

NCD Alliance Key Messages on the Compilation Text of the HLM4 Political Declaration

NCD Alliance is a civil society network that represents 70+ national and regional alliances and over 500 members in more than 100 countries, all of whom are dedicated to improving noncommunicable disease (NCD) prevention and control worldwide. We advocate for systemic approaches to preventing and controlling NCDs to reduce morbidity and mortality in support of Sustainable Development Goal (SDG) 3.4.

This document outlines the NCD Alliance's main responses to the compilation text of the Political Declaration of the 4th UN High-Level Meeting on NCDs and Mental Health (HLM4) dated 29th May.

The following key messages draw on the NCD Alliance's consultation with its members on priorities for the Political Declaration, including [The Call to Lead on NCDs](#), our [policy priorities](#) briefing for the HLM4, [proposed Political Declaration text](#), and our [response to the Zero Draft](#) of the Political Declaration. We express our support for many of the proposed changes to the Zero Draft that are reflected in the compilation text. We also detail areas in which Member States could further develop the text.

NCD Alliance welcomes and supports:

Greater focus on equity and rights-based commitments

Ref: Paragraphs 3, 6, 6ter, 6quat, 10 bis, 10sexies, 11 bis, 15, 15quat, 16, 17, 17alt, 17 bis, 21 pre, 28, 28bis, 29, 30, 46, 49, 50

As equity is one of the primary themes of the UN High-Level Meeting (HLM), we support Member States' additions of more equity-focused language in the compilation text. This is in line with the ethos of the Sustainable Development Goals – to reach the most vulnerable populations and communities first, bearing in mind the structural barriers to healthcare access that disproportionately impact communities of lower socio-economic status. NCDs follow a social gradient; the lower one's socio-economic status, the higher chance they have of morbidity and mortality related to NCDs – and at a younger age – due to higher levels of risk factor exposure and less access to services across the continuum of care.

Aligned with this, we welcome the additions of rights-based language that recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, the right to access to care, and to safeguarding human rights in the delivery of care, with specific references for mental health care.

The compilation text also includes more gender-sensitive language, recognising the unique presentation, impacts, and exposure to risk factors women and girls have. This includes mainstreaming gender perspectives into prevention and control strategies, the role of women in the health work force, and the structural discrimination and socio-economic barriers they face in

seeking and sustaining care. In addition to applying a gender-sensitive lens to achieve SDG 3.4 and the right to health, Member States have proposed language to focus on human rights and rights-based approaches to delivering on the NCD agenda.

Greater acknowledgment of lived experience expertise

Ref: Paragraphs 18, 36, 46, 47bis

The conceptualisation, design, implementation, and monitoring of NCD prevention and control programs and policy is strengthened through the meaningful participation of civil society, particularly people living with NCDs. We welcome Member States' increased recognition of this crucial role and encourage additional reference to the WHO Framework for Meaningful Engagement of People Living with NCDs including mental health and neurological conditions as a resource in facilitating greater social participation within the text. We would welcome additional integration of social participation throughout the text.

Expanded efforts on determinants of health

Ref: Paragraphs 1, 6sexies, 7, 8ter, 10, 13, 17, 21, 21bis, 27(e bis), 29, 46, 49

We recognise the significant impact that social, economic, commercial and environmental determinants of health have on the ability of individuals and communities to access health-promoting environments and NCD services. We welcome the increased commitments to addressing and monitoring determinants of health from Member States, which will help address the systemic drivers of NCDs through the whole-of-government, whole-of-society approaches proposed.

Proposals for protecting health policy from conflicts of interest

Ref: Paragraphs 16, 41, 46, 56, 56bis

Health-harming industries (including those involved in tobacco, alcohol, unhealthy food products, and fossil fuels) have inherent conflicts of interest with global public health goals. Therefore, it is crucial that NCD policymaking processes are protected from undue industry influence. We appreciate Member States' proposal to strengthen this commitment and encourage its retention in the revised text.

NCD Alliance encourages Member States to further consider:

Retaining and incorporating measurable, time-bound targets to ensure adequate progress towards the SDGs

Ref: Paragraphs 25 and the targets under each subheading, 57

NCD Alliance reaffirms the importance of the Sustainable Development Goals, and the interlinkages of health, climate change, and poverty reduction goals. NCD Alliance views the “fast-track” and

indicator targets outlined in the compilation text of the Political Declaration as important benchmarks on the way to achieving the 2030 targets.

We strongly encourage Member States to retain these targets to drive progress and improve accountability. Clear targets would accelerate implementation toward UHC, strengthen health systems, and deliver significant economic returns. In this vein, we strongly support the introduction of two additional targets—one on air pollution and one to establish an inclusive financing target for the prevention and control of NCDs and mental health conditions.

We also encourage reference to the WHO Global Monitoring Framework on NCDs as a foundation for accountability and to support its further development.

NCD Alliance strongly encourages Member States to convene another high-level meeting on NCDs and mental health in 2029 before the end of the SDG period to review progress and better position accurate commitments for NCDs in the post-2030 agenda.

Including an accountability mechanism

Ref: Subsections on Strengthen Governance and Follow up

While the targets proposed represent a step forward, NCD Alliance expresses continued concern over the omission of a strong accountability mechanism for NCDs. Given that this text is action-oriented and sets clear and specific goals, it is critical that commitments made are tracked, regularly reported on, and followed up at the national, regional, and global levels. Civil society, communities, and people living with NCDs and mental health conditions must be integral to the design, implementation, and follow-up of any accountability framework.

Recognition of WHO- led preparatory meetings and inputs to the High-Level Meeting

Ref: Paragraph 4

We encourage Member States to recognise the WHO-led preparatory process that contributed to the UN Secretary-General's report. The Small Island Developing States Ministerial Conference on NCDs and Mental Health, the Global High-Level Technical Meeting on NCDs in Humanitarian Settings, the International Dialogue for the Sustainable Financing of NCDs and Mental Health, the Global Oral Health Meeting, and the WHO 2nd Global Conference on Air Pollution and Health, along with their associated outcome documents, are useful resources, which could be referenced in the preambulatory paragraphs.

Integrating the full range of NCDs and risk factors

Ref: Paragraph 5, 5bis, 5ter

We encourage the adoption of an inclusive approach to the types of conditions referenced in the text. We support the use of the “5x5 agenda”, established at the last HLM, which recognises mental health and neurological conditions as the fifth NCD group and air pollution as the fifth risk factor. We

also support the recognition of the wider burden from other NCDs and conditions of public health importance beyond the 5x5, that share common risk factors and benefit from common responses to NCDs. The illustrative listing of this broader agenda should include renal, hepatic, musculoskeletal, oral, eye and ear diseases, genetic disorders, and injuries and disabilities.

References and commitments around air pollution are few, and physical activity, while improved in the compilation text, could be further integrated. NCD Alliance also encourages greater clarity regarding neurological conditions.

Given the bidirectional relationships across the five disease categories and other comorbidities, and interdependencies with the five common risk factors, the Political Declaration should address comprehensive and multisectoral solutions to achieve SDG 3.4.

Emphasising how exposure to NCD risk factors is driven by determinants of health, including for air pollution and climate change

Ref: Paragraphs 5quin, 6sexies, 7, 8, 10quat 11, 12, 21bis, 27(f), 28, 29, 47

NCD Alliance supports a systemic approach to NCD risks that focuses on social, economic, commercial and environmental determinants of health, as recognised by the current document. However, it is crucial that the Political Declaration remains consistent by recognising how systemic drivers of NCDs, such as food systems, socio-economic status, harmful commercial marketing practices and other factors, shape and restrict individual choices. We therefore urge additional recognition and commitments to address these community- and population-level drivers, rather than attributing risk factor trends to individual “lifestyle”.

We also strongly urge Member States to reaffirm air pollution as a major risk factor for NCDs and mental health conditions, given over eight million people die every year due to air pollution with 99% of the world’s population living in areas with higher levels of air pollution than recommended by WHO. To ensure meaningful progress, we strongly encourage Member States to recognise fossil fuels as major drivers of air pollution and climate change, along with their associated risks to health and well-being, and to commit to additional interventions in these areas.

We are calling upon Member States to ensure just and equitable transitions towards clean energy sources, including by eliminating fossil fuel subsidies, promoting renewable energy, and promoting active transportation. These efforts should maximise co-benefits for climate change mitigation and adaptation, while advancing health-promoting actions and health systems strengthening.

Ensuring accurate language

Ref: Paragraphs 5, 6sexies, 7, 10quat, 21bis, 24, 25, 26alt, 27(e), 28, 28bis, 36

Certain terminology used within the current document is a cause for concern.

- Harmful use of alcohol: There is no safe level of alcohol consumption, and we encourage Member States to use language that reflects the findings of scientific research. As alcohol use is a key risk factor for NCDs and mental health, replacing the term “harmful use of alcohol” with “alcohol use” will support strengthened commitments to reduce mortality and morbidity from alcohol-related causes.
- Lifestyles: We urge Member States to avoid using “lifestyle diseases,” “lifestyle choices,” and “healthy lifestyles,” as these terms emphasise individuals’ responsibility rather than the structural and systemic drivers that increase exposure to NCD risk factors and shape individual behaviours.

Strengthening commitments for fiscal measures, including health taxes, as tools in NCD prevention and health financing

Ref: Paragraphs: 26, 26alt, 26alt 2, health-promoting environments target, 40

We urge Member States to retain and strengthen commitments for fiscal measures. Health taxes are evidence-based, cost-effective tools that provide governments with a “triple-win” by: 1) increasing government revenue, which can be applied to health systems; 2) reducing consumption of harmful products, thereby reducing the burden of NCDs; and 3) ultimately delivering long-term savings for health systems attributable to improved population health. We also call upon Member States to introduce commitments for coherent fiscal policies by implementing corrective taxes on health-harming industries, particularly fossil fuels, and promote subsidy reforms to improve access to healthy and sustainable diets and clean energy sources.

Strengthening references to WHO technical and public goods on NCDs

Ref: Paragraphs: 20, 27(g bis), 30, 52

We support references to WHO documents such as the NCD “Best Buys” other technical packages, and the *WHO framework for meaningful involvement of people living with NCDs and mental health and neurological conditions*, that could also provide additional context to the Political Declaration text.

In conclusion

The compilation text of the Political Declaration includes key commitments on equity, conflict of interest, and the expertise of people living with NCDs. NCD Alliance encourages stronger multi-lateral action in future drafts, particularly towards inclusive, system-level approaches to NCD prevention and control and the promotion of mental health and well-being.