

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

Overall priority recommendations:

- While the high-prevalence of hypertension and persistently low control rates are recognized in the document as a critical challenge, the current target in the Political Declaration of expanding hypertension control to 150 million more people by 2030 is insufficiently ambitious. With only 1 in 5 people (273 million) currently having their hypertension under control, aiming to reach just 150 million more would bring the total to 423 million, still far short of **achieving control in 50% of people living with hypertension**. This approach would leave over 200 million people behind and risk missing a critical opportunity to reduce the global burden of CVD.
- While we welcome the reference throughout the document to WHO recommendations on the taxation of unhealthy products, such as tobacco, alcohol, sugar-sweetened beverages (SSBs), as well as foods high in fat, sugar and salt, we strongly urge Member States to **set a clear target of taxing these products at a level of at least 50% of the retail price**, in line with evidence on effectiveness.
- While we welcome the increased focus on indoor and outdoor air pollution as a major risk factor for CVD and other NCDs, we suggest adding specific reference to the 2021 **WHO Air Quality Guidelines and reference to recommended levels and interim targets for common air pollutants: PM, O3, NO2, and SO2**. The current text does not include any specific reference to air quality targets.
- We urge Member States to establish specific targets for budget allocation to CVD and other NCDs, reflecting their growing burden and ensuring sustained investment in prevention, treatment and care.
- We strongly support the call for the development and implementation of multisectoral national and subnational plans for NCDs and mental health. In parallel, we encourage countries to develop dedicated, costed national Cardiovascular Health Action Plans that are aligned with broader NCD strategies. Despite CVD being the world's leading cause of death, only 16 out of 193 countries currently have a standalone Cardiovascular Health Action Plans. Greater political commitment is urgently needed to close this gap and drive targeted action.

Additional comments

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

Positive elements:

- We strongly support the prioritization of equity in the approach to noncommunicable diseases and mental health, recognizing its critical role in transforming health outcomes.

- We recommend mentioning that low- and middle-income countries (LMICs) bear the greatest burden of NCDs and CVD, with 82% of premature NCD-related deaths occurring in LMICs
- We welcome the clear recognition of CVD as the leading cause of death among all NCDs. Highlighting the disproportionate burden of CVD is essential to drive focused action on and resource allocation for CVD prevention and care.
- We welcome the recognition of the high prevalence of hypertension and persistently low control rates as a critical public health challenge.
- We are pleased with the explicit inclusion of data on major modifiable risk factors for CVD, including tobacco use, unhealthy diets, obesity, alcohol consumption and air pollution. Clearly articulating the scale of these challenges helps drive urgency and accountability.
- We appreciate the emphasis on mainstreaming a gender perspective, which is essential to understanding sex- and gender-specific differences in CVD and ensuring that prevention, diagnosis and treatment strategies are appropriately tailored.
- We welcome the greater attention to the need of ensuring access to affordable diagnostics.
- We strongly support the recognition that achieving UHC is fundamental to the prevention and control of NCDs, including CVD. A well-financed, integrated health system, anchored in strong primary health care (PHC), is critical to ensuring early detection, treatment and continuity of care for people living with or at risk of CVD.
- We welcome the recognition that obesity is a complex condition influenced by a range of structural, environmental and socioeconomic factors. We are also pleased to see that the updated Political Declaration places greater emphasis on obesity than previous iterations, reflecting the growing urgency to address it through multisectoral, systemic approaches.

Additional recommendations:

- We urge Member States to adopt a **more ambitious and inclusive target for hypertension**. The current target for hypertension control is insufficiently ambitious. With only 1 in 5 people (273 million) currently having their hypertension under control, aiming to reach just 150 million more would bring the total to 423 million, still far short of **achieving control in 50% of people living with hypertension**. This approach would leave over 200 million people behind and risk missing a critical opportunity to reduce the global burden of CVD.
- We recommend adding specific reference to the interconnectivity between obesity, cardiovascular, renal and metabolic diseases.
- We recommend referencing dyslipidemia, particularly elevated LDL-cholesterol, as a key risk factor for cardiovascular disease, recognizing its compounding effects with other NCD risk factors.

Create health-promoting environments through action across government

Positive elements:

- We welcome the inclusion of nicotine delivery products, including ENDS, ENNDS and heated tobacco products, in the Political Declaration. Addressing these emerging products is essential to protect public health, particularly among youth and non-smokers and to prevent the normalization of nicotine use in all its forms.
- We strongly support the detailed and comprehensive approach to addressing overweight, obesity, and unhealthy diet. The inclusion of actions spanning food reformulation, front-of-pack labelling, regulation of food marketing, public procurement and promotion of physical activity reflects a much-needed systems-level response. We particularly welcome the focus on protecting children and ensuring healthier food environments, which are critical to reversing current obesity trends and preventing cardiovascular disease across the life course.
- We support the commitment to reducing the harmful use of alcohol through the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (2010) and the Global Alcohol Action Plan 2022–2030.
- We are pleased to see the increased recognition of the needs of the ageing population, including the disproportionate burden of NCDs among older adults. A stronger focus on healthy and active ageing is essential to ensure that prevention, care and support systems are adapted to a rapidly ageing world and aligned with the goal of improving quality of life across the life course.
- We strongly support the target of ensuring that at least 80% of public primary health care facilities in all countries have uninterrupted availability of at least 80% of WHO-recommended essential medicines and basic technologies for NCDs and mental health conditions at affordable prices by 2030. This is a critical step toward achieving UHC and improving outcomes, particularly for people living with CVD, by ensuring access to essential care at the community level.

Additional recommendations:

- While we welcome the reference to WHO recommendations on the taxation of unhealthy products, including foods high in fat, sugar and salt, we strongly urge Member States to **set a clear target of taxing these products at a level of at least 50% of the retail price**, in line with evidence on effectiveness.
- We are concerned that the WHO Air Quality Guidelines, including the recommended targets for key pollutants, are not explicitly referenced. Additionally, we note with concern the absence of key WHO frameworks such as the Global Action Plan on Physical Activity and the Acceleration Plan to STOP Obesity, which provide critical guidance for addressing major NCD risk factors. We recommend Member States to include reference to these key documents, to align with global guidance on some of the most critical CVD and NCDs risk factors.
- We welcome the reference to WHO guidance on health taxes and the inclusion of a target for increasing excise taxes on tobacco, alcohol and sugar-sweetened beverages. However, to ensure meaningful impact on consumption and health outcomes, we strongly recommend setting a clear benchmark of at least 50% taxation of the retail price for these products, in line with WHO recommendations.

- We welcome the focus on scaling up cardiovascular disease prevention and treatment, particularly the emphasis on early screening, effective treatment, and addressing gaps in care for women. To strengthen implementation, we recommend explicitly referencing the WHO HEARTS Technical Package, with particular attention to task-shifting and task-sharing models, as well as the use of simple, standardized treatment protocols for hypertension, all of which have proven effective in improving outcomes in low-resource settings.
- We urge Member States to remove – or not revert to – the term “harmful use of alcohol”, as it represents a reversal of progress from more evidence-based language. We would recommend adopting the term “harm due to alcohol consumption”, which aligns with the terminology adopted by Member States in the European region through the *European Framework for Action on Alcohol (2022-2025)*.

Mobilize and increase sustainable financing

Positive elements:

- We support the call to strengthen strategic purchasing arrangements, including pooled procurement and efforts to increase price transparency. These measures are essential to improving the affordability and availability of cost-effective interventions for NCDs, including essential medicines and technologies for CVD.

Further recommendations:

- We welcome the emphasis on increasing domestic resources for NCD prevention and control. However, to ensure meaningful impact, we recommend setting clear targets, including taxing health-harming products such as tobacco, alcohol and sugar-sweetened beverages at a rate of at least 50% of the retail price. In addition, we urge Member States to establish specific targets for budget allocation to CVD and other NCDs, reflecting their growing burden and ensuring sustained investment in prevention, treatment and care.

Strengthen governance

- We strongly support the call for the development and implementation of multisectoral national and subnational plans for NCDs and mental health. In parallel, we encourage countries to develop dedicated, costed national Cardiovascular Health Action Plans that are aligned with broader NCD strategies. Despite CVD being the world’s leading cause of death, only 16 out of 193 countries currently have a standalone Cardiovascular Health Action Plans. Greater political commitment is urgently needed to close this gap and drive targeted action.

Strengthen data and surveillance to monitor progress and hold ourselves accountable

- We recommend alignment with the WHO NCD Global Monitoring Framework and ensure that countries report on hypertension control, CVD mortality and treatment coverage as part of SDG 3.4 reporting.