

## Political Declaration at a glance

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

### Planning & data

- 25. Implement evidence-based interventions to meet health needs throughout the life course, including prevention, diagnosis, treatment and care
- 31. Strengthen public health surveillance and data systems, vaccination and immunisation capacities
- 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
- 57. Strengthen legislative and regulatory frameworks and promote policy coherence
- 65. Strengthen capacity on health intervention and technology assessments, data collection and analysis to support evidence-based decisions
- 67. Strengthen health information systems to collect quality data disaggregated by income, sex, age, race, ethnicity, geographic location and other characteristics to monitor progress
- 79. Set measurable national targets and strengthen national monitoring and evaluation platforms

### Prevention & health promotion

- 26. Comprehensively address the social, economic, environmental and other determinants of health
- 27. Prioritise health promotion and disease prevention including through health policies, education, and communication to support health decisions and health-seeking behaviour
- 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
- 31. Improve routine immunisation and vaccination capacities, including information to counter vaccine hesitancy
- 38. Scale up efforts to promote healthier and safer workplaces
- 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

## 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 e 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