



**TO:** Ambassadors Inga Rhonda King and Olivier Maes, Co-facilitators of the High-Level Meeting on the Prevention and Control of Noncommunicable Diseases

August 20, 2025

**AND TO:** Secretary General António Guterres

**AND TO:** Deputy Secretary-General Amina Jane Mohammed

**AND TO:** Ambassador Philémon and President of the General Assembly Yunji Yang

**AND TO:** Ambassador and incoming President of the General Assembly Annalena Baerbock

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**Re: Comments on draft Rev.3 of Political Declaration of the High-Level Meeting on the Prevention and Control of Noncommunicable Diseases**

Excellencies:

As you can see from our comments on Rev.3 of the draft Political Declaration on the Prevention and Control of Noncommunicable Disease (NCDs), a copy was leaked to a news media outlet last week. We are certainly not alone among NGOs and experts in expressing concerns about the lack of transparency during the negotiating process.

However, our serious concerns about transparency pale in comparison to our distress about the poor progress in achieving targets set out in previous agreements; importantly, total NCD deaths have actually risen faster than population growth--not fallen--and the reduction of NCD-related deaths under age 70 is barely noticeable. Passive suggestions for course corrections and voluntary measures in draft Rev.3 do not convey the imperative for governments to take decisive regulatory actions to oblige, inform, and incentivize transformative shifts from producing and consuming harmful products to healthy ones.

With only five weeks remaining until the September 25<sup>th</sup> High-Level Meeting in New York, please use your good offices to help ensure that negotiations are more transparent and that the primacy of human rights and effective accountability measures figure prominently in the final document.

The consequences of failing to prevent non-communicable diseases are grave for populations, governments, workers, families, and economies.

Respectfully submitted,

Bill Jeffery, BA, LLB of the Ontario Canada Bar

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**Leaked UN draft health accord reveals world leaders  
weekly call for conflict-of-interest safeguards and regulatory controls of disease-causing industries,  
and fail to admit pitiable progress preventing disease in 14 years since their first meeting in 2011.**

**National Capital Region, Canada (August 20, 2025)**—Bill Jeffery, Executive Director and General Legal Counsel of the Centre for Health Science and Law (CHSL), made the following statement on the draft declaration for a global conference of heads of state and government on September 25, 2025 at the UN Headquarters in New York:

1. **Secret negotiations are unbefitting a global health accord.** Since a ["Zero Draft" was posted online in May](#) by the WHO, UN member states have secretly negotiated a global Political Declaration to describe their commitments to reduce the burden of largely preventable cardiovascular disease, cancer, diabetes, and chronic respiratory disease (noncommunicable diseases or NCDs) attributed to tobacco, unhealthy diets, alcohol, pollution (toxic chemicals & burning fossil fuels), and physical inactivity. Last week, the [3<sup>rd</sup> revised text](#) was leaked to investigative health newsroom [The Examination](#), then posted on [CHSL's website](#).
2. **NCD deaths are rising.** The first Political Declaration on NCDs in 2011 estimated that there were [36 million NCD-related deaths](#) of the 57 million total global deaths. The 2025 draft estimates that the number of NCD-related deaths has actually [risen to 43 million](#) of 57 million non-COVID deaths in 2021. (The global population has grown 18% in the interim and the NCD deaths has risen 19%.) The draft Declaration does not concede the failure to achieve meaningful progress in the past 14 years. Unsurprisingly, by 2023, only [40% of member states](#) even had national NCD reduction targets and action plans.
3. **The decline in the rate of premature NCD-related deaths is puny.** No quantitative reduction targets were set in previous High-Level Meetings in 2011 or 2014. In the 2018 Declaration and the 2025 Draft, member states doubled-down the 2015 [Sustainable Development Goal target 3.4](#) that they set to reduce premature NCD-related deaths by one-third by 2030. WHO analysis indicates that the risk of [dying prematurely \(under age 70\) from NCDs declined slightly from 18.4% in 2015 to 17.8% in 2021](#). This slight drop in 14 years reflects a squandered opportunity to protect health, human rights, and economic benefits. Poor health is a terrible obstacle to human and economic development for populations that can metaphorically imprison families in poverty that often aggravate mental health, addiction, and, by extension, literally cause deprivation-driven crime. Failures to make meaningful progress in 2015-2021 do not bode well for a six-fold faster reduction rate in 2021-2030 with only five years left.
4. **Achieving reduction targets requires regulation and a much faster reduction pace.** Despite reasonably ambitious commitments, governments haven't made a dent in the half-billion deaths due to cancer, cardiovascular disease, diabetes and respiratory disease in the past 14 years. The weak progress to date foretells that few meaningful improvements can be touted by world leaders in New York in September. Trivial improvements or interesting pilot projects should not be celebrated without remorse for the failures.
5. **The Declaration places weak emphasis on prevention.** The current draft is heavily focussed on access to medicine and treatment—the subject of a separate high-level meeting in 2019 and again recently in the pandemic treaty negotiations—leaving numerous references to prevention as vague platitudes, generally in lists of considerations that include treatment. More specific targets for reform seem to emphasize medical interventions, not restrictions on the advertising and promotion of harmful products. Disease prevention is essential to avoid harm altogether before governments, communities, and families pay the human and financial price of illness and premature death caused by commercial practices. Continuing to knowingly allow some industries to cause harm and forcing governments and families to bankroll expensive repairs for the damage while claiming to aspire to reforms is not truthful, sustainable, or fair. It is gallows' humour.
6. **Calls for smarter regulation of disease-promoting industry practices are equivocal.** The draft does not exhibit the wisdom and fortitude to implement risk-reducing regulations. Paragraphs 44 (c-g) and 68 only "encourage...legislation and regulation, policies and actions." To accelerate progress, the declaration should urge regulatory reforms and enforcement.

7. **Calls for conflict-of-interest safeguards have been added, but seem equivocal.** *Calls for institutional conflict-of-interest safeguards were completely absent from the May WHO 2025 draft and [confined to only tobacco companies in 2011](#). To negotiators' credit, the current draft recognizes the importance of conflict-of-interest safeguards (at paragraphs 65 & 81)—building on calls in 2014 and 2018—but seems undermined by contrary concessions to industry. For instance, member states appear willing to accept voluntary intellectual property licensing and technology transfers by manufacturers of life-saving drugs; tight-fisted measures by Big Pharma during COVID-19 impaired access to vaccines in low- and middle-income countries, some of which have the technical capacity for manufacturing medicines at affordable prices. Weak conflict-of-interest safeguards are contrary to monitoring expectations for the [UN Ethics Office](#). Calls for such safeguards do not acknowledge the anti-health-regulation political power wielded by many massive food, alcohol, tobacco, toxic chemical, and pharmaceutical companies whose sales revenues exceed the entire economic outputs of most member states. As the [Secretary-General's report](#) urged: "Addressing the social, commercial, environmental and economic determinants of health is critical."*
8. **Promises of international health finance support are vague and, so far, much less enthusiastic than for military spending.** *Sections 64-69 make unspecified commitments to financial assistance for public health, but fall far short of the financial support that has recently seemed forthcoming for international military spending (NATO commitments of 2% to 5% of GDP) which are seven-fold higher than for all official development assistance combined (0.37% of OECD GDP short of the 0.7% commitment). The draft accord politely proposes increasing taxes on tobacco and alcohol; it ignores shifting taxes from nutritious foods to harmful foods (and accepting WHO definitions of the difference) or mandating that product labels warn consumers of the relative risks of products.*
9. **The promise of holding themselves to account rings hollow.** *The draft commitment does not indicate that the time for vague statements and voluntary suggestions to industry has long passed. Failure to agree on stronger measures fuels concerns that the aspirations laid out in the political declaration are merely scripts for political theatre. Likewise, sections 35 and 44(e) recognize the need to protect breastfeeding, but do not concede that not a single member state has fully implemented the WHO International Code of Marketing of Breast-milk Substitutes and most have woefully weak maternity leave and workplace protections for pregnant and nursing mothers, which could help substantially reduce deaths of infants and young children due to sub-optimal breastfeeding that were estimated to be [823,000 deaths in 2016](#) (though [per capita sales of infant formula have been steadily rising](#)) and risks of NCDs among women later in life. Important recognition of the need to respect the rights of marginalized groups, including Indigenous Peoples, women, elderly, and people with disabilities are repeatedly weakened by indecisive qualifiers such as "consider" and "as appropriate" that imbue the agreement with a discretionary character that is incompatible with a rights-based approach.*

*So far, [285 NGOs and experts worldwide endorsed a statement](#) calling on member states to:*

- A. *clearly establish the primacy of human rights of natural persons (over commercial rights of companies);*
- B. *adopt a UN Code of Conduct to ensure, among other things, that negotiations like this are transparent to NGOs and the news media;*
- C. *mandate product warning labels to inform consumers of risks to health and the environment, especially, where applicable, tobacco, poor diet, alcohol, and pollution that cause nearly half of all deaths worldwide and financial harm equivalent in value to nearly half of the global commercial economy. (Section 46 calls for "health literacy" education are vague, too expensive for governments to effectively scale, and leave health-harming industries without accountability for harms born by governments and families.);*
- D. *restore the commitment for high-income countries to dedicate at least 0.7% of gross national income to official development assistance (with the same enthusiasm that NATO embraces seven-fold higher commitments to military spending); and*
- E. *fund for civil society organizations to effectively hold governments to account.*

**About the Centre for Health Science and Law:** CHSL is a national health advocacy organization focussed on food issues. CHSL is accredited by the UN Economic and Social Council. Since 1997, Bill has advocated law and policy reform to protect public health nutrition in Canada and internationally. He participated in NGO consultations and UN High-Level Meetings on NCDs in new York in [2011](#), [2014](#), [2018](#), and [2025](#). He can be reached at [BillJeffery@HealthScienceAndLaw.ca](mailto:BillJeffery@HealthScienceAndLaw.ca) or mobile/WhatsApp 1-613-565-2140.