this does not go far enough.
- ▶ **We need a commitment to developing a broader, more inclusive target for NCD investment including mental health and neurological conditions.** Member States have so far failed to introduce language that commits to developing an inclusive investment target for both NCDs and mental health—one that would support delivery of national NCD and mental health plans, promote a system-wide approach, and help prevent an uneven response across conditions.
- ▶ A huge win for **The Call to Lead on NCDs** would be the retention of the 2030 target for 80% of countries to have implemented or increased excise taxes on tobacco, alcohol, and sugary beverages in line with WHO recommendations. **It made it through to Rev.1 and is an important target that must be defended.** It works both in terms of domestic resource mobilization and as one of the most effective and cost-effective preventive measures.

SOUNDBITE



It's good to see Rev.1 recognise the need to mobilise and increase sustainable financing. Increasing taxes on health-harming products is a great way to raise revenue, save lives, and reduce health costs. In a time of financial crisis for global health and development – what's not to like?



ACCELERATE IMPLEMENTATION

Rev.1 retains a focus on fast-tracking implementation of cost-effective, evidence-based policies (e.g. WHO 'Best Buys'), strengthening primary healthcare, and expanding access to medicines and technologies in the next five years.



Delivering the proven, cost-effective policies to reduce NCD risk factor exposure

WHO 'Best Buys' are mentioned with recognition of high returns on investment. A significant number of commitments to tackle key areas of action across major NCD risk factors are included. However, it does not always reflect the strongest language contained in the Best Buy.



Integrating quality NCD interventions into person-centred care and universal health coverage benefit packages

Some NCD interventions are highlighted in relation to strengthening primary healthcare (PHC). Rev.1 adds references to strengthening PHC to achieve universal health coverage (UHC), and includes a tracer target for financial protection policies to limit costs of essential NCD and mental health diagnostics and care. However, the connections between PHC and UHC should be further reinforced throughout the PHC section.



Expanding access to essential NCD medicines, technologies, and resources

Includes 1) a call to "Advance and support equitable, sustainable and affordable access to quality-assured vaccines, therapeutics, diagnostics, medicines and other health technologies" for NCDs and MH conditions and 2) a tracer target for the uninterrupted availability of essential medicines and basic technologies at affordable prices.

- ▶ Rev.1 retains an action-oriented focus with global targets and indicators to drive accelerated implementation over the next five years.
- ▶ Rev.1 includes paragraphs covering the 5x5 agenda and beyond with specific commitments to tackle key areas of action across major NCD risk factors. These paragraphs provide a clear priority action and pathway for progress on NCD prevention and control (including the tracer indicator for 80% of countries to implement or increase health taxes above).
- ▶ Significant improvements have been made on commitments to reduce indoor and outdoor air pollution. However, more concrete actions are still needed—such as a clear commitment to adopt and implement air quality standards. We also continue to call for commitment to phase out fossil fuel subsidies.
- ▶ The inclusion of specific targets and commitments across the leading NCDs and mental health will help drive action on overall mortality and improve outcomes of co-morbidities.
 - We recommend that the scaling up of efforts remain cohesive and cross-cutting to ensure health systems strengthening and avoid creating disease-specific silos.
 - We recommend continued focus on cross-cutting processes that need to be strengthened, e.g. regulation, health technology assessments, and procurement.

SOUNDBITE



New global targets and indicators should drive accelerated action towards 2030. Rev.1 backs smart policies, but falls short on links to universal health coverage and pre-existing action plans. We don't just need good policies—we need action to match.



ACCOUNTABILITY

While Rev.1 provides global targets and specific tracer targets, it falls short on concrete mechanisms for monitoring, reporting, or linking to the post-2030 agenda.



By regularly monitoring and reporting to citizens and the global community on an updated set of NCD targets extended to 2030 and beyond; and

Includes 3 fast-track global targets and 5 tracer targets, with no mention of how the targets will be monitored or reported over the next 5 years.



By integrating NCD commitments into the post-SDG agenda.

Calls for the next high-level meeting in 2031 and does not include reference to NCDs beyond the 2030 agenda.

- ▶ The three fast-track global targets and tracer indicators on each of the sections is very welcome. Given the recognition that we are off track for achieving the 2030 target, this small number of short-term targets provides focus on where the most progress could be made in accelerating implementation.
 - Doubling down on tobacco would improve outcomes across the five diseases and beyond.
 - Delivering increased hypertension care will impact CVD, stroke, diabetes, and kidney disease.
 - A focus on mental health care recognises that this HLM seeks to establish mental health on the health and development agenda.
- ▶ Delivering action to achieve these three targets should have cross-cutting benefits if framed as part of the delivery of a universal health coverage grounded in people-centred primary health care.
- ▶ We welcome the new global and tracer targets, and the call to incorporate NCDs and mental health into SDG voluntary national reviews.
- ▶ However, Rev.1 falls short on concrete mechanisms for monitoring, reporting, or linking to the post-2030 agenda.
 - We recommend calling for an updated Global Monitoring Framework and related targets and the need to develop transparent monitoring and reporting mechanisms.
 - We recommend the next high-level meeting take place in 2029 before the end of the SDG period so that progress on NCDs will remain a political priority in the post-2030 era.

SOUNDBITE



Targets without tracking are just talk. We don't know who's keeping score—or how. What's missing are concrete mechanisms for monitoring, reporting, and linking progress to the post-2030 Agenda.

NEXT STEPS

Rev.1 shows progress but there's still room to improve, and we are less than a month away from a final agreement. The Call to Lead on NCDs reminds us that governments must go further and:

- ▶ Commit to "social participation" and role of civil society;
- ▶ Integrate the full range of NCDs and reinforce links between PHC and UHC;
- ▶ Retain strong language on fiscal measures;
- ▶ Commit to developing a broader more inclusive target for NCD investment including mental health and neurological conditions;
- ▶ Address the determinants of health, particularly commercial determinants;
- ▶ Act on air pollution linking it with fossil fuels and climate change;
- ▶ Continue to safeguard public health policies against conflicts of interest from health-harming industries; and
- ▶ Support NCD targets to 2030 and beyond

**Please see NCD Alliance's
HLM4 materials**

Documents here



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SHARE WITH US

Let us know what you're doing.
Write to gsanchez@ncdalliance.org



Visit actonneds.org and get involved in the Global Week for Action on NCDs taking place from 18-25 September 2025