Political Declaration at a glance

This table provides a quick reference to paragraphs that support key cancer control activities. [Link to the original document](#).

<table>
<thead>
<tr>
<th>Planning &amp; data</th>
<th>Prevention &amp; health promotion</th>
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<tbody>
<tr>
<td>25. Implement evidence-based interventions to meet health needs throughout the life course, including prevention, diagnosis, treatment and care</td>
<td>26. Comprehensively address the social, economic, environmental and other determinants of health</td>
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<td>31. Strengthen public health surveillance and data systems, vaccination and immunisation capacities</td>
<td>27. Prioritise health promotion and disease prevention including through health policies, education, and communication to support health decisions and health-seeking behaviour</td>
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<td>54. Establish participatory and transparent multi-stakeholder platforms and partnerships to provide input into the development, implementation and evaluation of health and social policies, while addressing conflicts of interest and undue influence</td>
<td>28. Engage in multi-sectoral action to promote active and healthy lifestyles, including actions to address malnutrition in all its forms and develop public regulation measures</td>
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<td>57. Strengthen legislative and regulatory frameworks and promote policy coherence</td>
<td>31. Improve routine immunisation and vaccination capacities, including information to counter vaccine hesitancy</td>
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<td>65. Strengthen capacity on health intervention and technology assessments, data collection and analysis to support evidence-based decisions</td>
<td>38. Scale up efforts to promote healthier and safer workplaces</td>
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<td>67. Strengthen health information systems to collect quality data disaggregated by income, sex, age, race, ethnicity, geographic location and other characteristics to monitor progress</td>
<td>44. Promote and implement policy, legislative and regulatory measures to minimise the impact of NCD risk factors, noting the effectiveness of price and tax measures on reducing consumption and health impacts</td>
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<td>79. Set measurable national targets and strengthen national monitoring and evaluation platforms</td>
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### Building the health workforce

60. Take immediate steps to address the global 18 million shortfall in health workers in accordance with the Global Strategy on Human Resources for Health

61. Develop evidence-based training sensitive to the specific needs of women, children and persons with disabilities and promote life-long learning agenda and expand community-based health education and training

62. Scale up efforts to promote the recruitment and retention of competent, skilled and motivated health workers and encourage their equitable distribution, in line with the WHO Global Code of Practice on international Recruitment of Health Personnel

63. Provide better opportunities and working environment for women to ensure their role and leadership in the health sector

### Access to treatment & palliative care

30. Promote health and active ageing and respond to the need for palliative care

35. Strengthen trauma and emergency-care systems, including essential surgery as an essential part of integrated health-care delivery

36. Promote and improve mental health as an essential component of UHC, scale up integrated services, including psychosocial support, promoting wellbeing and addressing social determinants

46. Expand primary health care as a cornerstone of the health system, while strengthening effective referral system between primary and other levels of care

49. Promote the equitable distribution and access to quality, safe, effective, affordable and essential medicines (including generics), vaccines, diagnostics and health technologies

50. Increase the transparency of the prices of medicines, vaccines, medical devices, diagnostics and other products across the value chain through improved regulations, stronger partnerships with stakeholders, and encourage WHO to continue the Fair Pricing Forum

51. Promote increased access, and reaffirming the TRIPS agreement and Doha Declaration

52. Explore and encourage innovative incentives and financing mechanisms for health research and development to deliver appropriate incentives for the development of new health products

53. Recognise the role played by the private sector in research and development and encourage the use of alternative financing mechanisms and continue to support voluntary incentives that separate the research and development costs from price and volume of sales

76. Increase cooperation at the national, regional and global level to address the issue of antimicrobial resistance.
### Time-bound commitments

24A. Progressively cover 1 billion additional people with UHC by 2023, with a view to covering everyone by 2030

24B. Provide measures to assure financial risk protection and eliminate impoverishment due to health spending by 2030, with special emphasis on the poor and vulnerable

82. UN Secretary General to provide a progress report on UHC to the General Assembly in 2020

83. Convene a second HLM on UHC in 2023

### Investments

39. Pursue efficient health financing policies to reduce out-of-pocket expenditures and ensure financial risk protection through better allocation and use of resources

40. Scale up efforts for national appropriate spending targets, in line with the Addis Ababa Action Agenda and transition towards financing through domestic public resources

41. Ensure sufficient domestic public spending, expanding pooled resources and noting the role of the private sector as appropriate

43. Optimise budgetary allocations for health, broaden this fiscal space and prioritise health in public spending, noting WHO’s recommended target of an addition investment 1% GDP or more