

THE KUALA LUMPUR DECLARATION ON NON-COMMUNICABLE DISEASES AND MENTAL HEALTH

Advancing regional action in ASEAN and WHO South-East Asia Region (SEAR):
towards the 2025 UN High-Level meeting on NCDs and beyond

We, representatives of civil society from the ASEAN and WHO South-East Asia Region (SEAR), convened in Kuala Lumpur ahead of the Fourth United Nations High-Level Meeting on non-communicable diseases and mental health (NCDs) to reaffirm our commitment to addressing the rising burden of NCDs in our regions.

We align with the *Call to Lead on NCDs*.

Together, the ASEAN and WHO South-East Asia Region (SEAR) encompass over two billion people — approximately one-quarter of the world's population. This vast demographic is facing a significant health challenge, particularly in relation to NCDs: in SEAR, NCDs account for nearly two-thirds of all deaths. Similarly, in Southeast Asia, NCDs are responsible for 76% of all deaths. The burden is compounded by weak service delivery systems, inadequate financing, and commercial drivers of ill health. These are barriers for achieving Sustainable Development Goals (SDGs). While some countries have demonstrated leadership in tobacco control, Universal Health Coverage (UHC) reforms, and SDGs, implementation gaps persist. There is an urgent need to lead and act.

We jointly commit to advocate for the following actions as identified by the global NCD Alliance across five priority areas:

1. Accelerate implementation

- Address the social, environmental, economic, and commercial determinants that influence NCD prevalence and outcomes by adopting a whole-of-government approach. All sectors must ensure that public policies advance health equity and protect population well-being
- Promote equitable access to essential NCD medicines and health products by integrating NCD services into UHC benefit packages. This should be guided by evidence-based clinical practice guidelines, updated national essential medicines and diagnostics lists, and rational procurement aligned with national disease burdens
- Ensure the affordability of NCD-related health products to reduce out-of-pocket payments and strengthen UHC. This requires the development of national pricing policies, consistent with the WHO guidelines on country pharmaceutical pricing policies

2. Break down silos

- Integrate high-quality NCD prevention and care into primary health care and UHC health benefit packages to ensure continuity of care and universal access
- Implement fiscal and regulatory measures to address the commercial determinants of health by targeting key risk factors such as tobacco use, physical inactivity, alcohol use, unhealthy diets, and air pollution. This should include actions like restricting the marketing of health-harming products and industry interference

2. Break down silos (continued)

- Strengthen food systems so they promote health, improve nutrition, and reduce NCDs. This requires a coordinated package of policies across sectors—including health, agriculture, trade, consumer affairs, and finance—to simultaneously improve food security and reduce malnutrition in all its forms

3. Mobilise investment

- Increase and optimise domestic budgetary allocations and realisation of UHC even amid global economic uncertainties; ensuring nations continue prioritising public health needs, national disease burdens, cost-effectiveness of interventions and the return-on-investment (ROI) of these interventions
- Implement fiscal measures for health — including excise taxes on harmful products such as tobacco, alcohol, and unhealthy foods; and phased removal of subsidies for health-damaging commodities such as fossil fuels. Additional revenue generated from such measures should be used as a mechanism of innovative, sustainable financing for NCD prevention and health system strengthening

4. Deliver accountability

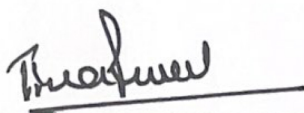

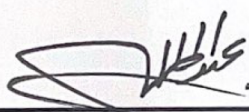
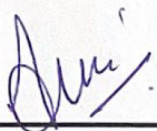

- Strengthen national NCD surveillance and monitoring systems to collect high-quality, population-based data on incidence, prevalence, morbidity, and mortality. These systems should track progress against national NCD and risk factor targets and disaggregate data by age, gender, income, and other equity-relevant dimensions, using and expanding existing infrastructure and registries
- Increase transparency and accountability in NCD financing by institutionalising regular collection and reporting of financing data across integrated health systems and multi-sectoral government action

5. Engage communities

- Institutionalise the meaningful engagement of people living with NCDs, civil society, and communities in the design, implementation, and monitoring of NCD policies and programmes. This should be guided by the **WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health and Neurological Conditions**, and embedded in national governance structures to enhance accountability and inclusion
- Ensure structural, technical, and financial support for community-led and civil society-driven initiatives that strengthen the NCD response. This includes empowering people living with NCDs to co-lead efforts at local, national, and regional levels

We call on ASEAN and SEAR governments, global and regional bodies, and all partners to endorse and advance this agenda through joint action at the 2025 UNHLM on NCDs and beyond. The time to lead and act is now — for health, for equity, and for the future of our regions.

Signed
22 April 2025
Signatories


Myanmar NCD Alliance
SEAR NCD Alliance
NCD Malaysia
HRIDAY - Healthy India Alliance
Healthy Philippines Alliance
Health Action Coordinating
Committee/
Cambodia NCD Alliance
NCD Indonesia – National
Commission on Tobacco Control
Maldives NCD Alliance
Art for Cancer by Ireal and Thailand
Breast Cancer Community (TBCC)
Nepal NCD Alliance
The NCD Alliance Association of Thailand
Bangladesh Non-communicable
Diseases Forum (BNCDF)
Alzheimer's Disease International