1. Gathered in the city of Chandigarh on the occasion of the World NCD Congress, November 6, 2017, we the participants consider 'health promotion' and 'disease prevention' as a social movement. Further we:

1.1. *Note* with great concern that non-communicable diseases (NCDs), principally cardiovascular diseases, cancers, stroke, diabetes and chronic respiratory diseases have overtaken communicable diseases and become the leading cause of death and disability worldwide especially in developing nations and is subsequently, affecting the productivity, economics and overall development of majority of countries globally; and NCDs are preventable in nature;

1.2. *Recognise* that mental, behavioural and substance abuse disorders are important contributors to the burden of NCDs;

1.3. *Recognise* that injuries and disabilities also add significantly to the disease burden, alongside NCDs;
1.4. **Recognise** that other conditions such as chronic kidney disease, neurological disorders including stroke, epilepsy, autism and dementia, musculoskeletal disorders including osteoarthritis, geriatric disorders, nutritional disorders, oral and dental diseases, physical disabilities including blindness and deafness, diseases among elderly, occupational and environmental diseases including pollution (e.g., water, air) and all other chronic health conditions also contribute significantly to the growing burden of NCDs;

1.5. **Express** concern that the rising burden of NCDs is putting a strain on the already compromised healthcare systems in developing countries and the overall cost of diagnosis and management of NCDs are impoverishing individuals, communities and nations;

1.6. **Recognise** that the burden of NCDs is projected to escalate in the future due to changing lifestyle, population ageing, trade and intensive marketing of unhealthy foods and beverages, poor hygienic conditions and changing dietary patterns of the global population with increasing energy intake and reducing physical activity as a result of rapid and unplanned urbanization in the developing countries;

1.7. **Emphasise** that NCDs affect more vulnerable and economically poorer segments of society thus affecting them more adversely;

1.8. **Realise** that in addition to the huge disease burden, NCDs and their risk factors have serious socioeconomic and environmental consequences
e.g. exacerbating poverty and adversely affecting the national economy;

1.9. **Understand** that the major NCDs are linked to common risk factors, namely tobacco use in all forms, unhealthy diet especially high consumption of fats, salt and sugar, physical inactivity, obesity, harmful use of alcohol and stress; and being aware that these factors have economic, social, political and environmental determinants, understand further that they require a multi-pronged and multi-sectoral response;

1.10. **Realise** the need to promote awareness regarding NCDs and their risk factors (including their non-health determinants) at the population level, policy making and planning level;

1.11. **Understand** the importance of addressing NCD risk factors and providing universal access to appropriate interventions at all levels of the health care delivery system;

1.12. **Acknowledge** that recognition of roles of multiple stakeholders/partners including the Government, civil society, academia, pharma sector, researchers, professional associations/organizations, sectors outside health and the private sector (excluding tobacco interests) are vital for prevention and control of NCDs;

1.13. **Note** with concern that millions of people affected by NCDs suffering from severe pain, other debilitating symptoms and complications can be effectively treated by providing essential medicines, palliative care and rehabilitation as a continuum of care;
1.14. *Note* that Yoga practice is an essential part of mental health program and lifestyle intervention in all NCDs;