

**NCD Alliance Detailed Analysis and Suggested Language:  
Zero Draft Political Declaration for 2018 UN High-Level Meeting on NCDs**

26 June 2018

This paper provides a detailed analysis by the NCD Alliance of the current Zero Draft elements paper for the Political Declaration, and includes the NCD Alliance’s suggested edits and language per paragraph.

This paper is aligned with the NCD Alliance “Priority Recommendations” paper, which summarizes the priority commitments that the NCD Alliance is requesting Member States consider for inclusion in the final Political Document. Both documents are based upon extensive consultation with our civil society network.

The NCD Alliance suggested language draws heavily from language previously agreed by Member States, including 2011 and 2014 Political Declarations; and builds upon the bottlenecks and priorities identified in the 2017 UN Secretary General Progress Report on NCDs and the WHO Global Independent High-Level Commission on NCDs Report.

Para	Co-facilitators’ text (as of 7 June)	NCD Alliance Suggested Changes (as of 26 June)
<b>Chapeau 1</b>	We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 27 <sup>th</sup> September 2018 to undertake a comprehensive review of the challenges and opportunities to implement our existing commitments for the prevention and control of NCDs, which constitute a major challenge for the health and well-being of our peoples and for sustainable development;	<b>NCD Alliance supports the text.</b>
<b>PP1</b>	Strongly reaffirm our political commitment to accelerate progress on the implementation of the previous HLM outcome documents on the Prevention and Control of NCDs, which continue to inspire our action and catalyse our efforts in line with the 2030 Agenda for Sustainable Development, in order to reduce risk factors for NCDs and addressing the socio-economic and environmental determinants of NCDs and promote mental health and well-being;	<p><b>NCD Alliance suggests alternative wording:</b></p> <p><b>Consider text in italics and deletion:</b> Strongly reaffirm our political commitment to accelerate progress on the implementation of the <del>previous HLM outcome documents</del> <b><i>2011 Political Declaration and the 2014 Outcome Document</i></b> on the Prevention and Control of Non-communicable Diseases, <del>which continue to inspire our action and catalyse our efforts in line with the 2030 Agenda for Sustainable Development,</del> in order to reduce risk factors for NCDs and addressing the socio-economic and environmental determinants of NCDs and promote mental <b><i>and neurological</i></b> health and well-being; <b><i>the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases; the WHO Mental Action Plan 2013-2020; 2017 WHO resolution on cancer; 2018 WHO resolution on rheumatic fever and rheumatic heart disease; the Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority, in line with the 2030 Agenda for Sustainable Development;</i></b></p> <p><b>Consider additional PP:</b> Recognize that NCDs - including cancer, cardiovascular diseases, diabetes, chronic respiratory diseases, and mental, neurological and substance use disorders - are an unprecedented human catastrophe inflicting suffering on all</p>

		<p>countries, communities and families, and represent a major challenge to all dimensions of sustainable human development, driven by and contributing to rising poverty and inequality and impacting disproportionately on vulnerable populations including people living with disabilities, women, children and indigenous populations;</p> <p><b>Consider additional PP:</b> <i>Further recognize</i> there are many other conditions of public health importance that are closely associated with the four major NCDs. They include other NCDs, such as renal, endocrine, neurological, haematological, gastroenterological, hepatic, musculoskeletal, skin and oral diseases and genetic disorders; mental and substance use disorders; disabilities, including blindness and deafness; and violence and injuries. (from HLC report, 2011 PD on NCDs)</p>
PP2	<p>Recalling the SG report that recognizes that action to realize the commitment made in 2011 and 2014 is inadequate, that the current level of progress is insufficient to meet target 3.4 of the Sustainable Development Goals and the world has yet to fulfil its promise of implementing measures to reduce the risk of dying prematurely from NCDs;</p>	<p><b>NCDCA supports the text, and suggests rewording:</b></p> <p><b>Consider texts in italics and deletion:</b> Recalling the SG report that recognizes that action to realize the commitment made in 2011 and 2014 is <i>severely</i> inadequate, that the current level of progress <i>and investment</i> is insufficient to meet target 3.4 of the Sustainable Development Goals and the world has yet to fulfil its promise of implementing measures to reduce the risk of dying prematurely from NCDs;</p> <p><b>Consider additional PP:</b> <i>Recognize</i> the dual burden of non-communicable diseases and communicable disease in low- and middle-income countries, and stress the need for an integrated, person-centred and coordinated lifecourse approach.</p>
PP3	<p>Acknowledge the remarkable progress achieved by some countries in the implementation of their commitments made in 2011 and 2014 for the prevention and control of four major NCDs, namely, cardiovascular disease, diabetes, cancer and chronic respiratory diseases by reducing their main common risk factors, namely, tobacco use, the harmful use of alcohol, unhealthy diets and physical inactivity, as well as by improving disease management to reduce morbidity, disability and death;</p>	<p><b>NCDCA supports the meaning of the text and suggests rewording:</b></p> <p><b>Consider texts in italics and deletions:</b> Acknowledge <del>the remarkable progress achieved by some countries in the implementation of their commitments made in 2011 and 2014 for the prevention and control of four major non-communicable diseases, namely, cardiovascular disease, diabetes, cancer and chronic respiratory diseases</del> <i>of NCDs</i> by reducing their main common risk factors, namely, tobacco use, the harmful use of alcohol, unhealthy diets and physical inactivity, as well as by improving disease management to reduce morbidity and co-morbidities, disability and death;</p> <p><b>Consider additional PP:</b> Recognize that ambient and household air pollution is responsible for nearly one quarter of all NCD-related deaths globally, with low-income countries facing particular risk due to higher exposures.</p> <p><b>Consider additional PP:</b> Recognize the important role of cities in creating healthy and sustainable environments, including through comprehensive population-based policies to prevent and manage NCDs, recalling the commitments in the New Urban Agenda.</p>
PP4	<p>Recognize that many countries still face important challenges in the implementation of their commitments, remain deeply concerned that the</p>	<p><b>NCDCA suggests alternative text:</b></p> <p><b>Consider replacing with:</b> Recognize that many countries still face important challenges in the implementation of their commitments, <i>as</i></p>

	burden of NCDs continues to rise disproportionately in developing countries and acknowledge that the huge human and economic cost of non-communicable diseases contributes to poverty and inequality and threatens the health of peoples and the development of countries	<i>outlined in the 2017 UN Secretary General Report on NCDs</i> , remain deeply concerned that the burden of NCDs continues to rise disproportionately in developing countries and acknowledge that the huge human and economic cost of non-communicable diseases contributes to poverty and inequality and threatens the health of peoples and the development of countries;
PP5	Welcome that the General Assembly proclaimed 2016-2025 as the Decade of Action on Nutrition;	<b>NCDa supports the text.</b>
PP6	Welcome the convening of the WHO Global Conference on the Prevention and Control of Non-communicable Diseases, hosted by the Governments of Finland, Russian Federation, Uruguay and WHO, from 18 to 20 October 2017 in Montevideo, and its outcome document entitled “Montevideo roadmap (2018-2030) on the prevention and control of NCDs as a sustainable development priority” and recall resolution 71.2 of the WHA;	<b>NCDa supports the text.</b>
PP7	Welcome further the report of WHO Independent High Level Commission on NCDs entitled “Time to deliver” and note its recommendations;	<b>NCDa supports the text and suggests:</b>  <b>Consider text in italics and deletions:</b> <del>Welcome further</del> <b>Further welcome</b> the report of WHO Independent High Level Commission on NCDs entitled “Time to deliver” and note its recommendations
PP8	Recognize that mental disorders and other mental health conditions contribute to the global burden of NCDs and that people living with mental disorders and other mental health conditions have an increased risk of other NCDs and higher rates of morbidity and mortality;	<b>NCDa supports the text and suggests:</b>  <b>Consider texts in italics:</b> Recognize that mental disorders and other mental <b>and neurological</b> health conditions contribute to the global burden of NCDs and that people living with mental disorders and other mental health conditions have an increased risk of other NCDs and higher rates of morbidity and mortality;
PP9	Acknowledge the impact NCDs on children, which is of particular concern, and recognizing that children that are given the opportunity to grow and develop in an environment that, at a young age, fosters and encourages healthy behaviours and lifestyles, including dietary choices and physical activity, and promotes the maintenance of healthy weight, can greatly reduce the risk of NCDs in adulthood <sup>1</sup> ;	<b>NCDa supports the text and suggests rewording:</b>  <b>Consider texts in italics:</b> Acknowledge the impact of NCDs on children and youth, <b>including the intergenerational transfer of risk being passed on from a mother to offspring in utero, making the offspring more vulnerable to the social determinants of health</b> , and recognize that children should be given the opportunity to grow and develop in an environment that, at a young age, fosters and encourages healthy behaviours and lifestyles <b>enables healthy choices</b> ;
PP10	Reaffirm the primary role and responsibility of Governments in responding to the challenge of NCDs by developing national responses for their prevention and control, and promoting and protecting the right of everyone to the enjoyment of the highest attainable	<b>NCDa supports the text and suggests:</b>  <b>Consider texts in italics and deletion:</b> Reaffirm the primary role and responsibility of Governments <b>at the highest level</b> in responding to the challenge of NCDs by developing national responses <del>for their prevention and control, and promoting and protecting the right of everyone to the enjoyment of the highest attainable standard of</del>

	standard of physical and mental health; <b>(PP3 of 66/2, and WHO Constitution)</b>	<del>physical and mental health;</del>
PP11	Acknowledge that other stakeholders also share responsibility and can contribute in creating a conducive environment to prevent and control non-communicable diseases, and recognize the need to bring together civil society and the private sector to mobilize all available resources to the implementation of national responses for the prevention and control of non-communicable diseases; <b>(P39 of 70/1)</b>	<b>NCDAs supports the text and suggests alternative wording:</b>  <b>Consider alternative text:</b> Commit to implement a whole of society approach to NCDs by engaging civil society, relevant private sector, people living with or affected by NCDs, young people, philanthropic foundations, academia, and all other relevant stakeholders to generate effective and coordinated responses for the prevention and control of NCDs;
Chapeau 2	We, therefore, commit to scale up efforts and further implement the following actions:	
		<b>NCDAs suggests adding sub-heading “Reinvigorate political leadership to accelerate the NCD response”</b>
OP1	Strengthen our commitment as Heads of State and Government to exercise a strategic leadership for the prevention and control of NCDs by promoting greater policy coherence and coordination engaging decisive and bold actions across government and will all stakeholders, including civil society and the private sector, and by ensuring that issues relating to NCDs receive an appropriate, coordinated, comprehensive and integrated whole-of-society response;	<b>NCDAs supports current text, and suggests:</b>  <b>Consider texts in italics and deletion:</b> Strengthen our commitment as Heads of State and Government <b>to provide decisive, inclusive and accountable leadership</b> , to <del>exercise a strategic leadership</del> <b>revitalize and intensify the comprehensive global NCD prevention and control response, and oversee the process of ownership at the national level for the prevention and control of NCDs to ensure an integrated, whole-of-government response and</b> by promoting greater policy coherence, and coordination,; engaging decisive and bold actions across government and with all stakeholders, including civil society and the private sector, and by ensuring that NCDs and related sustainable development priorities are addressed by an integrated and coordinated response.
OP2	Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs as part of the ambitious national responses to the overall implementation of the 2030 Agenda for Sustainable Development, including by integrating, as appropriate, action on the prevention and control of non-communicable diseases and promotion of mental health and well-being into national responses;	<b>NCDAs supports current text, and suggests:</b>  <b>Consider texts in italics and deletion:</b> Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs as part of the ambitious national responses to the overall implementation of the 2030 Agenda for Sustainable Development, including by integrating, as appropriate, action on the prevention and control of non-communicable diseases and promotion of mental health and well-being into national responses <b>existing national health and other sustainable development programmes and platforms;</b>
OP3	According to country-led prioritization integrate the set of cost-effective affordable and evidence based interventions for the prevention and control of non-communicable diseases that can be scaled up to treat people with NCDs, protect those at risk of developing them, and reduce risk across populations;	<b>NCDAs supports current text, and suggests:</b>  <b>Consider texts in italics and deletion:</b> According to country-led prioritization, integrate <b>Commit to accelerate implementation of</b> the set of WHO Best Buys and other recommended cost-effective interventions for the prevention and control of NCDs and their risk factors <b>according to country-led prioritization, as agreed by Member States in the updated Appendix III of the WHO Global Action Plan 2013-2020;</b> that can be scaled up to treat people with non-communicable diseases, protect those at risk of developing them, and reduce risk across populations;

<p><b>OP4</b></p>	<p>Establish or strengthen national multi-stakeholder dialogue mechanisms with accountability for the implementation of the national multisectoral action plan for the prevention and control of NCDs to attain the national targets;</p>	<p><b>NCDAs suggests alternative text, in order to focus on national plans, targets and multisectoral mechanisms:</b></p> <p><b>Consider replacing with:</b> Reaffirm commitments made in 2014 to develop, cost and implement national multisectoral NCD plans, with embedded national targets by 2020, taking into account national contexts and the WHO Global NCD Action Plan 2013-2020 and the WHO Mental Health Action Plan 2013-2020; establish national multisectoral mechanisms or analogues bodies, such as high-level commissions by 2020, for the engagement, policy coherence and accountability of sectors beyond health;</p> <p><b>Consider adding OP:</b> Integrate NCDs into health and development planning instruments, including National Sustainable Development Plans, Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs); as well as national responses related to SDG areas including, but not limited to, end poverty, address climate change and air pollution, ensure education, end hunger, improve nutrition and promote sustainable agriculture, ensure sustainable consumption and production, ensure access to housing and transportation and strengthen partnerships;</p>
<p><b>OP5</b></p>	<p>Share information with global and regional partners on experiences, including successes and challenges related to the implementation of national policies and programmes to prevent and control NCDs, in order to build the global evidence base on best practices and lessons learned to promote informed action;</p>	<p><b>NCDAs supports current text.</b></p>
<p><b>OP6</b></p>	<p>Take the necessary measures to recognize the rights to health across the life-course in keeping with human rights obligations and addressing the specific health needs of children and other groups more vulnerable to NCDs;</p>	<p><b>NCDAs suggests alternative text, and additional OP:</b></p> <p><b>Consider alternative text:</b> Commit to adopt a human rights-based approach to preventing and treating NCDs, in accordance with the right to access information and material aimed at the promotion of well-being, physical and mental health and the right to enjoy the highest attainable standard of health and affordable facilities for the treatment of illness and rehabilitation of health, without discrimination.</p> <p><b>Consider adding OP:</b> Commit to ensure gender-responsive approaches for the prevention and control of NCDs and the promotion of mental and neurological health and well-being, recognizing that gender plays an important role in the drivers, determinants, health services and care-giving elements of NCDs, and that data on NCD outcomes should be disaggregated, including by gender, to ensure prevention and control efforts reach the poorest and most vulnerable;</p>
<p><b>OP7</b></p>	<p>Scale up efforts to use information and communications technologies, including e-health and m-health and other innovative solutions as well as promote</p>	<p><b>NCDAs supports current text, and suggest:</b></p> <p><b>Consider text deletion:</b> Scale up efforts to use information and communications technologies, including e-health and m-health and</p>

	public-private partnership to accelerate action towards the prevention and control of NCDs;	other innovative solutions as well as promote public private partnership to accelerate action towards the prevention and control of NCDs;
		<b>NCDCA suggests adding sub-heading “Prevention as the cornerstone of the NCD response”</b>
<b>OP8</b>	Scale up the implementation of the commitments made in 2011 and 2014 to reduce tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity taking into account, as appropriate, recommended interventions for the prevention and control of NCDs;	<p><b>NCDCA suggests alternative wording:</b></p> <p><b>Consider text in italics and deletion: <i>Commit to concentrate efforts on tackling the underlying social, economic, environmental, physical and commercial determinants of NCDs and reducing risk factors by cross-sectoral collaboration and through</i></b> <del>scale-up implementation of the commitments made in 2011 and 2014</del> <b><i>WHO Best Buys and other recommended cost-effective interventions</i></b> to reduce tobacco use, the harmful use of alcohol, unhealthy diets, and physical inactivity <b><i>and exposure to air pollution</i></b>; taking into account, as appropriate, recommended interventions for the prevention and control of non-communicable diseases; <b><i>into national and sub-national health policies and plans</i></b>;</p>
<b>OP9</b>	Implement cost-effective and evidence based intervention to halt overweight and obesity in particular, childhood obesity, taking into account WHO recommendations and national priorities;	<p><b>NCDCA suggests alternative wording, and suggests additional OPs:</b></p> <p><b>Consider text in italics and deletion:</b> Implement cost-effective and evidence-based interventions to halt <del>overweight and obesity</del> <b><i>all forms of malnutrition, including overweight and obesity, and with a specific focus on</i></b> childhood obesity, taking into account as per the <del>WHO recommendations</del> <b><i>WHO Ending Childhood Obesity Implementation plan, and</i></b> taking into account additional WHO recommendations, national priorities <b><i>and the UN Decade of Action on Nutrition</i></b>;</p> <p><b>Consider adding OP:</b> Commit to work comprehensively and cohesively across sectors to increase physical activity by supporting implementation of recommendations in the WHO Global Action Plan for Physical Activity 2018-2030;</p> <p><b>Consider adding OP:</b> Commit to reduce the harmful use of alcohol through measures detailed in the WHO Global Strategy to Reduce the Harmful Use of Alcohol;</p>
<b>OP10</b>	Promote and implement policy, legislative, regulatory measures, including fiscal as appropriate, aiming at minimizing the impact of risk factors, promote healthy diets and lifestyles;	<p><b>NCDCA suggests alternative text, and suggests additional OP:</b></p> <p><b>Consider text in italics and deletion:</b> Promote and implement policy, legislative, and regulatory measures, including fiscal <b><i>policy interventions, such as taxation of tobacco, alcohol and of food and drinks that are energy-dense and of low nutritional value, including those high in sugars, fats, and salts, and fossil fuels</i></b> as appropriate, <b><i>in order to minimize</i></b> the impact of <b><i>exposure to</i></b> risk factors and <del>promote healthy diets and lifestyles</del>;</p> <p><b>Consider adding OP:</b> Commit to implement WHO technical packages to minimize exposure to risk factors for NCDs, including the MPOWER measures for tobacco control, SHAKE technical package for salt reduction, and the REPLACE guide for the elimination of industrially produced trans fats from the global food supply by 2023;</p>
<b>OP11</b>	Accelerate the implementation of WHO	<b>NCDCA supports current text, and suggests:</b>

	<p>Framework Convention on Tobacco Control by its States parties, while calling for its universal ratification. Continue to implement tobacco control measures without any tobacco industry interference, taking into account the fundamental and irreconcilable conflict of interest between the tobacco industry and public health;</p>	<p><b>Consider text in italics and deletion:</b> <i>Commit to</i> <del>Accelerate the full implementation of <b>the</b> WHO Framework Convention on Tobacco Control by its States parties, while calling for its universal ratification, <b>using the WHO FCTC Global Strategy as a roadmap for action and recognizing the role of the FCTC Conference of Parties as the primary authority on tobacco control;</b> to implement tobacco control measure, without any tobacco industry interference taking into account the fundamental and irreconcilable conflict of interest between the tobacco industry and public health;</del></p>
OP12	<p><i>Empower the individual to make informed choices by providing the appropriate environment, strengthen health literacy through formal education, implement mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke, implement social marketing campaigns to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables and implement mass media campaigns to support behavioral change of physical activity levels;</i></p>	<p><b>NCDAs supports text and suggests:</b></p> <p><b>Consider text in italics and deletion:</b> <del>Empower the individual to make informed choices by providing the appropriate environment</del> <b>Implement strong policies at all levels that create health-protecting and promoting environments that empower individuals to make informed choices,</b> strengthen health literacy through formal education, <del>implement mass media campaigns that</del> <b>warn of the health harms of tobacco, harmful use of alcohol, unhealthy foods and drinks, and physical inactivity to encourage individual action, create healthy social norms, and build public support for strong policy action; restrict misleading marketing, promotion and sponsorship of unhealthy foods, drinks, tobacco and alcohol; and promote the use of clear and easily understood warning labels on unhealthy foods, drinks, tobacco and alcohol products;</b> strengthen health literacy educate the public about the harms of tobacco use and second hand smoke; <del>implement social marketing campaigns to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables and implement mass media campaigns to support behavioral change of physical activity levels;</del></p>
OP12 alt	<p><i>Empower the individual to make informed choices by providing the appropriate environment, strengthen health literacy through formal education, implement mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke;</i></p>	<p><b>NCDAs does not support this text and suggests deleting.</b></p> <p><b>Rationale:</b> These types of campaigns must go beyond tobacco control and include the other root causes of NCDs, such as unhealthy foods high in sugar, salt, and fat; sugar-sweetened beverages; and addressing physical inactivity. Campaigns to encourage behavior change are only effective when coupled with strong population-based policies that are rigorously enforced.</p>
OP12 alt bis	<p><i>Promote, with specific media campaigns, healthy and sustainable diets and physical activity;</i></p>	<p><b>NCDAs does not support this text and suggests deleting.</b></p> <p><b>Rationale:</b> The paragraph does not address the root drivers of unhealthy diets and physical inactivity, and places the onus entirely on the individual instead of on creating health-promoting environments that empower individuals to make a choice.</p>
		<p><b>NCDAs suggests adding sub-heading “Strengthen health systems and Universal Health Coverage for NCDs”</b></p>
OP13	<p>Strengthen and reorient health systems including services for the prevention and control of NCDs and mental health, as part of universal health coverage, including access to safe, affordable, effective and quality essential medicines and technologies;</p>	<p><b>NCDAs supports current text, and suggests:</b></p> <p><b>Consider text in italics and deletion:</b> Strengthen and reorient health systems, <b>with a focus on primary health care and a lifecourse approach to health for the prevention and control of NCDs and mental and neurological health and well-being,</b> as part of comprehensive universal health coverage, including access to safe,</p>

		<p>affordable, effective and quality essential medicines, technologies, <b><i>treatment, rehabilitation, and palliative care, and reaffirm the right of TRIPS flexibilities according to the Doha Declaration;</i></b></p> <p><b>Consider additional OP:</b> Support the universal right of people living with NCDs to access high quality care for NCDs, including quality safe, effective and affordable essential medicines, vaccines, including HPV and hepatitis B vaccines, and health technologies, in line with population and patient needs;</p>
<b>OP14</b>	Strengthen people-centred primary health care services to ensure equitable coverage throughout the lifecycle with an adequate and well-equipped health workforce so that preventive interventions can be provided for people at risk of disease, and treatment and specialised care for people affected by a non-communicable disease;	<p><b>NCDCA supports the meaning of the text, but much of this is already covered in OP13, so we propose an alternative OP on health workforce for NCDs:</b></p> <p><b>Consider replacing with:</b> Ensure a well-equipped health workforce by investing in education, training, and capacity building to respond to the health needs of a country's population, including task sharing, empowerment of, and improved coordination with doctors, nurses, pharmacists, other health professionals and the social sector, with appropriate remuneration.</p>
<b>OP15</b>	Implement measures to improve mental health and well-being, integrating services and treatment for people living with mental health conditions into national responses for non-communicable diseases and addressing their social determinants and other health needs.	<p><b>NCDCA supports current text, and suggests:</b></p> <p><b>Consider text in italics and deletion:</b> Implement measures to improve mental <b><i>and neurological</i></b> health and well-being, integrating services and treatment for people living with mental health conditions, including substance use disorders, into national responses for non-communicable diseases and addressing their social determinants and other health needs.</p>
		<b>NCDCA suggests adding sub-heading “Put people first in the NCD response”</b>
<b>OP16</b>	Promote meaningful civil society engagement to encourage governments to develop ambitious national responses for the prevention and control of non-communicable diseases, forge multi-stakeholder partnerships and alliances that mobilize and share knowledge, provide services, carry out inclusive reviews of progress, and amplify the voices of people living with and affected by non-communicable diseases;	<p><b>NCDCA supports the meaning of the text but suggests alternative language and additional OPs:</b></p> <p><b>Consider replacing with:</b> Acknowledge the <b>role</b> and contribution of civil society, including people living with and affected by NCDs, and young people in the NCD response, including in awareness-raising, advocacy and communication, service delivery, research, and accountability; (based on HLC report R4)</p> <p><b>Consider adding OP:</b> Commit to ensure the full involvement and participation of civil society, including people living and affected by NCDs and young people, in decision-making and policy-setting processes at national, regional and global levels and throughout the design, planning, implementation and evaluation of programmes and services;</p> <p><b>Consider adding OP:</b> Commit to working with members of civil society including people living with or affected by NCDs and youth leaders to develop global, regional and national principles for the meaningful involvement of people living with NCDs in all aspects of the NCD response (based on HLC report, R4; and 2016 Political Declaration on HIV/AIDS)</p> <p><b>Consider adding OP:</b> Commit to increased and sustained investment in NCD civil society and people living with or at risk of NCDs to</p>



		support national and regional NCD responses, including dedicated efforts to strengthen the capacity of civil society organizations and coalitions in advocacy, human rights-based efforts, community and political mobilization, research and data-gathering, communication and awareness raising, service delivery, and monitoring and accountability; (based on HLC report R4)
		<b>NCDCA suggests adding sub-heading “Constructive engagement with relevant private sector for NCDs”</b>
<b>OP17</b>	Engage with the private sector, taking into account national health priorities and objectives on how it can contribute to implementation of national NCD responses to reach SDG 3,4 as well as benefits and risks.	<p><b>NCDCA supports current text, and suggests rewording or merging with OP18:</b></p> <p><b>Consider alternative formulation of text with additions in italics:</b> Engage with <i>relevant</i> private sector actors <i>including through public-private partnerships and collaboration for innovative solutions</i> for the implementation of national NCD responses to achieve SDG target 3.4, taking into account national health priorities and objectives, <b>and establish and enforce strict engagement principles that manage real and perceived conflicts of interest, ensure transparency, limit and monitor private sector involvement and preclude influence on public health policymaking;</b></p>
<b>OP18</b>	<p>With a view to strengthening its contribution to NCD prevention and control, call upon the private sector, where appropriate, to:</p> <p>(a) Take measures to implement the World Health Organization set of recommendations to reduce the impact of the marketing of unhealthy foods and nonalcoholic beverages to children, while taking into account existing national legislation and policies;</p> <p>(b) Consider producing and promoting more food products consistent with a healthy diet, including by reformulating products to provide healthier options that are affordable and accessible and that follow relevant nutrition facts and labelling standards, including information on sugars, salt and fats and, where appropriate, trans-fat content;</p> <p>(c) Promote and create an enabling environment for healthy behaviours among workers, including by establishing tobacco-free workplaces and safe and healthy working environments through occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;</p> <p>(d) Work towards reducing the use of salt in the food industry in order to lower sodium consumption;</p>	<p><b>NCDCA supports the meaning of current text, and suggests alternative wording to strengthen, as well as additional OPs:</b></p> <p><b>Consider adding OP:</b> Commit to enhancing national capacity to engage constructively with the private sector, ranging from micro-enterprises to cooperatives and multinationals, for NCDs in a way that maximises public health benefits while managing conflicts of interest, ensuring transparency, and safeguarding against private sector involvement and influence on public health policymaking;</p> <p><b>Consider adding OP:</b> Commit to strengthening evidence-based policy and regulatory frameworks, and align private sector incentives with public health goals, to make health conducive choices available and affordable in healthy environments;</p> <p><b>Consider text in italics and deletions for OP18:</b> Acknowledge that in addition to government regulatory approaches, responsibility also lies with the private sector to take initiative to promote healthy products and environments and be accountable, yet progress to date has been slow in this regard. Therefore call on the private sector to scale up action in the following areas:</p> <p><b>OP18 (a) Consider text in italics and deletion:</b> Take measures to implement the WHO set of recommendations to <del>reduce the impact of the</del> <b>restrict marketing of unhealthy foods and non-alcoholic beverages to children, while taking into account existing national legislation and policies and explore establishing an international code of conduct on marketing together with an accountability mechanism;</b></p> <p><b>OP18 (b) Consider text in italics and deletion:</b> <i>Take measures to produce and promote more healthy food products consistent with a healthy diet, including by reformulating products to reduce sugar, salt, saturated fats and eliminate trans-fats to provide healthier options that are affordable and accessible and that follow relevant</i></p>

	<p>(e) Contribute to efforts to improve access to and affordability of medicines and technologies in the prevention and control of NCDs;</p>	<p><del>evidence-based</del> labelling standards; <b>implement effective labeling, and decrease the marketing and availability of unhealthy products, especially to children and youth;</b></p> <p><b>OP18 (c) Consider text in italics and deletion: <i>Create a health-promoting</i></b> Promote and create an enabling environment for healthy behaviors among workers, including by establishing tobacco-free workplaces, <b><i>supporting healthy food choices and encouraging active travel to work, while also providing safe and healthy working environments through</i></b> occupational safety and health measures, including, where appropriate, through good corporate practices, workplace wellness programmes and health insurance plans;</p> <p><b>OP18 (d) Consider merging with OP18 (b)</b></p> <p><b>OP18 (e) Consider text in italics and deletion:</b> Contribute to efforts to improve access to and affordability of <b><i>quality-assured, appropriate and adequate</i></b> medicines and technologies <del>in for the prevention and control,</del> <b><i>diagnosis, treatment and palliation</i></b> of NCDs, <b><i>using mechanisms that have been successfully implemented for communicable diseases, such as tuberculosis and HIV, to promote both research and development and quality assurance, registration and distribution, in accordance with the Doha Declaration</i></b></p> <p><b>Consider adding new OP:</b> Divest from unhealthy commodity industries (including tobacco, alcohol and fossil fuels) and economic activity that leads to increased risk of NCDs.</p>
<p><b>OP19</b></p>	<p>Promote transparency and accountability mechanisms for the prevention and control of NCDs and promoting mental health and well-being, taking into account, as appropriate, national health impact assessments, as part of government effort to lead the development and implementation of effective interventions for addressing NCDs;</p>	<p><b>NCDCA supports the meaning of the text but suggests alternative language, and suggests moving OP to below OP23 under sub-heading “follow up and accountability”:</b></p> <p><b>Consider replacing with:</b> Commit to effective, evidence-based and operational accountability mechanisms at global and national levels that are transparent and inclusive, with the active involvement of civil society, to support implementation and monitoring and evaluation of progress on political commitments and targets on NCDs; (based on HLC report, R6)</p>
		<p><b>NCDCA suggest adding sub-heading “Scale up sustainable and smart financing for NCDs”</b></p>
<p><b>OP20</b></p>	<p>Enhance the provision and allocation of adequate, predictable and sustained resources for national responses to prevent and control NCDs and 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 to advance action at all levels;</p>	<p><b>NCDCA suggests alternative text, and new OPs:</b></p> <p><b>Consider adding new OP:</b> Work towards closing the global NCD resource gap by 2025 through greater strategic investments, increased domestic and international funding to enable countries to access predictable and sustainable financial resources, sources of innovative financing, and by ensuring that funding is aligned with national NCD and development strategies;</p> <p><b>Consider adding new OP:</b> Scale up domestic investment for NCDs to reach specific targets based on national investment cases and costed national NCD plans, where feasible; and to carry out health impact assessments and full-cost accounting, which factors in the true cost to societies of policies that have a bearing on NCDs</p>

		<p><b>Consider adding new OP:</b> Implement globally recommended fiscal policies including price and tax measures on tobacco, as agreed in the Article 6 of the FCTC, and on sugary foods and drinks, including sugar-sweetened beverages, alcohol, and fossil fuels as part of a comprehensive approach;</p> <p><b>Consider adding new OP:</b> Reiterate that the fulfilment of all ODA commitments remains crucial, including the commitment by many developed countries to achieve the 0.7 per cent of ODA/GNI and 0.15 to 0.20 per cent of ODA/GNI to least developed countries, and urge governments to step up efforts to increase ODA for NCDs as a crucial source of catalytic funding;</p> <p><b>Consider adding new OP:</b> Reaffirm our strong commitment to the full and timely implementation of the policies and actions of the Addis Ababa Action Agenda in order to increase sustained investment in NCDs, as it relates to domestic public resources and taxation, domestic and international private business and finance, and international development cooperation;</p> <p><b>Consider adding new OP:</b> Explore innovative financing mechanisms to leverage investment in NCDs, drawing upon models combining public and private resources such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility, UNITAID, and GAVI, and to expand the remit of these existing global health financing mechanisms to include NCDs and mental health, acknowledging the increasing burden of co-morbidities that require an integrated approach;</p> <p><b>Consider adding new OP:</b> Work towards establishing a multi-partner fund to catalyze financing for the development of national NCDs and mental health responses and policy coherence at country level; (based on HLC report, R5)</p> <p><b>Consider adding new OP:</b> Commit to use strategic lending from the World Bank and regional development banks to finance national NCD responses more widely; (based on HLC report, R5)</p>
		<p><b>NCDAs suggests adding subheading “International cooperation for NCDs”</b></p>
<p><b>OP21</b></p>	<p>Call on WHO to continue to exercise its leadership as the directing and coordinating authority on international health in order to contribute to Member States efforts to prevent and control NCDs by strengthening its normative and standard setting role and its capacity to develop and provide technical assistance and policy advice to Member States, as well as enhance its multi-stakeholder engagement and dialogue through platforms such as the WHO Global Coordination Mechanism for the Prevention and Control of Non-communicable Diseases and the United</p>	<p><b>NCDAs supports current text.</b></p>

	Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases;	
<b>OP22</b>	Call further on WHO to continue to work towards promoting and monitoring enhanced global action to prevent and control NCDs through coordinating work with other United Nations agencies, development banks and other regional and international organizations, including by exploring new financing, implementation, monitoring and accountability mechanisms;	<p><b>NCDCA supports text, and suggests:</b></p> <p><b>Consider text in italics and deletion: <i>Further call</i></b> on WHO to continue promoting and monitoring enhanced global action to prevent and control NCDs through <b><i>increased cooperation</i></b> with other United Nations agencies, development banks, and other regional and international organizations, including by exploring innovative financing mechanisms, monitoring and accountability mechanisms;</p>
<b>OP23</b>	To implement these actions, we commit to act in unity to create a just and prosperous world where all people can exercise their rights and live healthy lives in a world free of the avoidable burden of NCDs.	<p><b>NCDCA supports text, but proposes it is moved to be the last OP in the Political Declaration.</b></p>
		<b>NCDCA suggests adding sub-heading “Follow up and accountability”</b>
<b>OP24</b>	We request the Secretary-General, in collaboration with Member States, 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 2024, for consideration by Member States, a report on the progress achieved in the implementation of the present political declaration, in preparation for a comprehensive review, in 2025, of the progress achieved in the prevention and control of non-communicable diseases and promotion of mental health and well-being.	<p><b>NCDCA suggests alternative text, and new OPs:</b></p> <p><b>Consider adding in new OP:</b> Request the Secretary General, with the support of WHO, to contribute to the annual reviews of progress on the 2030 Agenda for Sustainable Development taking place at the High-Level Political Forum so as to ensure NCDs are included in voluntary national reviews;</p> <p><b>Consider adding in new OP:</b> Commit to effective, evidence-based and operational accountability mechanisms at global and national levels, that are transparent and inclusive, with the active involvement of civil society actors, to support implementation and monitoring and evaluation of progress on political commitments and targets; (based on HLC report, R6)</p> <p><b>Consider adding in new OP:</b> Accelerate efforts to strengthen comprehensive national surveillance systems to collect quality population-based incidence, prevalence and mortality data to monitor progress towards national NCD and risk factor targets disaggregated as possible by age, gender, income, and other factors, and leveraging existing infrastructure such as cancer registries;</p> <p><b>Consider adding in new OP:</b> Support a global independent accountability mechanism for NCDs, involving multilateral agencies, governments, civil society and academia, to support the monitoring, review and analysis of progress on NCDs globally, such as NCD Countdown 2030; (based on HLC report, R6)</p> <p><b>Consider text in italics and deletion for OP24:</b> We request the Secretary-General, in collaboration with Member States, 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 <del>2024</del><b>2021</b>, for consideration by Member States, a report on the progress achieved in the implementation of</p>

		the present political declaration, in preparation for a comprehensive <b>high-level</b> review, in <del>2025</del> <b>2022</b> , of the progress achieved in the prevention and control of non-communicable diseases and promotion of mental health and well-being, in line with the implementation of the 2030 Agenda for Sustainable Development.
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