

# Reflections by the Coalition for Access to NCD Medicines and Products on the Zero Draft of the Political Declaration for the UN High-Level Meeting on Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health and Wellbeing



Noncommunicable diseases (NCDs)—ranging from cardiometabolic conditions like hypertension, stroke, and diabetes to mental health conditions—cut a life short every two seconds and cost the global economy an average of US\$2 trillion every year in lost productivity and health care costs. Yet, most NCDs are treatable and preventable if people can get the medicines, diagnostics, products, and services they need at their convenience and without financial burden.

The Fourth UN High-Level Meeting on NCDs and Mental Health (HLM4) presents a pivotal moment for countries to recommit and take action to better prevent and control NCDs and promote mental health, including by ensuring access to NCD medicines, products, and care. Concrete commitments on NCD financing will be particularly critical for advancing progress, including commitments to 1) invest more; 2) invest better; and 3) strengthen transparency.

This statement outlines the Coalition for Access to NCD Medicines and Products’ (“Coalition”) reflections on the Zero Draft of the Political Declaration of the HLM4, recognizing areas of strength and offering recommendations to consider as the Political Declaration is further developed. Additionally, unless explicitly stated otherwise below, the Coalition broadly welcomes the [initial reflections and considerations of the NCD Alliance](#)—also a member of the Coalition—in response to the Zero Draft, and therefore has prepared this statement to supplement reflections and recommendations with a focus on NCD medicines, technologies, and products, and NCD financing.

Our statement begins with overall reflections and then offers reflections and considerations aligned to sections in the Zero Draft.

## General Reflections

### We welcome:

- the commitment to increasing access to medicines and technologies throughout the document, especially since ensuring affordable, equitable, and uninterrupted access to medicines, products, and technologies is critical to fast-track progress on noncommunicable diseases and mental health over the next five years.
- the recommitment to the Global Action Plan for the prevention and control of NCDs 2013-2030 (GAP) and how the Zero Draft sets forth an action-oriented approach with specific targets for each priority (section) that will contribute to driving implementation of the GAP.
- the focus and calls for stronger procurement mechanisms (including strategic purchasing and pooled procurement mechanisms) in support of advancing equitable, sustainable, and affordable access to quality-assured medicines and health technologies for NCDs and mental health conditions.
- the greater emphasis on **integrating mental health care** (especially for depression and anxiety) **with other major NCDs** (particularly hypertension and cardiovascular disease)
- the designation of focused targets for tobacco control, hypertension control, and mental health access (Paragraph 25).

### We recommend:

- strengthening language within the Zero Draft to highlight immunization as a key pillar for NCD prevention and control and recognizing the role it can play in enabling achievement of the Sustainable Development Goal target 3.4. Immunization presents a cost-effective and underutilized tool for NCD prevention, control, and care—preventing certain cancers and respiratory illnesses, mitigating NCD exacerbations and related premature mortality, and maintaining quality of life, particularly for older adults and individuals with chronic conditions.
- adding granularity on ways to operationalize mental health/NCD integration. Specifically, we recommend proposing activities to scale up integrated care for cardiovascular disease (especially hypertension) and mental health conditions (especially depression), particularly at the community level, given that evidence shows nurses, community health workers, pharmacists, and other non-physicians are able to effectively manage these conditions with adequate oversight.

## Preamble

### We recommend:

- Paragraph 7: broadening the framing of modifiable risk factors to include vaccine-preventable infections, reflecting the growing evidence of cancer-causing infections (e.g., human papillomavirus, hepatitis B), as well as vaccine-preventable respiratory infections that exacerbate chronic conditions like cardiovascular disease and diabetes.
  - *Proposed revision*: “Recognize that the main modifiable risk factors are behavioural, environmental, metabolic, **and infectious disease-related**; **are** largely preventable, and require cross-sectoral actions to be addressed.”
- Paragraph 9: naming the economic cost of inaction against NCDs and mental health.
  - *Proposed revision*: “Emphasize that noncommunicable diseases and mental health conditions are a significant risk to economic growth and security (**costing an estimated \$47 trillion from 2010 through 2030**), and human capital development, with acute illness and long-term poor health preventing people from fulfilling their potential, thereby, compounding cycles of poverty and disadvantage.”
- Paragraph 15: adding a reference to acute and emergency care.
  - *Proposed revision*: “Recognize the need for integrated, well-financed and functioning health systems to prevent, screen, diagnose, treat and care for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, focusing on primary care **and emergency services**, while recognizing the importance of well-functioning referral **and linkage** systems to connect primary care **and emergency services to high-quality specialty care**, including **critical care and operative services and tertiary care** for conditions that require specialized services.”
- Paragraph 23: adding a reference to co-morbidities.
  - *Proposed revision*: “Recognize that multimorbidity, including co-incidence with rare diseases, **and co-morbidity across noncommunicable and communicable diseases (such as HIV and tuberculosis)**, increases the complexity of early diagnosis and treatment of noncommunicable diseases and mental health conditions.”
- Paragraph 25: increasing the proposed target for hypertension control, in acknowledgment of hypertension being among the greatest drivers of premature death globally. With an

estimated 1.3 billion adults living with hypertension, the current proposed target of reaching 150 million more people would only reflect an 11.5% increase in the number of people controlling their hypertension. We propose **increasing the target to 400 million more people**, which would reflect a 50% increase in the number of people who have their hypertension under control, based on the current 21% control rate.

- *Proposed revision:* “Fast-track progress on noncommunicable diseases and mental health over the next five years, focusing on tobacco control, preventing and scaling up effective treatment of hypertension and improving mental health care, with the aim to achieve the following global targets: by 2030, 150 million less people are using tobacco, **400** million more people have hypertension under control, and 150 million more people have access to mental health care.”

## Create health-promoting environments through action across government

### We welcome:

- the strong emphasis on and specific target for implementing taxes on health-harming products, which can be leveraged as a source of domestic revenue to increase financing for NCDs and mental health.

### We recommend:

- calling for reductions in health-harming investments (e.g., reducing subsidies for fossil fuels) which provides an additional opportunity to free up existing resources for health.

## Strengthen Primary Healthcare

### We welcome:

- the focus on ensuring **uninterrupted** availability of essential medicines and basic technologies for NCD and mental health care to address persisting and pervasive stockouts observed across countries.
- the emphasis on taking a life course approach by leveraging stronger primary health care to enable more convenient, inclusive, and equitable access to NCD services as part of integrated, **people-centered** service packages. Delivering an integrated package of health care services (inclusive of NCDs) through the primary health care platform offers a cost-effective and efficient approach to reach more people with the services they need, when and where they prefer to receive them.
- the call for medicines and diagnostics to be included in financial protection mechanisms

### We express concern and recommend, similar to the NCD Alliance, that:

- Paragraphs 31-36: Future efforts to scale-up disease-specific interventions remain cohesive and integrated as part of a people-centered approach to care, including by strengthening cross-cutting processes such as regulation and procurement.

### We recommend:

- Paragraph 30: strengthening references to **people-centered** care and health systems to further reinforce inclusion of NCDs as part of a holistic, integrated, life-course approach to

primary health care; reinforcing access to emergency care systems; and making explicit reference to immunization as part of essential NCD care.

- *Proposed revision:* “Orientate health system and social care policies and capacities **to be people-centered and** support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course, including through: (i) expanding community-based services to improve prevention, **immunization**, screening, diagnosis, treatment, referral pathways, and follow-up for people at risk or living with hypertension, diabetes, cancers, depression and other common noncommunicable diseases and mental health conditions; (ii) integrating prevention, **immunization**, screening, diagnosis, treatment, rehabilitation, **emergency critical care, and operative services**, and long-term care into existing programmes for communicable diseases (**such as HIV and tuberculosis**), maternal and child health, and sexual and reproductive health programmes...”
- Paragraph 31: emphasizing the role of ensuring access to quality-assured medicines and health technologies to prevent and treat cardiovascular diseases and reduce overall burden; reinforcing the need for increased screening and treatment of high cholesterol, including ensuring availability of statins; and strengthening language on immunization for people with cardiovascular diseases, reflecting growing evidence showing reduced risk of cardiovascular events and death following vaccinations for influenza, pneumococcal disease, and COVID-19.
  - *Proposed revision:* “Prevent and treat cardiovascular diseases by scaling up: (i) **equitable, sustainable, affordable, and uninterrupted access to quality-assured medicines and health technologies needed to enable early screening, diagnosis, effective treatment to achieve control**, and regular follow up for people at risk or living with high blood pressure **or cholesterol**; and (ii) access to antihypertensive treatment and statin-based therapies for those at high-risk of a heart attack or stroke; and (iii) **immunization against respiratory virus infections for people at risk or living with cardiovascular diseases**.
- Paragraph 32: integrating language on respiratory vaccines for people living with diabetes to align with global coverage targets and growing recognition of the role of vaccines in preventing severe complications and hospitalizations.
  - *Proposed revision:* “Improve care for people living with diabetes in line with the 2030 global coverage targets, by scaling up early diagnosis, **immunization**, affordable and effective treatment (including insulin), and regular follow up for people at risk or living with diabetes to reduce the likelihood of cardiovascular and other complications.”
- Paragraph 37: emphasizing the focus on enhancing health care workforce capacity on providing people-centered care as well as emergency and acute care.
  - *Proposed revision:* “Increase the number, capacity, retention, and competencies of trained health care workers to implement integrated, **people-centered** primary care services for prevention, screening, diagnosis, treatment, **emergency and critical care (including stabilization and appropriate referrals in emergency NCD presentations)**, rehabilitation, and palliative care for people living with one or several noncommunicable diseases and mental health conditions.”
- Paragraph 38: adding an explicit mention of the need for more accurate forecasting processes as a key driver of ensuring adequate supply; adding regional manufacturing as a

strategy to increase sustainable access to NCD medicines and products; and adding anti-counterfeit measures given the availability of counterfeit medicines across markets, which have led to deaths.

- *Proposed revision:* “Advance equitable, sustainable and affordable access to quality-assured medicines and health technologies for noncommunicable diseases and mental health conditions, while supporting and creating systems to uphold their quality and safety by: (i) strengthening pricing policies and financial protection mechanisms; (ii) strengthening procurement and diversified, resilient supply chains; (iii) strengthening regulatory systems **and anti-counterfeit measures**; (iv) assessing intellectual property policies in light of global health needs; **(v) introducing or strengthening forecasting processes that produce more accurate commodity quantification aligned with need; and (vi) advancing regional manufacturing of critical NCD medicines and products.**”
- Target: specifying that the 80% target for ensuring uninterrupted availability of needed medicines and technologies should apply to **each** noncommunicable disease area and mental health condition, instead of aggregated across all NCD/mental health conditions, to avoid entire diseases and conditions being overlooked; broadening beyond the medicines included in the World Health Organization (WHO)-recommended essential medicines list (EML), due to delays in inclusion of NCDs within the EML; and expanding to include private-sector facilities in alignment with the previous GAP target.
  - *Proposed revision:* “Target: At least 80% of public **and private** primary health care facilities in all countries have uninterrupted availability of at least 80% of the **safe, effective, and quality-assured medicines and basic technologies needed for each noncommunicable disease area and mental health condition** at affordable prices by 2030.”

## Increase Sustainable Financing

### We welcome:

- the proposed priorities of increased sustainable financing and resource mobilization to support enhanced and sustainable access to NCD medicines, products, and care, including the specific targets set forth.

### We share the concern of the NCD Alliance regarding the absence of:

- a reference to the need to tax processed foods high in fat, salt, and sugar (aligning with WHO's latest guidelines) and implement corrective taxes on fossil fuels, while enforcing health-oriented subsidy reforms that support access to healthy, sustainable diets and clean energy sources.

### We recommend:

- Paragraph 40: calling out a need to maximize system/service efficiencies and re-invest these “savings” in additional cost-effective approaches that enhance access to NCDs care and needed commodities, as follows:
  - *Proposed revision:* “Increase domestic resources for preventing and controlling noncommunicable diseases and promoting mental health and well-being through improved public financial management **(including identifying and acting on**

**opportunities to enhance efficiencies in health care spending and re-investing “efficiency savings” in NCDs and health care), higher taxes on health harming products, and the allocation of budgets in line with national health priorities and unmet needs for care.”**

- **Target:** Clarifying that financial protection policies must **limit out-of-pocket costs** for people living with NCDs and mental health conditions to maximize equitable access to care and minimize financial hardship for people, families, and communities impacted by NCDs and mental health conditions.
  - *Proposed revision:* "Target: at least 80% of countries have financial protection policies in place that cover or limit **out-of-pocket costs** for essential services, diagnostics, and medicines for noncommunicable diseases and mental health conditions by 2030, **with a goal of keeping all out-of-pocket health expenses below 20% of national health spending.**"

## Strengthen Governance

### We recommend:

- integrating a focused paragraph calling for establishing or strengthening (i) mechanisms that transparently document how resources dedicated for NCDs and mental health are being used and (ii) processes to hold involved stakeholders accountable to commitments and policies related to NCDs and mental health, in collaboration with advocates, community, and civil society partners.
- calling for the adoption of mechanisms to improve transparency and visibility across the supply chain and better track gaps between commodity supply and demand to ensure increased accountability related to stockouts or inefficient procurement.

## Strengthen Data and Surveillance to Monitor Progress and Hold Ourselves Accountable

### We recommend:

- adding a distinct paragraph calling for more transparent reporting on allocation and use of funds for NCDs and mental health, including the use of tax revenue from unhealthy products and if and how these funds are reinvested into health and public goods.