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Draft resolution submitted by the President of the General Assembly

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

The General Assembly

Adopts the following political declaration, as the outcome of intergovernmental negotiations in advance of and considered by 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, held on 25 September 2025.

Annex

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 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

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the prevention and control of noncommunicable diseases held in 2011,[1] 2014[2] and 2018;[3]

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 a 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, as well as General Assembly resolution 79/323 of 25 August 2025 on the Sevilla Commitment of the Fourth International Conference on Financing for Development;

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;

5. Recall the political declarations of the high-level meetings of the General Assembly on universal health coverage held in 2019[4] and 2023,[5] on pandemic prevention, preparedness and response in 2023,[6] on the fight against tuberculosis in 2023[7] and on antimicrobial resistance in 2024,[8] as appropriate;

6. Further recall the preparatory meetings, including global and regional conferences and other technical meetings on noncommunicable diseases and mental health, convened in preparation for the present and prior high-level meetings;

7. Take note with appreciation of the report of the Secretary-General entitled "Progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being",[9] 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) and include cardiovascular diseases – which account 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. Note with concern that there are: (a) 1.3 billion adults living with hypertension and only one in five have it under control; (b) 800 million adults living with diabetes; (c) one in five people developing cancer during their lifetime, with 20 million new cases annually, of which 400,000 are children; (d) 3.7 billion people

[1] Resolution 66/2, annex.
[2] Resolution 68/300.
[3] Resolution 73/2.
[4] Resolution 74/2.
[5] Resolution 78/4, annex.
[6] Resolution 78/3, annex.
[7] Resolution 78/5, annex.
[8] Resolution 79/2, annex.
[9] A/79/762.

suffering from oral diseases; (e) more than 674 million people affected by chronic kidney disease; and (f) over 300 million persons living with rare diseases;

10. Emphasize that mental health conditions, including anxiety, depression and psychosis, affect close to 1 billion people worldwide and can commonly co-occur and interact with other neurological conditions, including Alzheimer's disease and other forms of dementia, stroke sequelae, Parkinson's disease, epilepsy and other noncommunicable diseases, as well as substance abuse, and that suicide is the third leading cause of death among those 15 to 29 years old;

11. Recognize that noncommunicable diseases and mental health and well-being are closely intertwined with brain health and neurological conditions, that mental health conditions and neurological conditions contribute to the global incidence and impact of noncommunicable diseases and that persons living with mental health conditions and 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 and are largely preventable and require cross-sectoral actions;

13. Emphasize with concern that, globally, there are: (a) 1.3 billion tobacco users and more than 7 million tobacco-related deaths each year, including an estimated 1.6 million non-smokers who are exposed to second-hand smoke; (b) 2.6 million deaths each year attributable to alcohol consumption; (c) 35 million children under 5 years of age currently overweight; (d) 390 million children 5 to 19 years old who are overweight or obese, while adult obesity has more than doubled since 1990; and (e) nearly 7 million deaths each year caused by air pollution, with 99 per cent 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 inequalities 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 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

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;

19. Recognize that, globally, women comprise approximately 70 per cent of the health workforce, and further recognize that women face a double noncommunicable disease burden, often acting as caregivers for the sick and facing other structural barriers that hinder timely noncommunicable disease prevention, screening, diagnosis and treatment;

20. Recognize that persons with disabilities are at increased risk of noncommunicable diseases and mental health conditions and often face disproportionate discrimination, stigma and exclusion from accessing health services, and that noncommunicable diseases and mental health conditions are leading causes of years lived with a disability;

21. Recognize also that the poorest, the 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, that there are unique vulnerabilities for people living in developing countries, including in small island developing States, where noncommunicable diseases are increasingly becoming the main cause of mortality, and that small island developing States have among the highest rates of obesity worldwide and are disproportionately represented among the countries with the highest risk of dying prematurely from noncommunicable diseases;

22. Recognize further that, since the adoption of the political declaration in 2018, issues such as the coronavirus disease (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, especially for developing countries, and directly impacted health and well-being and introduced additional pressures on national responses to noncommunicable diseases and mental health conditions;

23. 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;

24. Recognize the threat and challenge posed by antimicrobial resistance in the treatment of certain noncommunicable diseases, such as cancers, cardiovascular diseases, diabetes and chronic respiratory diseases, and the need for integrated policies and strategies that promote disease prevention and safeguard the reliable access, stewardship and effectiveness of antimicrobials across health systems aligning, as appropriate, with the global action plan on antimicrobial resistance;[10]

25. Recognize that achieving universal health coverage is essential for the prevention and control of noncommunicable diseases, including through integrated, sustainable, resilient and well-financed health systems for health 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;

[10] World Health Organization, document WHA68/2015/REC/1, annex 3.

26. Recognize further the fundamental role of primary health care in achieving universal health coverage, as was declared in the Declaration of Alma-Ata of 1978 and the Declaration of Astana on primary health care of 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 coalition on primary health care 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 importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path in responding to the challenge of noncommunicable diseases and mental health conditions, underscore the importance of pursuing whole-of-government and whole-of-society approaches, and acknowledge that all stakeholders, including civil society, the private sector and people living with noncommunicable diseases and mental health conditions, play a role and can contribute to creating an environment conducive to preventing and controlling noncommunicable diseases and promoting mental health and well-being, and mobilizing all available resources, as appropriate, for the implementation of national responses;

28. Recognize the importance of fully respecting human rights, including the rights of Indigenous Peoples, in line with national contexts, in 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 discrimination and inconsiderate treatment;

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 health promotion, prevention, diagnosis, treatment and 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 and mental health conditions, while also acknowledging that scarce resources and increasing prices of certain health products and services mean that 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. Recognize the value of high-quality research and evidence to inform effective and innovative prevention and treatment of noncommunicable diseases and mental health conditions, while noting 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;

32. Acknowledge that investing, as appropriate, in the World Health Organization "best buys" aims to save close to 7 million lives, resulting in 50 million additional years of healthy life, and that these outcomes can be achieved with a return on investment of at least 7 United States dollars by 2030 for every dollar spent, resulting in more than 230 billion dollars in economic benefits between now and 2030;

33. Emphasize the importance of addressing the digital divide in health, between and within countries, to facilitate 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 impediments that countries, particularly developing countries, face in accessing and developing digital technologies, and highlight the importance of financing and capacity-building;

34. 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;

35. 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;

36. Recognize also that obesity is driven by multiple factors, including the unaffordability and unavailability of healthy diets, lack of physical activity, sleep deprivation and stress;

37. 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;

38. 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;

39. Recognize also that oral diseases are a major health and economic burden in many countries and 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, and can contribute to other noncommunicable diseases;

40. Recognize further that leadership, political commitment, action, cooperation 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:

41. 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 the effective treatment of cardiovascular risk factors, such as hypertension, and improving mental health care, with the aim to reduce by one third premature mortality from noncommunicable diseases and achieve the following global targets by 2030: 150 million fewer people are using tobacco; 150 million more people have hypertension under control; and 150 million more people have access to mental health care;

To deliver on our 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

42. Address key social, economic and environmental determinants of noncommunicable diseases and mental health and the impact of economic, commercial and market factors by: (a) eradicating poverty in all its forms and dimensions, including extreme and multidimensional poverty, eliminating hunger and malnutrition and ensuring healthy lives and well-being; (b) promoting universal access to quality education and supportive living and learning environments from childhood to adulthood; (c) promoting and creating safe, supportive and decent working conditions; (d) providing universal, comprehensive and sustainable social protection and livelihood support for low-income and impoverished people; (e) promoting social connection and integration and addressing social exclusion and isolation of people living with noncommunicable diseases and mental health conditions, older persons, young people, persons with disabilities and those living in rural and underserved areas; (f) addressing air, water and soil pollution, exposure to hazardous chemicals, natural disasters and extreme weather events; (g) 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 (h) increasing access to affordable fruits and vegetables and healthy diets;

43. Consider introducing or increasing taxes on tobacco and alcohol to support health objectives, in line with national circumstances;

44. Encourage within national and, where relevant, regional contexts, as appropriate, legislation and regulation, policies and actions to:

(a) Significantly reduce tobacco and nicotine use by: (i) implementing health warnings on all tobacco and nicotine packages; (ii) restricting tobacco and nicotine advertising, promotion and sponsorship, including cross-border, as appropriate; (iii) comprehensively reducing exposure to second-hand tobacco smoke in indoor and outdoor workplaces, public places and public transport; and (iv) promoting safe and evidence-based quitting programmes;

(b) Regulate, as appropriate, electronic nicotine delivery systems and electronic non-nicotine delivery systems, heated tobacco products and nicotine delivery products;

(c) Accelerate implementation among Parties to the World Health Organization Framework Convention on Tobacco Control[11] and its Protocol to Eliminate Illicit Trade in Tobacco Products,[12] 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;

(e) Promote healthy diets and reduce unhealthy diets, overweight and obesity through measures such as: (i) promoting the increased availability and affordability of nutritious food and information on healthy eating, including through promoting efficient, inclusive, resilient and sustainable agrifood systems; (ii) improving policies and taking measures to reduce industrially produced trans-fatty acids to the lowest level possible and reduce excessive levels of saturated fats, free sugars and sodium; (iii) providing nutritional information to consumers, such as through front-of-pack labelling; (iv) putting in place public food procurement and service policies for healthy diets; (v) protecting children from the harmful impact of food marketing, including digital marketing; (vi) protecting, promoting and supporting optimal breastfeeding practices, including by regulating the marketing of breastmilk substitutes;

[11] United Nations, *Treaty Series*, vol. 2302, No. 41032.
[12] Ibid., vol. 3276, No. 55487.

and (vii) promoting adequate physical activity, including sports and recreation, and reducing sedentary behaviour, including through increasing access to public spaces;

(f) Reduce the harmful use of alcohol through accelerating the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol of 2010 and the global alcohol action plan 2022–2030, including by considering marketing and availability measures;

(g) Address the environmental determinants of health, including the exposure to air pollution, by: (i) promoting clean, efficient, safe, accessible and expanded urban public transport options, and active mobility, such as walking and cycling; (ii) reducing the open and uncontrolled burning of toxic residues; (iii) promoting access to affordable, clean, sustainable and less polluting solutions 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, especially of children, to lead and hazardous and synthetic chemicals; and (vi) strengthening and investing in more resilient health care systems, including infrastructure, service delivery and workforce capacity;

(h) Prevent and reduce suicides and take steps to decriminalize attempted suicide, in line with national circumstances, by: (i) developing national suicide prevention strategies and action plans; (ii) limiting access to means of suicide, including highly hazardous pesticides; (iii) reducing stigma related to mental health conditions and neurological disorders; (iv) creating an open environment to discuss mental health; (v) fostering a public health approach; (vi) providing support to persons affected by suicide and self-harm; (vii) promoting and supporting the responsible reporting of suicide by the media, including online, digital and social; and (viii) fostering life skills and support for young people;

(i) Scale up efforts to develop, implement and evaluate policies and programmes that promote healthy and active ageing and 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;

45. Address the health risks related to digital technology, including social media, such as excessive screen time, exposure to harmful content, social disconnection, social isolation and loneliness, 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 human rights are protected online and offline and that they are protected from the potential negative impact that digital services can have on their physical and mental health;

46. 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: (a) educate the public about the harms of tobacco and nicotine use, the harmful use of alcohol and air pollution; (b) promote healthy diets such as through food and nutrition education; (c) promote physical activity, including physical education and sports, and reduce children’s screen use, with links to school and community-based programmes; and (d) promote healthy life skills, social participation, resilience and mental health and well-being;

Target: at least 80 per cent of countries have implemented policies and legislative, regulatory and fiscal measures to support health objectives related to the prevention and control of noncommunicable diseases and promotion of mental health and well-being, in line with national circumstances, by 2030.

Strengthen primary health care

47. Take actions towards ensuring a primary health care approach as a resilient foundation to achieve universal health coverage;

48. Strengthen and orient health systems and social care policies and capacities to achieve universal health care 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 measures such as the following, in line with national contexts: (a) expanding primary health and community-based services to improve health promotion, prevention, screening, diagnosis, treatment, referral pathways and follow-up, for hypertension, diabetes, cancers, chronic respiratory diseases, chronic kidney disease and other noncommunicable diseases, as well as anxiety, depression, oral diseases and sickle cell disease; (b) integrating, as appropriate, prevention, screening, diagnosis, rehabilitation and long-term care into existing programmes for communicable diseases, maternal and child health, and sexual and reproductive health programmes; (c) 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; (d) shifting, as appropriate, mental health care and resources from specialized institutions to general health care services delivered in community-based settings; and (e) ensuring access to care for people in humanitarian settings and ensuring continuity of care for people during emergencies and prolonged movement;

49. Prevent and treat cardiovascular diseases by scaling up: (a) 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; (b) access to appropriate treatment and therapy for those at high risk of a heart attack or stroke; and (c) innovation in cardiovascular care technologies; and by addressing diagnostic gaps of cardiovascular conditions in women;

50. Improve care and access to care for people living with diabetes by strengthening measures such as early diagnosis, affordable and effective treatment and regular follow-up for people at risk or living with diabetes to reduce the likelihood of cardiovascular, renal and other complications;

51. Prevent and control cancers by promoting early access to affordable diagnostics, including cancer staging, 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;

52. Eliminate cervical cancer by scaling up, where appropriate: (a) human papillomavirus vaccination coverage for girls and boys; (b) access to effective, feasible and appropriate screening for cervical cancer, especially for those at higher risk, such as women living with HIV; and (c) access to early, quality treatment for all women with cervical cancer; and integrate breast and cervical cancer prevention in national programmes;

53. Improve childhood cancer survival through scaling up interventions in order to achieve a survival rate of at least 60 per cent globally by 2030, as proposed by the Global Initiative for Childhood Cancer;

54. Prevent liver cancer and other liver diseases and reduce mortality through scaling up hepatitis B and C prevention, diagnosis and treatment, hepatitis B vaccination, monitoring to detect liver cancer early and improve survival, as well as strengthening screening and management for non-alcoholic fatty liver disease;

55. Promote national policies for an integrated approach to lung health encompassing both noncommunicable and communicable diseases within primary health care and scale up prevention, early diagnosis and treatment of asthma and chronic obstructive pulmonary disease by improving measures such as access to effective treatment, strengthening diagnostic services and establishing structured programmes and services for the long-term management of chronic respiratory diseases;

56. Scale up services to address the excessively high rates of oral health conditions through health promotion, prevention, early detection and treatment, applying multisectoral strategies and integrating oral health services into primary health care and universal health coverage;

57. Scale up, particularly at the primary health care level and within general health care services, the accessibility, availability and provision of psychosocial and psychological support, and pharmacological treatment for depression, anxiety and psychosis, as well as for other related conditions, including childhood and youth mental health conditions, and self-harm, harmful use of alcohol, other substance abuse, epilepsy, dementia, autism spectrum disorder and attention deficit hyperactivity disorder, while addressing related stigma, including through inclusive and accessible quality public education and the involvement of people with lived experience;

58. Develop, strengthen and implement, where possible, palliative care policies to support the comprehensive strengthening of health systems to integrate evidence-based, cost-effective, equitable and accessible palliative care services in the continuum of care, across all levels, with an emphasis on primary care, community and home-based care and universal coverage schemes;

59. Promote measures to increase the number, capacity, retention and competencies, including cultural competency, of trained health care workers, to implement integrated primary health care for health promotion, prevention, screening, diagnosis, treatment, rehabilitation and palliative care for people living with or at risk of noncommunicable diseases and mental health conditions, including persons with disabilities, and to strengthen knowledge and skills related to the implementation of laws, policies, services and practices in the area of mental health;

60. Promote equitable, sustainable and affordable access to quality-assured vaccines, therapeutics, diagnostics, medicines and other health products for noncommunicable diseases and mental health conditions while supporting and creating systems to uphold their quality and safety, including through: (a) applying pricing policies, promoting increased price transparency and strengthening financial protection mechanisms, such as health benefit packages, which reduce out-of-pocket expenditure; (b) strengthening procurement, including through pooled procurement, and diversified, resilient supply chains; and (c) strengthening regulatory systems;

61. Leverage technologies, research and innovation for noncommunicable disease prevention and control and improving mental health, including through artificial intelligence and digital[13] and assistive products and technologies, including medical imaging, telemedicine and mobile health services, that are evidence-based, cost-effective and affordable, and based on the local context to increase access,

[13] Examples include: (a) digitalized health systems; (b) electronic patient records, appointment reminders, telemedicine, health information systems and digital payments; and (c) access to application chatbots and mobile health services to track health, support medicine adherence and enable behavioural change.

particularly for those living in remote areas, to quality systems and services and to empower people, while recognizing that the risks that these technologies can pose should be addressed and that digital health interventions can contribute to, but are not a substitute for, functioning health systems;

62. Promote the transfer of technology, on mutually agreed terms, 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 the 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;

63. Encourage the promotion of increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and noting the need for appropriate incentives in the development of new health products;

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

Mobilize adequate and sustainable financing

64. Mobilize 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 domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels;

65. Strengthen coordination among existing global health financing frameworks to avoid duplication and fragmentation so as to better meet the needs of all countries, especially of developing countries;

66. Scale up, as appropriate and according to national contexts, financial resources dedicated to mental health, and acknowledge the World Health Organization's support to Member States in their efforts to address mental health and well-being and neurodevelopmental conditions, such as autism spectrum disorder;

67. Use external support from development partners, where available, for advancing national efforts to prevent and control noncommunicable diseases, including for catalysing improvements in service capacities, access and outcomes, and, as appropriate, fiscal, regulatory and legislative policy change, and support the development of global and regional public health goods;

68. Take measures to 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, assistive products, psychosocial support and medicines;

Target: at least 60 per cent of countries have financial protection policies or measures 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

69. Promote, develop and implement noncommunicable diseases and mental health multisectoral national plans, and subnational plans, as appropriate to national circumstances and based on a whole-of-government, health-in-all policies and whole-of-society approach, that: (a) are focused on a set of evidence-based, cost-effective and affordable interventions that are based on the local context; (b) identify the roles and responsibilities of government ministries and agencies; (c) are costed and budgeted and linked to broader health, development and emergency plans; (d) respect human rights and engage in a culturally competent way with communities and people living with noncommunicable diseases and mental health conditions; (e) are ambitious, operational and realistic and have measurable targets; and (f) encourage international support, including from development partners, to complement these efforts;

70. Integrate noncommunicable disease prevention and control, and the provision of mental health and psychosocial support, into emergency and pandemic prevention, preparedness and response, and humanitarian response frameworks to contribute to resilient and responsive health systems capable of effective emergency preparedness and response;

71. 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 adverse effects of climate change, natural disasters and extreme weather events;

72. Address the impact of misinformation and disinformation around the prevention and treatment of noncommunicable diseases and mental health conditions and their risk factors, including by increasing health literacy and regulating the digital environment in a manner consistent with national and international law, to protect, especially, children and young people;

Target: at least 80 per cent of countries have an operational, multisectoral, integrated policy, strategy or action plan on noncommunicable diseases and mental health and well-being by 2030.

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

73. Maintain or, where appropriate, improve a sustainable infrastructure for systematic, integrated surveillance on noncommunicable diseases, mental health conditions and their risk factors, including death registration, population-based surveys and facility-based information systems, with interoperability across digital health platforms, while respecting the right to privacy and promoting data protection;

74. 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 conditions and their risk factors, while respecting the right to privacy and promoting data protection;

75. Share information on experiences, including successes and challenges related to the implementation of national policies and programmes to prevent and control noncommunicable diseases and promote mental health and well-being, and 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 multisectoral responses for addressing noncommunicable diseases and existing global accountability mechanisms, as appropriate;

Target: at least 80 per cent of countries have an operational noncommunicable diseases and mental health surveillance and monitoring system, in line with national circumstances, by 2030.

Follow up

In order to ensure adequate follow-up, we:

76. 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, the provision of technical cooperation, assistance and policy advice and the promotion of multisectoral and multi-stakeholder partnerships and dialogues;

77. Call upon United Nations agencies and encourage multilateral development banks and other regional and intergovernmental organizations, within their respective mandates, to scale up and mobilize 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;

78. Further call upon United Nations agencies, regional and intergovernmental organizations, within their respective mandates, to support 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;

79. Encourage global health initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, within their respective mandates, to strengthen efforts towards the inclusion of interventions for noncommunicable diseases and mental health conditions into their work programme;

80. Call upon the private sector to strengthen its commitment and contribution to the prevention and control of noncommunicable diseases and the promotion of 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;

81. Request the Secretary-General, 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.