

**Rev.1**

**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 the implementation of a priority set of evidence-based, cost-effective and affordable actions, and in this regard we:

1. Strongly reaffirm our commitment to reduce by one third premature mortality from noncommunicable diseases by 2030, as well as reducing morbidity through the prevention and control of noncommunicable diseases, and the promotion of mental health and well-being, 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 2011<sup>1</sup>, 2014<sup>2</sup>, and 2018<sup>3</sup>;
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. Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health and recognize that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development;

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<sup>1</sup> Resolution [66/2](#)

<sup>2</sup> Resolution [68/300](#)

<sup>3</sup> Resolution [73/2](#)

5. Recall the political declarations of the high-level meetings of the General Assembly on Universal Health Coverage held in 2019 and 2023, on Pandemic Preparedness, Prevention and Response in 2023, on Tuberculosis in 2023, and on Antimicrobial Resistance in 2024;
6. Further recall the preparatory meetings convened in preparation for the present and prior high-level meetings;
7. Welcome the Secretary-General's report<sup>4</sup> 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, and some countries are on track to meet individual targets, there are many areas where greater action is needed, using a whole-of-government and whole-of-society approach;
8. Emphasize the burden of noncommunicable diseases, which together account for more than 43 million deaths each year, 18 million of which occur prematurely (before the age of 70 years) and include cardiovascular diseases, which accounts for the largest share of these deaths, cancers, diabetes, and chronic respiratory diseases, while recognizing the burden of conditions beyond these four main noncommunicable diseases;
9. Emphasize also that there are: (i) 1.3 billion adults living with hypertension – a doubling since 1990 (and only 1 in 5 have it under control); (ii) 800 million adults living with diabetes – a fourfold increase since 1990; (iii) 3.7 billion people suffering from oral diseases; (iv) more than 674 million people affected by chronic kidney disease; and (v) over 300 million persons living with rare diseases;
10. Emphasize further that mental health conditions including anxiety, depression, psychosis and self-harm, affect close to 1 billion people worldwide, and commonly co-occur and interact with other neurological conditions, including Alzheimer's disease and other forms of dementia, substance use and other noncommunicable diseases, and that suicide is the third leading cause of death among those 15 – 29 years old;
11. Recognize that mental health, and neurological conditions specifically, contribute to the global incidence and impact of noncommunicable diseases, that persons living with mental health conditions, including neurological conditions, also have an increased risk of other noncommunicable diseases and therefore have higher rates of morbidity and mortality;
12. Recognize also that the main modifiable risk factors of noncommunicable diseases are tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity and air pollution, which are behavioural, metabolic, and environmental in nature, and are largely preventable and require cross-sectoral actions;

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<sup>4</sup> [A/79/762](#)

13. Emphasize with concern that globally there are: (i) 1.3 billion tobacco users and tobacco kills more than 8 million people each year, including an estimated 1.3 million non-smokers who are exposed to second-hand smoke; (ii) 2.6 million alcohol related deaths each year; (iii) 35 million children under 5 years of age currently overweight; (iv) 390 million children 5 – 19 years old overweight or obese, while adult obesity has more than doubled since 1990; and (v) nearly 7 million deaths each year caused by air pollution, with 99% of the population exposed to unsafe air pollution levels;
14. Emphasize that noncommunicable diseases and mental health conditions prevent people and communities from reaching their full potential, pose a heavy economic burden, limit human capital development, can undermine the sustainability of health systems and, together with other health conditions, compound cycles of poverty and disadvantage;
15. Recognize that the human and economic cost of noncommunicable diseases and mental health conditions contributes to poverty and inequities and threatens the health of peoples and the development of countries, and that there are public health risks associated with increased urbanization, including unhealthy diets, malnutrition and hunger, sedentary lifestyles and physical inactivity, requiring commitments to mobilize and allocate adequate, predictable and sustained resources for national responses to prevent and control noncommunicable diseases, including through international cooperation and official development assistance;
16. Recognize also 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 young people;
17. Recognize further the increasing gap between life expectancy and healthy life expectancy for older persons and note that despite the progress achieved at the global level, many health systems continue to be inadequately prepared to identify and respond to the growing needs of the rapidly ageing population, including the increased prevalence of noncommunicable diseases;
18. Acknowledge that mainstreaming a gender perspective into the prevention and control of noncommunicable diseases is crucial to understanding and addressing the health risks and needs of women and men of all ages, giving particular attention to the impact of noncommunicable diseases on women in all settings; and recognize that globally, women comprise approximately 70 per cent of the health workforce; and further recognize that women face a double noncommunicable diseases burden, often acting as caregivers for the sick, and facing other structural barriers that hinder timely noncommunicable disease prevention, screening, diagnosis and treatment;
19. Recognize that noncommunicable diseases and mental health conditions are leading causes of years lived with a disability and people with disabilities often face discrimination and exclusion from health services;

20. Recognize also that the poorest, socioeconomically disadvantaged, and those in vulnerable situations, including those in conflict, emergency and humanitarian settings, and those living in areas most vulnerable to climate change, often bear a disproportionate burden of noncommunicable diseases and mental health conditions; and there are unique vulnerabilities for people living in Small Island Developing States (SIDS) and developing countries, where noncommunicable diseases are increasingly becoming the main cause of mortality, and that SIDS have the highest rate of obesity worldwide and the highest risk of dying prematurely from noncommunicable diseases;
21. Recognize further that since the adoption of the political declaration in 2018, the COVID-19 pandemic, humanitarian emergencies, natural disasters and extreme weather events, conflicts, increasing debt challenges, and other intersected crises have strained macroeconomic conditions and fiscal capacity, directly impacted health and well-being, and introduced additional pressures on national responses to noncommunicable diseases and mental health;
22. Recognize that the COVID-19 pandemic disproportionately impacted people living with noncommunicable diseases and mental health conditions, and that many health systems were heavily disrupted and not adequately prepared to effectively respond to these conditions during the pandemic, demonstrating the importance of investing in resilient health systems and healthy populations;
23. Note with concern that access to the benefits of research and innovation, such as quality, safe, efficacious and affordable diagnostics and treatment, remains challenging, especially for developing countries;
24. Recognize the challenges of antimicrobial resistance (AMR), especially in the treatment of noncommunicable diseases such as cancer, diabetes and chronic respiratory diseases, and commit to integrated policies and strategies that promote disease prevention and safeguard the reliable access, stewardship and effectiveness of antimicrobials across health systems aligning with WHO's Global Action Plan on Antimicrobial Resistance;
25. Recognize also the need for achieving universal health coverage (UHC) is essential for prevention and control of noncommunicable diseases, including through integrated, sustainable, resilient and well-financed health systems for promotion, prevention, screening, diagnosis, treatment, care and rehabilitation for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, focusing on a primary health care approach, while recognizing the importance of well-functioning referral systems, to connect primary health care with secondary and tertiary health care for conditions that require specialized services;
26. Recognize further the fundamental role of primary health care in achieving universal health coverage, as was declared in the Declaration of Alma-Ata (1978) and the Declaration of Astana on Primary Health Care (2018), and further reaffirm the importance of primary health care as an effective and efficient approach to enhancing people's physical and mental health, as well as social well-being, noting the need to unite

efforts through the Global PHC Coalition of Countries to take coordinated action in delivering high-quality, safe, integrated, and accessible health services at the primary care level, including in remote geographical regions or in areas difficult to access;

27. Reaffirm the primary role and responsibility of governments at all levels in responding to the challenge of noncommunicable diseases and mental health conditions and underscore the importance of pursuing whole-of-government and whole-of-society approaches and acknowledge that all stakeholders also share responsibility and can contribute to creating an environment conducive to preventing and controlling noncommunicable diseases and promoting mental health and well-being, and mobilize all available resources, as appropriate, for the implementation of national responses;
28. 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, and ensuring that no one is left behind including for access to services and care acknowledging that people living with and at risk of these conditions are often unjustly deprived of such access and may encounter inconsiderate treatment and discrimination;
29. Recognize also that people living with noncommunicable diseases and mental health conditions, their families and caregivers have unique experiences and have first-hand expertise to contribute to designing, implementing and monitoring people-centred promotion prevention, diagnosis, treatment, care (including rehabilitation and palliation) policies and programmes;
30. Acknowledge that there are cost-effective and evidence-based interventions for preventing, screening, diagnosing, treating, and caring for people living with or at elevated risk of noncommunicable diseases<sup>5</sup> and mental health conditions,<sup>6</sup> while also acknowledging that scarce resources mean Member States must prioritize the most affordable and feasible interventions, which for the most part can be delivered at community and primary health care level based on context-specific considerations;
31. Acknowledge further that investing in the World Health Organization ‘Best Buys’ aims to save close to 7 million lives, 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, resulting in more than US\$ 230 billion in economic benefits between now and 2030;
32. Emphasize the importance of addressing the digital divide in health, between and within countries, to promote equitable access to digital health technologies to address noncommunicable diseases and mental health conditions and prevent the exacerbation of health inequities, and in this regard acknowledge the pressing need to address the major

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<sup>5</sup> Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024.

<sup>6</sup> Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Geneva: World Health Organization; 2023.

impediments that developing countries face in accessing and developing digital technologies, and highlight the importance of financing and capacity-building;

33. Recognize the need to eradicate hunger and prevent all forms of malnutrition worldwide, particularly undernourishment, stunting, wasting, underweight and overweight in children under 5 years of age and anaemia in women and children, particularly girls, among other micronutrient deficiencies, ensure access to healthy diets, and reduce the burden of diet-related noncommunicable diseases in all age groups;
34. Recognize further that breastfeeding fosters healthy growth and improves cognitive development, and has longer term health benefits for both child and mother such as reducing the risk of becoming overweight or obese and developing noncommunicable diseases later in life;
35. Recognize also that obesity is driven by multiple factors, including food systems, lack of local food production and policies that increase food and nutrition security, as well as unaffordability and unavailability of healthy diets, and lack of opportunities to pursue physical activity, sleep deprivation and stress;
36. 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 and maximize return on investment, and that data and indicators are essential to monitor progress;
37. Recognize that multimorbidity and co-occurrence with diseases, including infectious, vaccine-preventable and rare diseases increases the complexity of early diagnosis and treatment of noncommunicable diseases and mental health conditions;
38. Recognize also that oral diseases impact people across their lifetime, causing pain, discomfort, disfigurement and even death, that untreated dental caries (tooth decay) in permanent teeth is among the most common health conditions, and that oral diseases are largely preventable and caused by a range of modifiable risk factors, requiring a continuing focus on social, environmental and population strategies;
39. Recognize further that leadership, political commitment, action and coordination beyond the health sector, are important to promote and accelerate cost-effective, accessible and affordable population level interventions to promote healthy lifestyles and to prevent noncommunicable diseases and mental health conditions;

We therefore commit to urgently:

40. Fast-track efforts to accelerate progress on noncommunicable diseases and mental health and well-being over the next five years, focusing on tobacco and nicotine control, preventing and scaling up effective treatment of hypertension 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;

To reach these targets and deliver on our broader commitment to prevent and control noncommunicable diseases and promote mental health and well-being, and in line with our respective national contexts and where appropriate, we will:

**Create health-promoting environments through action across government**

41. Continue to implement and increase taxation, as appropriate, on tobacco, alcohol, sugar-sweetened beverages and foods high in fat, sugar and salt, bearing in mind the World Health Organization recommendations;
42. Address key social, economic, commercial, environmental and structural determinants of noncommunicable diseases and mental health by: (i) promoting access to inclusive and quality education and supportive living and learning environments from childhood to adulthood; (ii) promoting and creating safe, supportive and decent working conditions; (iii) providing universal, comprehensive and sustainable social protection and livelihood support for low-income and impoverished people; (iv) addressing social exclusion, isolation, integration and connectivity of people living with NCDs and mental health conditions, older persons, and persons with disabilities, those living in rural and underserved areas; (v) addressing air, water and soil pollution, exposure to chemicals, climate change and extreme weather events; (vi) addressing urban planning, including sustainable transportation and urban safety, to promote physical activity by increasing the number of public spaces where persons across the life course can be physically active; and (vii) increasing access to affordable fruits and vegetables and healthy food options;
43. Enact within national and, where relevant, regional contexts, as appropriate, legislation and regulation, promote policies and take action to:
  - (a) significantly reduce tobacco and nicotine use and related disease and death by: (i) implementing graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging, and ensuring that tobacco product packaging carries health warnings; (ii) enforcing restrictions on tobacco and nicotine advertising, promotion and sponsorship including cross-border; (iii) comprehensively reducing exposure to second-hand tobacco smoke in indoor workplaces, public places, and public transport; and (iv) promoting safe and evidence-based quitting programs;
  - (b) restrict and end unregulated electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), heated tobacco products (HTPs) and Nicotine Delivery Products;
  - (c) accelerate implementation among Parties to the World Health Organization Framework Convention on Tobacco Control and its Protocol to Eliminate Illicit Trade in Tobacco Products, without any tobacco industry interference;

(d) support programmes that are aimed at combating undernutrition in mothers, in particular during pregnancy and breastfeeding, and in children, and the irreversible effects of chronic undernutrition in early childhood, in particular from birth to the age of 2 years;

(e) promote healthy diets and reduce unhealthy diets, overweight and obesity by: (i) reformulating food products to eliminate industrially-produced trans-fatty acids to the lowest level possible and reduce levels of saturated fats, free sugars and sodium in processed food and beverages; (ii) developing and providing front-of-pack labelling of nutritional information for food and beverages; (iii) putting in place public food procurement and service policies for healthy diets; (iv) protecting children from the harmful impact of food marketing, including digital marketing; (v) protecting, promoting and supporting optimal breastfeeding practices; (vi) promoting increased availability and affordability of nutritious food and information on healthy eating; and (vii) promoting adequate physical activity, and reducing sedentary behavior, including through increasing access to public spaces;

(f) reduce harmful use of alcohol including through acceleration of the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (2010) and the Global Alcohol Action Plan 2022–2030 by: (i) enforcing restrictions on exposure to alcohol advertising; (ii) restricting the physical availability of and the ease of access to retail alcohol; and (iii) enacting and enforcing drink-driving laws;

(h) reduce exposure to indoor and outdoor air pollution by: (i) promoting clean, efficient, safe, accessible and expanded urban public transport, active mobility, such as walking and cycling, car share schemes and low- and zero-emission zones; (ii) reducing the open and uncontrolled burning of agricultural and other toxic residues; (iii) increasing access to affordable, clean, sustainable and less polluting fuels for cooking, heating and electricity generation; (iv) developing, amending, and administering regulatory and non-regulatory measures to tackle air pollution from industrial sectors, vehicles, engines, fuels, and consumer and commercial products; (v) reducing the exposure to chemicals, in particular lead and children's exposure to synthetic chemicals; and (vi) strengthening and investing in more climate-resilient healthcare systems, including infrastructure, service delivery and workforce capacity;

(i) take steps to decriminalize suicide as well as reduce rates of suicide through limiting access to highly hazardous pesticides, and other means of suicide by: (i) developing national suicide prevention strategies; (ii) reducing stigma for mental health conditions and neurological disorders; (iii) creating an open environment to discuss mental health; (iv) fostering a public health approach; (v) identifying and providing support to everyone affected by suicide and self-harm; (vi) addressing responsible reporting of suicide by the media, including online, digital and social; and (vii) fostering socio-emotional life-skills and support for young people;

(j) scale up efforts to develop, implement and evaluate policies and programmes that promote healthy and active ageing, maintain and improve quality of life of older persons



and to identify and respond to the growing needs of the rapidly ageing population, including the need for preventive, curative, palliative and specialized care for older persons, taking into account the disproportionate burden of noncommunicable diseases on older persons, and that population ageing is a contributing factor in the rising incidence and prevalence of noncommunicable diseases;

44. Address the health risks related to digital technology, including social media and excessive screen time; stressing the importance of updating regulatory and educational systems to ensure that children and young people benefit from the opportunities of digital services, that their rights in cyberspace are safeguarded, and that they are protected from the potential negative impact that digital services can have on their physical and mental health;
45. Increase health literacy and implement science and evidence-based, sustained best practice information, and age appropriate communication programmes across the entire population and life course, to: (i) educate the public about the harms of tobacco and nicotine use, the harmful use of alcohol, and air pollution; (ii) promote healthy, well-balanced and sustainable diets such as through food and nutrition education; (iii) promote physical activity, and reduce children's screen use, with links to school and community-based programmes; and (iv) promote healthy life skills, resilience and mental health and well-being through school-based social and emotional learning;

*Target: at least 80% of countries have implemented or increased excise taxes on tobacco, alcohol, and sugar-sweetened beverages as recommended by the World Health Organization by 2030.*

### **Strengthen primary healthcare**

46. Take actions towards ensuring a primary health care approach as a resilient foundation to achieve universal health coverage and good public health;
47. Strengthen and orientate health systems and social care policies and capacities to ensure UHC and 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 primary health and community-based services to improve prevention, screening, diagnosis, treatment, referral pathways, and follow-up for hypertension, diabetes, cancers, chronic kidney disease, anxiety, depression, oral diseases, and other common noncommunicable diseases and mental health conditions; (ii) integrating prevention, screening, diagnosis, rehabilitation and long-term care into existing programmes for communicable diseases, maternal and child health, and sexual and reproductive health programmes; (iii) integrating, as appropriate, responses to noncommunicable diseases and communicable diseases, such as HIV/AIDS and tuberculosis, especially in countries with the highest prevalence rates, taking into account their linkages; (iv) shifting mental health care and resources from specialized institutions to general health care services delivered in community-based settings; and (v) ensuring

access to care for people in humanitarian settings and ensuring continuity of care for people during emergencies and prolonged movement;

48. Prevent and treat cardiovascular diseases by scaling up: (i) early screening, monitoring and diagnosis, affordable and effective treatment, and regular follow up for people at risk of cardiovascular disease or living with high blood pressure; (ii) access to appropriate treatment and therapies for those at high-risk of a heart attack or stroke; (iii) innovation in cardiovascular care technologies; and by addressing diagnostic gaps of cardiovascular conditions in women;
49. Improve care and access to care for people living with diabetes in line with the 2030 global coverage targets,<sup>7</sup> by strengthening measures, such as early diagnosis, affordable and effective treatment (including with insulin) and regular follow up for people at risk or living with diabetes to reduce the likelihood of cardiovascular, renal and other complications;
50. Prevent and control the most common cancers by promoting access to affordable diagnostics, screening, treatment and care, as well as vaccines that lower the risk of cancer, as part of a comprehensive approach to prevention and control taking into account national contexts and regional cooperation;
51. Eliminate cervical cancer as a public health problem taking into account the 2030 global targets,<sup>8</sup> by scaling up where appropriate: (i) human papillomavirus vaccination coverage for girls and boys; (ii) screening for cervical cancer with a high-performance test, especially for those at higher risk, such as women living with HIV; (iii) access to early, quality treatment for all women with cervical cancer; and (iv) integrating cancer prevention in national programs;
52. Improve childhood cancer survival through scaling up interventions in order to achieve the target of at least 60% globally by 2030, as set out by the WHO Global Initiative for Childhood Cancer (GICC), while increasing well-being and reducing inequities;
53. Prevent liver cancer through scaling up hepatitis immunization in all countries with high prevalence of hepatitis B and C infection taking into account, as appropriate, WHO recommendations, and through measures of prevention, screening and management for Non-Alcoholic Liver Disease (NAFLD);
54. Develop national policies for an integrated approach to lung health encompassing both noncommunicable and communicable diseases at primary healthcare services and scale up prevention and treatment of asthma and chronic obstructive pulmonary disease by improving measures such as access to bronchodilators and steroids, strengthening

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<sup>7</sup> See: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75-REC1/A75\\_REC1\\_Interactive\\_en.pdf#page=1](https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=1) (pages 48 and 99)

<sup>8</sup> See: <https://iris.who.int/bitstream/handle/10665/336583/9789240014107-eng.pdf?sequence=1&isAllowed=y> (page 20)

diagnostic services, and establishing structured programs and services for the long-term management of chronic respiratory diseases;

55. Scale up services to manage oral diseases, requiring an interdisciplinary approach to address the excessively high rates of oral health inequities through the prevention and treatment of oral health conditions in multi-sectoral and integrated strategies;
56. Scale up, particularly at primary health care level and within general health care services, the accessibility, availability and provision of psychosocial, psychological support and pharmacological treatment for depression, anxiety and psychosis, as well as for other related priority conditions, including childhood and youth mental health conditions, self-harm, harmful use of alcohol, substance use, epilepsy, dementia, autism spectrum disorder and ADHD, while addressing the stigma associated with these conditions including through inclusive, accessible and equitable quality public education and the involvement of people with lived experience;
57. Develop, strengthen and implement, where appropriate, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective 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;
58. Promote measures to increase the number, capacity, retention and competencies of trained health care workers, including at the community level to implement integrated primary health care for health promotion, prevention, screening, diagnosis, treatment, rehabilitation and palliative care for people living with noncommunicable diseases and mental health conditions;
59. Build capacity among health care workers, civil society, organizations of persons with disabilities, and other key stakeholders in order to strengthen knowledge and skills towards the promotion of laws, policies, services and practices in the area of mental health, in line with the Convention on the Rights of Persons with Disabilities and other relevant obligations under international law;
60. Advance and support equitable, sustainable and affordable access to quality-assured vaccines, therapeutics, diagnostics, medicines and other health technologies for noncommunicable diseases and mental health conditions while supporting and creating systems to uphold their quality and safety through: (i) strengthening pricing policies and financial protection mechanisms which reduce out of pocket expenditure; (ii) strengthening procurement and diversified, resilient supply chains; (iii) strengthening regulatory systems; and (iv) assessing intellectual property policies in light of global health needs;
61. Leverage technologies, research and innovation for noncommunicable disease prevention and control, and improving mental health, including through artificial intelligence and

digital<sup>9</sup> and assistive products and technologies, including telemedicine, and mobile health services that are evidence-based, cost-effective and affordable, and based on the local context to increase equitable access, particularly for those living in remote areas, to quality systems and services and to empower people, while recognizing that the risks these technologies can pose should be addressed, and that digital health interventions are not a substitute for functioning health systems;

62. Promote the transfer of technology and know-how and encourage research, innovation and commitments to voluntary licensing, where possible, in agreements where public funding has been invested in the research and development, particularly for prevention and treatment of noncommunicable diseases and mental health conditions, to strengthen local and regional capacities for the manufacturing, regulation and procurement of needed tools for equitable and effective access to vaccines, therapeutics, diagnostics and essential supplies, as well as for clinical trials, and to increase global supply through facilitating transfer of technology within the framework of relevant multilateral agreements;

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

### **Mobilize and increase sustainable financing**

63. Strengthen coordination among existing global health financing frameworks to avoid duplication and fragmentation so as to better meet the need for all countries, especially for developing countries, in line with the Lusaka Agenda;
64. Increase domestic resources for preventing and controlling noncommunicable diseases and promoting mental health and well-being through improved public financial management, progressive resource mobilization, including, inter alia by taxes on health harming products and the allocation of budgets reflecting national health priorities and unmet needs for care;
65. Commit to mobilize, as a complement to the primary domestic resources, international support 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 relevant domestic, bilateral, regional and multilateral channels, including international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with relevant parts of the private sector, and other relevant stakeholders, with due regard to preventing conflicts of interest, to advance action at all levels;

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<sup>9</sup> 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.

66. Urgently scale up, as appropriate and according to national contexts, financial resources dedicated to mental health, with the view to substantially increase the current global average of 2% of the public health budgets;
67. Invite the World Health Organization to explore scientific and financial means to support Member States in their efforts to address mental health and well-being, including autism spectrum disorder;
68. Use external support from development partners for supporting national efforts to prevent and control noncommunicable disease including for catalyzing fiscal, regulatory and legislative policy change and improvements in service capacities, access and outcomes, and support the development of global and regional public health goods, including measures to counter the marketing of unhealthy products;
69. Strengthen strategic purchasing arrangements, such as pooled procurement, to stimulate scaled-up implementation of cost-effective interventions identified in health benefit packages and cooperate to require increased price transparency from suppliers and producers;
70. Reduce out-of-pocket expenditure and the risk of impoverishment for people and households affected by noncommunicable diseases and mental health conditions by implementing financial protection policies to cover or limit the cost of essential services, diagnostics and medicines;
71. Refrain from promulgating and applying unilateral economic measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of economic and social development, and the right to health, particularly in developing countries;

*Target: at least 80% of countries have financial protection policies in place that cover or limit the cost of essential services, diagnostics, medicines and other health products for noncommunicable diseases and mental health conditions by 2030.*

### **Strengthen governance**

72. Promote, develop and implement noncommunicable diseases and mental health multisectoral national plans, and subnational plans, as appropriate, to national circumstances 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 budgeted and linked to broader health, development and emergency plans; (iv) are rights-based and engaging people and communities living with noncommunicable diseases and mental health conditions; (v) are ambitious, operational and realistic, and have measurable targets; and (vi) encourage international support to complement these efforts;

73. Integrate noncommunicable diseases prevention and control, and the provision of mental health and psychosocial support, into pandemic and emergency prevention, preparedness and humanitarian response frameworks to contribute to resilient and responsive health systems capable of effective emergency preparedness and response;
74. Strengthen the design and implementation of policies, including for resilient health systems and health services and infrastructure to treat people living with noncommunicable diseases and prevent and control their risk factors in humanitarian emergencies, including before, during and after natural disasters, with a particular focus on countries most vulnerable to the impact of climate change and extreme weather events;
75. Counter misinformation and disinformation around the prevention and treatment of noncommunicable diseases and mental health conditions, including by increasing health literacy, and regulating digital environments in line with national law to ensure the necessary protections, especially for children and young people, against harmful commercial marketing and all forms of online violence;

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

**Support research, strengthen data and public health surveillance, to advance evidence, monitor progress and hold ourselves accountable**

76. Maintain or, where appropriate, improve, a sustainable infrastructure for systematic, integrated and ongoing public health surveillance on noncommunicable diseases, mental health and their risk factors, including death registration, population-based surveys, and facility-based information systems with interoperability across digital health platforms, while respecting patient privacy and rights, and promoting data protection;
77. Develop and support national and regional capacity for data collection, disaggregated data analysis, health economic analysis, health technology assessment and implementation research related to noncommunicable diseases and mental health service development and evaluation as well as regional data sharing and collaborative surveillance systems to enhance understanding of regional trends in noncommunicable diseases, mental health and their risk factors;
78. Incorporate reporting on noncommunicable diseases and mental health into Sustainable Development Goals-related review processes such as the voluntary national reviews, including timely reporting on global targets and establish or strengthen transparent national accountability mechanisms for the prevention and control of noncommunicable diseases, taking into account government efforts in developing, implementing and monitoring national responses for addressing noncommunicable diseases and existing global accountability mechanisms, as appropriate;

*Target: at least 80% of countries have an operational noncommunicable diseases and mental health surveillance and monitoring system by 2030.*

## **Follow up**

In order to ensure adequate follow-up, we:

79. Recognize the key role of the World Health Organization as the directing and coordinating authority on international health in accordance with its Constitution 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 dialogues;
80. Call upon United Nations agencies, within their respective mandates, multilateral development banks and other regional and intergovernmental organizations, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and GAVI to scale up and mobilise support in a coordinated approach to Member States in their efforts to prevent and control noncommunicable diseases and promote mental health and well-being, and the implementation of the present political declaration;
81. Further call upon United Nations agencies, multilateral development banks and other regional and intergovernmental organizations to mobilise 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;
82. Also call upon the Global Fund to Fight AIDS, Tuberculosis and Malaria and other global health initiatives to strengthen efforts towards the inclusion of interventions for noncommunicable diseases and mental health conditions into their work programme;
83. Call upon the private sector to strengthen its commitment and contribution to prevent and control noncommunicable diseases and promote mental health and well-being through the implementation of the present political declaration 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, taking into account the need to prevent conflicts of interest;
84. 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 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 2031.