

UN High Level Meeting on the prevention and control of noncommunicable diseases
and the promotion of mental health

“Equity and integration: transforming lives and livelihoods through leadership and
action on noncommunicable diseases and the promotion of mental health and well-
being”

WHO Civil Society Working Group on NCDs Statement

1. The WHO Civil Society Working Group on NCDs congratulates the UN Member States on the completion of the negotiation of the Political Declaration to be agreed at the fourth UN High Level Meeting (HLM) on NCDs and Mental Health.
2. In agreeing this Declaration, the UN Member States acknowledge the scale and urgency of achieving Sustainable Development Goal 3.4, addressing the unacceptable, inequitable and increasing burden of NCDs and mental health conditions.
3. The Declaration recommits to the Political Declarations and outcome documents approved by the previous high-level meetings on NCDs held in 2011, 2014, and 2018, and affirms political commitment at the highest level to accelerating implementation. The Declaration sets out new actions and commitments, including the adoption of a set of “fast-track” and “tracer” targets.
4. We welcome that the Political Declaration includes clear commitments, for the first time, to improving mental health care across the world in important areas including service reform and suicide prevention.
5. We also welcome the recognition of, and commitment to addressing, a range of diseases and conditions within and beyond the “5x5” agenda of highest burden diseases and greatest risk factors. However, we are concerned that the focus on single disease interventions reinforces a siloed approach. Member States should adopt an inclusive and integrated approach to delivering on the commitments of this Declaration, recognising both disease-specific and cross-cutting technical and normative tools, and the need for integrated action to support the delivery of resilient health systems and achievement of Universal Health Coverage (UHC).
6. We welcome the measures to increase the number, capacity, retention, and competencies of trained healthcare workers. We further emphasise the important role of health professionals in tackling the NCD crisis and call for investment in and protection of the health workforce, including attention to their physical and mental well-being, occupational safety, and working conditions. A resilient and adequately supported workforce is essential to building sustainable health systems.
7. We welcome the Declaration’s recognition that people living with NCDs and mental health conditions, their families, and caregivers, bring unique expertise to health policy and programmes. However, we note that civil society itself is only mentioned

once, and the Declaration falls short by not committing governments to embed social participation and institutionalise the role of youth and people with lived experience across the life course in shaping and implementing policies.

8. We are gravely concerned by the roll-back of commitments since the zero draft of the political declaration, with evidence-based and cost-effective actions being removed and the language around other commitments being softened.
9. We regret the removal of the proposed target for implementing and increasing excise taxes on health-harming products. Such taxes offer a triple win for people's health, government revenue and the wider economy. The removal of this target serves to undermine health, while benefitting those with conflicting commercial interests.
10. We express concern over the lack of transparency throughout the preparatory process regarding lobbying efforts by health-harming industries, with no information made available for informing civil society between the publication of the zero draft and the final text.
11. A positive aspect of the road to the HLM has been the strong and broad global mobilisation of civil society and people with lived experience to engage with governments and UN agencies on their priorities for this Declaration [including over 500 organisations who signed the Call to Lead on NCDs, and culminating in this week's Global Week for Action on NCDs]. However, in the future, civil society should be meaningfully involved in the drafting of outcome documents.
12. Reducing the burden of NCDs sustainably and equitably requires a multisectoral systems approach that integrates health promotion into all policies. This includes transparent allocation of resources, development of workforce competencies, and support for bottom-up processes reflecting local and Indigenous knowledge. Early and meaningful engagement of communities ensures that prevention and promotion actions are linked to national and global policies.
13. It is critical that Governments deliver on this renewed commitment to tackling NCDs and mental health conditions, through appropriate investment and resourcing to match population needs.
14. We call on governments to show leadership and act at national level and build the momentum towards delivering on NCDs and mental health in an integrated approach to achieving UHC including in preparations for the HLM on UHC in 2027.
15. As civil society, we will continue to engage with and support governments in this effort at the national and global level and hold them accountable for delivering on these commitments.