

WHF Input on Rev. 4 of the UN High-Level Meeting Draft Political Declaration: Elevating Cardiovascular Health in the Global NCD Response

General overview

WHF is deeply concerned that key commitments essential to achieving our five key asks have been weakened or removed. In particular, the current target of 150 million more people with controlled hypertension falls far short of the ambition needed to achieve 50% global hypertension control by 2030, leaving over 200 million people behind. References to specific fiscal measures, including taxation of tobacco, alcohol, and sugar-sweetened beverages at WHO-recommended levels, have been removed, as has mention of statin-based therapy for secondary prevention of CVD, WHO HEARTS guidance, and phasing out fossil fuels in air pollution reduction measures.

The downgrading of financial protection targets from 80% to 60% of countries, and the omission of explicit commitments to counter the marketing of unhealthy products, risk undermining progress towards universal and equitable access to CVD and NCD prevention and care. WHF urges Member States to align the Political Declaration with its five key asks: scale up hypertension control to reach 500 million more people by 2030; implement 50% taxation on tobacco, alcohol and sugar-sweetened beverages to reduce consumption of health-harming products; adopt and implement WHO 2021 Air Quality Guidelines; address systemic health inequities through sustainable financing; and commit to a 50% reduction in NCD-related deaths and disability across all age groups by 2050.

However, we welcome the recognition in Rev. 4 of CVD as the leading cause of death globally and the strengthened focus on hypertension and other CVD risk factors. We note with appreciation the retention of several important targets, including the commitment for 80% of countries to have operational NCD and mental health policies by 2030 and the inclusion of measures to reduce prices of essential medicines and diagnostics.

Specific comments

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

- We are pleased that Rev. 4 recognizes that CVD causes the largest number of deaths among all other NCDs and that the alarming trends regarding hypertension, affecting over 1.3 billion adults worldwide, with only 1 in 5 having their blood pressure under control, are highlighted.

- **Par. 13:** We welcome that trends in overweight and obesity are clearly spelled out and broken down by age groups, providing a clear picture of trends by age group, which supports targeted action at the national level.
- **Par.36:** We are concerned that reference to commercial determinants as a major driver of overweight and obesity has not been included in this paragraph. We strongly recommend referencing the influence that commercial determinants have on the rising rates of obesity.
- **Par. 41:** We welcome the inclusion of CVD risk factors, other than hypertension. However, we believe that the major risk factors for CVD should have also been accompanied by a respective target for reduction.
- **Par. 41:** WHF continues to advocate for 500 million more people on hypertension treatment, leading to a 50% hypertension control. As previously stated, the current target of 150 million more people on hypertension control is too conservative and would leave **over 200 million people behind**. We recommend revising the target and be more ambitious, calling for 390 million more people with hypertension under control.
- **Par. 43:** The removal of the specific target from the zero draft – *“at least 80% of countries have implemented or increased excise taxes on tobacco, alcohol, and sugar-sweetened beverages to levels recommended by WHO by 2030”* — significantly weakens the commitment to fiscal measures as an NCD prevention tool. The omission of sugar-sweetened beverages from the August Rev. 4 text further reduces alignment with WHO “Best Buys” and undermines global efforts to address unhealthy diets, obesity and related cardiovascular risk. WHF recommends reinstating the 80% coverage target and the commitment to increase taxes on tobacco, alcohol and SSBs to at least 50% of retail price.
- **Par. 44 (e):** Trans-fat elimination is a critical measure to reduce the incidence and burden of CVD. We are deeply concerned that language has been watered down to *“taking measures to reduce industrially-produced trans-fatty acids to the lowest level possible”*, revealing the harmful influence of the food industry.
- **Par. 44 (g):** We note with concern that “phasing out fossil fuels is not mentioned among the measures to reduce exposure to environmental determinants of health. This is a critical omission. In addition, we strongly recommend referencing the WHO 2021 Air Quality Guidelines, setting specific targets for major air pollutants, currently missing in the text of the declaration.

Strengthen primary healthcare

- **Par. 49:** The zero-draft published in May explicitly mentioned statin-based therapies for those at high risk of heart attack and stroke, which has been removed in Rev. 4. Statins are a WHO “Best Buy” for secondary prevention of CVD; removing them reduces specificity and accountability for countries to scale this proven

intervention. WHF strongly recommends reintroducing language on statin-based therapies.

- In the May zero draft, WHO HEARTS, PEN and mhGAP packages were explicitly mentioned in a footnote for guidance on hypertension and CVD management. These references are gone in Rev. 4. Removing reference particularly to WHO HEARTS, may weaken the push for its adoption in national primary care systems.
- **Par. 60:** We welcome the addition of strategies to reduce the price of essential medicines and diagnostics for CVD and other NCDs, including pricing policies, promoting increased price transparency, and strengthening financial protection mechanisms, such as health benefit packages.

Mobilize adequate and sustainable financing

- The target in this section has been significantly downgraded to “*at least 60% 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.*” WHF strongly recommends reinstating the previous 80% target. Lowering the benchmark risks reducing political pressure and accountability for universal access to essential CVD/NCD services and medicines.
- **Par. 64:** We are deeply concerned that explicit reference to taxation of health harming products has been removed and replaced with a generic reference to fiscal measures. This reduces clarity and political pressure for countries to adopt or increase excise taxes on harmful products like tobacco, alcohol and sugar-sweetened beverages — all major CVD risk factors.
- **Par. 68:** We are also worried that Rev. 4 no longer mentions “countering the marketing of unhealthy products”. This is a major setback that contributes to narrowing the scope and may weaken policy advocacy potential against harmful commercial determinants of health.

Strengthening governance

- **Par. 72:** WHF welcomes the expansion of language around humanitarian emergencies to include “countries most vulnerable to the adverse effects of climate change, natural disasters and extreme weather events.”
- We are pleased that the target of “80% of countries have operational, multisectoral, integrated policy, strategy or action plans on noncommunicable diseases and mental health and well-being by 2030” has been retained. WHF strongly believes that national cardiovascular health action plans or strategies are an effective tool to prioritize and adequately finance CVD within national health systems.