

4th UN High-Level Meeting Political Declaration Rev. 2, 23.07.2025

WHF Comments

General feedback

We are deeply concerned that the revisions in the UN HLM Political Declaration Rev. 2 significantly water down key commitments, reflecting the powerful influence of industry on the process. Taxation targets, particularly for tobacco, alcohol, and sugar-sweetened beverages, have been softened, undermining efforts to reduce the burden of NCDs. Essential measures for promoting healthy diets, such as limiting trans fats and reformulating processed foods to reduce unhealthy ingredients like sugars and saturated fats, have been weakened or removed entirely. The language around the marketing of unhealthy products has been omitted, despite its critical role in tackling commercial determinants of health. Additionally, references to the WHO air quality guidelines, essential for addressing the health impacts of air pollution, and the need for stronger measures to reduce fossil fuel subsidies, have been left out. These omissions not only dilute the effectiveness of the declaration but also fail to address the root causes of NCDs in a comprehensive way. We urge the reinstatement of these important provisions to ensure a stronger and more actionable commitment to public health.

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

- Par. 7: While acknowledging the commendable efforts of countries that have made progress, it is critical to emphasize that **global efforts are falling short of achieving SDG 3.4**. The current trajectory highlights the urgent need for a more robust whole-of-government and whole-of-society approach to tackle NCDs comprehensively.
- Par. 12: We recommend adding **nicotine use** as a key modifiable risk factor for NCDs, given its impact on health. Additionally, we suggest renaming 'harmful use of alcohol' to '**alcohol harm**' to better reflect the broader health and societal consequences of alcohol consumption.
- Par 27 and 29: While we welcome the inclusion of people living with NCDs in the political declaration, we note the absence of specific mechanisms for their meaningful engagement throughout the document. We recommend **emphasizing the need for structured avenues for involvement**, ensuring that people with

lived experience of NCDs are actively included in decision-making processes and the design of national responses.

- Par. 30: We appreciate the recognition of the increasing prices of health products and services and strongly recommend retaining this important point in the declaration. Acknowledging the impact of rising costs is crucial for ensuring equitable access to essential interventions, particularly in low-resource settings.
- Par.33: We welcome the inclusion of all age groups in the recognition of the need to address malnutrition and diet-related NCDs, including CVD.
- Par. 35: We note with concern the removal of references to **food systems, commercial determinants** and the lack of **local food production** and policies addressing **food and nutrition security**. These factors are critical in tackling the root causes of obesity and should be emphasized in the declaration.
- Par. 40: We note with concern that the target for hypertension control is still set at 150 million more people, which is not ambitious enough and would leave over 200 million behind. WHF calls on governments to expand treatment for hypertension to 500 million more people by 2030, to achieve a 50% hypertension control rate. Considering the current control of 21%, the target in the Political Declaration should be **330 million more people under control by 2030**. This would better align with the global need for more aggressive action to address hypertension.

Create health promoting environments through action across governments

- Par. 41: We are deeply concerned that the language on taxation has been considerably watered down, and the reference to WHO taxation recommendations has been removed. The World Heart Federation calls on governments to implement at least 50% taxation on tobacco and nicotine products, alcohol, and sugar-sweetened beverages (SSBs) as part of efforts to achieve health objectives in line with national circumstances.
- Par. 42:
 - We are deeply concerned by the removal of references to **commercial determinants of health** and the lack of explicit mention of **climate change** in point (vi). These issues are fundamental to addressing the root causes of CVD and other NCDs. The commercial determinants—such as the influence of the food, alcohol and tobacco industries—continue to shape unhealthy behaviors and hinder public health efforts. Similarly, climate change exacerbates health risks, particularly for vulnerable populations, and must be integrated into the Political Declaration to ensure a comprehensive approach to CVD and other NCDs prevention.
 - We are also concerned that the WHO air pollution guidelines are not referenced, particularly its targets for key air pollutants. Moreover, we are concerned that key WHO Action Plans, such as the Action Plan for

Physical Activity and the Action Plan on Obesity, have not been included in this context.

- Par. 43:
 - Par 43 (a): We are concerned that the revised language on tobacco and nicotine use fails to mention **graphic health warnings, plain/standardized packaging**, and the **explicit requirement for health warnings** on tobacco product packaging, which were previously included. These measures have proven to be effective in reducing tobacco use and related diseases and deaths. We strongly recommend reverting to the previous wording to include these crucial components, which are essential for a comprehensive approach to tobacco control.
 - Par 43 (e): We note with concern the changes made to the previous language on promoting healthy diets and reducing obesity. We strongly recommend reverting to the previous wording, as it included essential measures that have been removed or altered. Specifically, the **reformulation of food products** to eliminate industrially-produced trans-fatty acids and reduce levels of **saturated fats, free sugars and sodium** in processed foods and beverages, as well as the explicit inclusion of **front-of-pack labelling** for nutritional information, were crucial components in the effort to reduce unhealthy diets. We are also concerned that the focus on the **development of front-of-pack labelling** has been removed. These are critical actions to effectively promote healthy diets and prevent CVD.
 - Par 43 (f): We strongly recommend reverting to the previous version, which included specific actions to reduce alcohol consumption that have been removed. The previous text emphasized **enforcing restrictions on alcohol advertising, restricting the physical availability** of alcohol and **enacting and enforcing drink-driving laws**, all of which are vital for reducing harmful alcohol use. These actions provide a more comprehensive approach and should be reinstated alongside the Global Strategy and Global Alcohol Action Plan.
 - Par 43 (h): We are concerned that the **elimination of subsidies to fossil fuels** and the adoption of the **WHO air quality guidelines**, including specifying target thresholds for major air pollutants, are not mentioned in the current text. These actions are critical to effectively addressing air pollution and its impact on health. We strongly recommend including these key measures to ensure a more comprehensive approach to tackling environmental determinants of health.
- Target: We are deeply concerned that the target for excise taxes has been limited to tobacco and alcohol, excluding **sugar-sweetened beverages**

(SSBs). The World Heart Federation calls on governments to implement **50% taxation** on tobacco, alcohol and SSBs, as these are critical to reducing the burden of CVD and other NCDs. We strongly recommend restoring the inclusion of SSBs in the target to ensure a more comprehensive approach to taxation and public health.

Strengthened primary healthcare

- Par. 47: We note that hypertension is specifically mentioned in the context of strengthening health systems, yet we are surprised that CVD, which encompass a range of conditions including heart attacks and strokes, are not explicitly highlighted. CVD is a leading cause of mortality and morbidity globally, and addressing it in an integrated, preventive manner alongside hypertension would be a significant step towards achieving UHC and improving public health outcomes.
- Par. 59: We are concerned that the important issue of intellectual property (IP) policies has been omitted in the current formulation. As global health needs evolve, particularly in the context of CVD and other NCDs and mental health conditions, it is crucial to assess IP policies to ensure they do not impede access to essential health products, including vaccines, medicines and diagnostics. We recommend reincluding the following sentence: ‘(iv) assessing intellectual property policies in light of global health needs.’ This would help ensure that IP frameworks align with public health goals and facilitate equitable access to life-saving treatments for all populations.

Mobilize and strengthen sustainable financing

- Par. 66: We are deeply concerned that the important measure to counter the marketing of unhealthy products has been removed. Addressing the commercial determinants of health and the influence of industries, particularly in the areas of tobacco, alcohol and unhealthy food products, is critical in preventing and controlling noncommunicable diseases. The marketing of such products directly undermines public health efforts and exacerbates the burden of NCDs. We strongly recommend reintegrating measures to limit the marketing of unhealthy products, as part of broader efforts to mitigate the influence of commercial interests on public health.
- Target: We strongly recommend keeping the original target of 80% of countries having financial protection policies in place that cover or limit the cost of essential services, diagnostics, medicines and other health products for NCDs and mental health conditions by 2030.

Strengthened governance

- Target: We strongly recommend including the target of *at least 80% of countries have an operational, multisectoral, integrated policy, strategy or action plans on noncommunicable diseases by 2030.*

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

- Target: We recommend reverting back to the original target of: *at least 80% of countries have an operational noncommunicable diseases and mental health surveillance and monitoring system by 2030.*