Point 2: We acknowledge that premature mortality from NCDs continues to constitute one of the major challenges for development in the 21st century, driven by economic, environmental and social determinants of health. Despite the remarkable progress achieved in some countries or regions, this has been insufficient and highly uneven. Each year, 15 million people die from an NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in developing countries, disproportionally affecting the poorest and those furthest behind. The heavy burden of death and disability among children, adolescents, and young adults in low-resource settings caused by severe NCDs. One of every six NCD deaths and over 40% of all life-years lost to NCDs in low-income countries occur in individuals younger than 30, and most of these deaths are caused by conditions such as rheumatic and congenital heart diseases and type 1 diabetes that are not attributable to behavioral and metabolic risk factors. We also note that treatment measures for most of these conditions exist. Certain advanced care components of NCDs (e.g., surgeries for rheumatic and congenital heart disease) that disproportionately affect young people can be effectively organized within health care systems even in low-resource settings. Implementing coherent policies and ensuring that cost-effective, affordable and evidence-based NCD interventions are available to all countries, according to national context and priorities, can reduce inequities and premature deaths from NCDs. (p. 1)

Point 3: We recognize that there are obstacles that countries must overcome to achieving SDG target 3.4. Addressing the complexity of the determinants and main risk factors of NCDs — namely, tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets, as well as environmental and infectious risk factors that particularly impact the poorest and most vulnerable populations — and developing necessary multisectoral responses is challenging, particularly when robust monitoring of NCD risk factors is absent. Consequently, there is limited political leadership, strategic action across sectors and policy coherence for the prevention and control of NCDs in line with approaches such as whole-of-government and health in all policies. One of the main obstacles at country level is the lack of capacity in addressing the conflicting public health goals and private sector objectives and drivers in order to adequately leverage the role of the diverse range of private sector entities in combatting NCDs. In addition, policies to prevent and control NCDs, such as regulatory and fiscal measures, are not effectively used and can be hampered by industry interference, including through legal disputes. Health systems must improve their work in recognizing and managing NCDs and risk factors across all populations and in providing preventive and curative services in the context of efforts to achieve universal health coverage. Reducing NCDs remain a low priority across the UN Agencies, NGOs, philanthropic foundations and academic institutions. The epidemiological transition resulting in an
increasing disease burden from NCDs should be taken fully into account in international cooperation and development policies with a view to address the unmet demand for technical cooperation to strengthen national capacities. (P. 1)

**Point 6:** We will prioritize the most cost-effective, affordable and evidenced-based interventions that will bring the highest public health return on investment, in accordance with national context and priorities. We will emphasize health as a political priority, which must be reflected in regulation, standard setting and fiscal policies that address the impact of the four common NCD risk factors. 

*Consistent with the “Making Fair Choices” recommendations of the WHO Consultative Group on Equity and Universal Health Coverage, we will prioritize policies and interventions that effectively address the most urgent national needs, based on cost-effectiveness, priority to the worse off, and financial risk protection, to ensure that the poorest and most vulnerable populations are not left behind.*

**Point 11:** We will work towards the harmonization of global infectious disease and NCD agendas in both prevention and health systems at the national and global development levels. *Noting that many major NCDs are caused by infectious risks (including cervical and liver cancers and rheumatic heart disease) and that many patients suffer comorbidities of infectious and noncommunicable disease, we recognize an opportunity to achieve gains in the prevention and control of both through integrated approaches.*

**THIS IS A NEW POINT (Pt. 14):** We will similarly recognize and address the specific risk factors, conditions and determinants affecting the morbidity and mortality from NCDs for the poorest and most vulnerable populations. We will prioritize and promote pro-poor strategies for the prevention, control and treatment of NCDs to address these critical differences.

**Point 17:** *NCDs can perpetuate poverty. NCDs are both a cause and consequence of poverty.* For the poor and near poor, chronic illness and disability can be an economic catastrophe. *Conditions of poverty increase risk for many NCDs and can prevent patients from accessing timely and effective care.* Hard fought economic gains can be quickly wiped out. Women face a double NCD burden, often assuming gender-based roles as unpaid carers of the sick. We will take action on the impacts of NCDs on poverty and development and we strongly encourage the inclusion of NCDs in the Official Development Assistance. *In addition to financial support, we call upon WHO to provide technical assistance to low- and middle-income countries to treat, manage and cure NCDs with particular priority given to the most vulnerable populations to ensure the equitable achievement of UHC.*

**Point 20:** We recognize that access to education that promotes health literacy at all levels of society and contexts is a key determinant of health. In particular, the school environment will be enabled to provide evidence-based education, including information and skills. We will also improve awareness-raising on health and wellbeing throughout society, including the prevention, treatment and control of NCDs supported through public awareness campaigns and health promoting environments that make the healthy choice the easier choice, and facilitate behavioral and policy changes, as well as address
Point 22: We are concerned that the increased production of energy-dense, nutrient poor foods has contributed to diets high in saturated fats, sugars and salts. We will work towards advancing the implementation of global strategies and recommendations that make progress towards strengthening national food and nutrition policies, including by developing guidelines and recommendations that support and encourage healthy and sustainable diets throughout the lifecourse of our citizens, increasing the availability and affordability of healthy, nutritious food, including fruits and vegetables, while enabling healthier food choices, and ensuring access to clean and safe drinking water.

Undernutrition also poses a significant risk. Specifically, stunting due to undernutrition in utero and during childhood is associated with increased risk for a range of chronic diseases as a person ages, and there is a need to address undernutrition among women, children and the most vulnerable populations. We call on WHO to fully leverage the UN Decade of Action on Nutrition to reduce nutrition and diet-related NCDs and contribute to ensure healthy and sustainable diets for all.

Point 24: One of the main challenges for the prevention and control of NCDs is that public health objectives and private sector interests can, in many cases, conflict. We commit to enhancing the national capacity to engage constructively with the private sector for NCDs prevention and control in a way that maximizes health gains. Achieving sustainable UHC is dependent on equitable access and availability to medicines, tools, research, and innovation that are essential components for both preventing and treating NCDs, and we recognize that the private sector will be a critical partner in these aims.