

21 MAY 2025

THE CALL TO LEAD ON NCDs

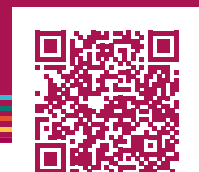
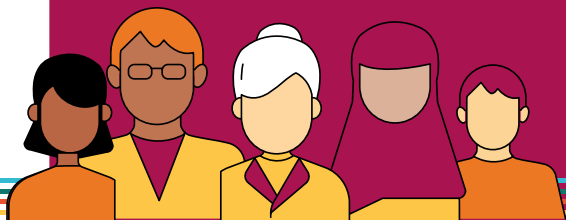
Reflections on the Zero Draft

The zero draft of the political declaration for the 2025 UN High-Level Meeting on NCDs and mental health (HLM) has many positives and echoes many priorities of The Call to Lead (C2L) on NCDs, but there's still room for progress. With negotiations about to start, now is the time for sustained and targeted advocacy – to defend what is strong and to push for bold, necessary improvements.

COMMUNITY ENGAGEMENT

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

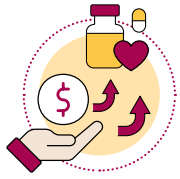
- ▶ While the text does recognize that people living with NCDs and mental health conditions can provide unique expertise and should be engaged, the draft does not include language that formalizes inclusive engagement across the policy cycle—by civil society, communities, and those living with and affected by NCDs.
- ▶ Building on the Kigali Youth Declaration we would also like to see stronger recognition of the unique needs of children and young people, and the importance of ensuring their meaningful participation at all levels.



TIME TO  LEAD
GLOBAL WEEK FOR ACTION ON NCDs

18-25 SEPTEMBER 2025

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MOBILISE INVESTMENT

The zero draft affirms the need to mobilise sustainable financing, including through fiscal measures like health taxes and reduced out-of-pocket payments.



By increasing sustainable funding for health that includes



Specific and measurable financing targets for NCDs strategies and;



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



Partially reflected in Zero Draft



Reflected in Zero Draft

Partially reflected

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

Includes a target on increasing taxes on tobacco, alcohol, and sugar-sweetened beverages.

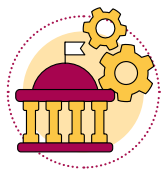
- ▶ We welcome the 2030 target tracer indicator of at least 80% of countries to have financial protection policies in place for NCDs and mental health conditions - but it could be strengthened by specifying 80% population coverage within the countries.
- ▶ We welcome commitment to scaling up the percentage of public health budgets dedicated to mental health care, but this does not go far enough. We also need a commitment to developing a broader, more inclusive target for NCD investment including mental health and neurological conditions.
- ▶ The biggest win of the C2L is the 2030 target for 80% of countries to have implemented increased excise taxes on tobacco, alcohol, and sugary beverages in line with WHO recommendations. **This is a really impactful target that must be defended:** it works both in terms of domestic resource mobilization and as one of the most effective and cost-effective preventive measures.

SOUNDBITE



We welcome the recognition of the need to mobilise financing.

Raising revenue is a start—but real action must follow. The draft talks money, but it still falls short on clear financial commitment.



ACCELERATE IMPLEMENTATION

The zero draft backs efforts to accelerate implementation of cost-effective policies (e.g. some of the best buys), strengthen primary healthcare, and expand access to medicines and technologies.



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

Some commitments to tackle key areas of action across major NCD risk factors are included. However, there is no commitment to the adoption of existing technical packages and action plans.



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

Some NCD interventions are highlighted in relation to strengthening primary healthcare, but it should be grounded in overall health system strengthening and achievement of Universal Health Coverage not mentioned.



Expanding access to essential NCD medicines, technologies, and resources

Includes a call to “advance equitable, sustainable, and affordable access to quality-assured medicines and health technologies for NCDs and mental health conditions”

- ▶ There are specific commitments to tackle key areas of action across major NCD risk factors, providing a clear priority action pathway for progress on NCD prevention and control (including the tracer indicator for 80% of countries to implement or increase health taxes above) but there are some significant gaps including specificity on physical activity.
 - Most significant is **the need for more specific commitments on air pollution – and with it, tackling the main driver, fossil fuels**. Air pollution is the leading environmental risk factor responsible for 8 million deaths per year and was recognized in the 2018 political declaration as the fifth major risk factor. We are calling for commitments to the development of an air quality intervention technical package, inclusion of commitments to fiscal measures for fossil fuels, and a 2030 tracer indicator for 80% of countries to adopt air quality standards in line with WHO guidance.
- ▶ We see a strong commitment to accelerating progress on NCD and mental health care through the 2030 tracer indicator of 80% public PHC facilities having at least 80% of the WHO recommended essential medicines and technologies at affordable prices.
- ▶ The inclusion of specific targets and commitments across the leading NCDs and mental health will help drive action on overall mortality and improve outcomes of co-morbidities.
 - We recommend that the scaling up of efforts remain cohesive and cross-cutting to ensure health systems strengthening and avoid creating disease-specific silos.
 - We recommend continued focus on cross-cutting processes that need to be strengthened, e.g. regulation, health technology assessments, and procurement.

SOUNDBITE



The Zero Draft backs policies, yet barely mentions Universal Health Coverage and lacks any commitment to adopt pre-existing action plans.
We don't just need good policies—we need action to match.



ACCOUNTABILITY

The zero draft includes strong fast-track global targets and specific tracer targets, but falls short on concrete mechanisms for monitoring, reporting, or linking to the post-2030 agenda.



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

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



By integrating NCD commitments into the post-SDG agenda.

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

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

SOUNDBITE



Targets without tracking are just talk.

We don't know who's keeping score—or how. What's missing are concrete mechanisms for monitoring, reporting, and linking progress to the post-2030 Agenda.

NEXT STEPS

The Zero Draft shows progress—but The Call to Lead on NCDs reminds us that governments must go further, especially by including:

- ▶ A commitment to developing a broader more inclusive target for NCD investment including mental health and neurological conditions;
- ▶ A clarification that the strengthening of primary health care also reinforces Member States' commitment to universal health coverage;
- ▶ Commitments on the adoption of existing technical packages and action plans on major risk factors
- ▶ Strengthened accountability mechanisms;
- ▶ Safeguards against conflicts of interest from health-harming industries; and
- ▶ Language that formalizes inclusive engagement across the policy cycle including in developing monitoring mechanisms — by civil society, communities, and those living with and affected by NCDs.

Please see NCD Alliance's
Messages on the



ZERO DRAFT
and



**SUGGESTED TEXT
RECOMMENDATIONS** for full
commentary and recommendations.

**TIME
TO LEAD**



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



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Global Week for Action on NCDs taking place
from 18-25 September 2025