

## Red alert: Key takeaways from the UNSG report on NCDs

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**A new report from UN Secretary General confirms that the world is massively off track in the prevention and control of noncommunicable diseases, the leading cause of death and disability worldwide, and calls for urgent action on financing and other key policy interventions. Read an analysis of the report by Alison Cox, NCD Alliance Policy and Advocacy Director.**

Only 19 states and territories, out of 194, are on track to meet SDG target 3.4 to reduce NCD mortality by 30% by 2030, shows the [UN Secretary General report](#) [1] on the progress on the prevention and control of noncommunicable diseases (NCDs) and the promotion of mental health and well-being, now publicly available.

This report is the key document informing the upcoming fourth High-Level Meeting of the UN General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being (HLM4), to be held on 25 September in New York. It was prepared by the WHO Director-General and makes concrete recommendations for Member States during the negotiations on the 2025 Political Declaration for the HLM (see Chapter VI).

### Progress has slowed since 2015

The report reaffirms that NCDs, including mental health conditions, are responsible for the majority of global deaths, morbidity and disability, and acknowledges that including NCDs in the 2030 SDG agenda was a key step towards galvanizing global action. However, progress remains insufficient, and in fact has slowed since 2015.

Lack of progress on the targets means millions of premature deaths will not be prevented. Without urgent, concerted action, the long-term trajectory of these diseases and conditions will have profound socioeconomic impacts for individuals, households and societies. The report details how NCDs hinder economic growth by weakening human capital and reducing workforce participation. The NCD burden on health systems consumes limited public and private resources, treating conditions that could have been prevented or addressed with fewer complications through early detection and management, contributing to inequities and impoverishment.

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After a chapter documenting insufficient progress towards the internationally agreed NCD targets (Chapter II) and another on WHO activities to support accelerated implementation (Chapter III), the report provides information on national efforts to prevent and control NCDs and promote mental health and well-being (Chapter IV) and strengthening international cooperation (Chapter V).

The report also includes an appendix linking to [individual country data](#) [2] on the NCD progress indicators, which have been updated with several changes, following the 2023 update of the WHO NCD “best buys”. The complete 2025 Progress Monitor is expected to be released in the coming weeks.

### A policy win with an implementation deficit

Overall, the content of the report reflects views of the NCD response as a policy win with an implementation deficit. The recommendations in the report urge action to enhance governance, increase sustainable financing, create health-promoting environments, invest in primary healthcare and health system resilience, and strengthen data and surveillance.

We welcome the alignment of these recommendations with NCD Alliance's advocacy priorities for the [HLM4](#) [3]: engage communities, mobilise investment, break down siloes, accelerate implementation, and deliver accountability. On the first of these, the report includes supportive language on meaningful engagement of people with lived experience of NCDs including mental health conditions, young people, and local communities, and mentions the Convention on the Rights of Persons with Disabilities.

### A more inclusive approach still needed

The report is framed within the SDG target 3.4 to reduce NCDs deaths and promote mental health and well-being. In line with the widened scope of the HLM3 in 2018 to include air pollution and mental health and neurological conditions, progress in mental health policies and programmes has been reported on, and air pollution is noted as a major contributor to NCDs.

However, NCDA is concerned that the report excludes a number of NCDs and conditions, including neurological conditions:

**“3. In the present report, non-communicable diseases include cardiovascular diseases (such as heart disease and stroke), cancer, diabetes and chronic respiratory diseases, together with their risk factors and complications. WHO recognizes that many other non-communicable conditions – such as neurological disorders (including dementia), musculoskeletal conditions, substance use disorders, and eye, ear and oral diseases – also require coordinated action by Member States. These conditions are not addressed in the present report, as they are covered in specific World Health Assembly resolutions and other United Nations mandates, each with its own reporting requirements.”**

### Fossil fuels absent

The report makes clear that most NCD deaths and disabilities are preventable and that addressing social, commercial, environmental and economic determinates of health with cross-sectoral and coherent policies would reduce the impact.

We appreciate the links the report makes on the inter-connectedness of NCDs with climate change, humanitarian settings, migration, and other health emergencies (e.g. the COVID-19 pandemic), and the impact and vulnerability of people with chronic conditions to disrupted provision of essential healthcare services.

However, the report does not recognise fossil fuels as the major health-harming product associated with air pollution. Therefore, it does not include recommendations to implement policies to reduce fossil fuel use, including fiscal policy

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reforms, as part of a comprehensive NCD prevention strategy. Globally, over US\$7 trillion is spent annually on fossil fuel subsidies, which could be diverted to health.

## **Multisectorial and multistakeholder action on commercial determinants of health**

We welcome the emphasis on whole-of-government and whole-of-society mechanisms to scale up and sustain coordinated, prioritised and coherent multisectorial and multistakeholder action, and the recommendation to tackle the commercial determinants and underlying economic incentives driving NCDs.

The report puts emphasis on the need to address broader economic and commercial factors to prioritise human and environmental health, acknowledging systemic challenges and making explicit reference to the need to regulate harmful commercial practices that lead to preventable disease burdens.

While the report acknowledges the importance of safeguarding, preventing and mitigating conflicts of interest, it does not explicitly recognise that the undue influence of health-harming industry actors in policy development and implementation remains a major barrier to NCD action. This is a missed opportunity to reference existing WHO guidance on engagement with industry, such as the [WHO's practical tool](#) [4] supporting Member States in reaching informed decision-making on engaging with private sector entities for the prevention and control of NCDs.

Furthermore, the report continues to use the term "harmful use of alcohol" despite evidence showing that there is no level of alcohol consumption that is completely safe. We therefore encourage Member States in the lead up to the HLM4 to push for a terminology around 'alcohol harm' rather than 'harmful use' to build on the latest evidence.

## **The care gap not fully addressed**

We welcome the emphasis on primary healthcare, early diagnosis and treatment, and access to affordable medicines and technologies; reducing out-of-pocket expenditure through financial protection; and enhancing NCD integration into emergency and humanitarian preparedness and response, including pandemics.

However, we express concerns on the lack of mention of price and pricing policies as key factors for affordability, and the lack of reporting on availability and affordability of quality, safe and efficacious essential NCD medicines and basic technologies in both public and private facilities. In addition, more explicit links to the outcomes of the two HLMs on Universal Health Coverage (UHC) held since 2018 are needed, along with emphasis of UHC as a means of financial protection.

## **NCD financing and 'the triple-win'**

The recent upheaval in global health financing following the US administration decisions on foreign aid and WHO membership provides a new context for consideration of the outcomes of the WHO/World Bank International dialogue on sustainable financing for NCDs and mental health in 2024. These shifts in the global health financing landscape have emphasised the importance of domestic resource mobilisation for health, and we welcome this focus in the report, along with the emphasis of the "triple-win" of fiscal policies, financial protection policies, and alignment of economic and commercial policies with human and planetary health.

Additionally, we welcome the promotion of integration of NCDs and mental health in national development plans and within existing global health initiatives, multilateral funding platforms, and humanitarian preparedness and response plans, as recently affirmed within the Lusaka Agenda. This signals a concrete commitment to shifting the future of global health based on the principles of the Addis Ababa Action Agenda.

The HLM4 is the moment to push for real progress on financing, a subject that has lacked measurable commitments and targets in the three previous Political Declarations and remains the Achilles' heel of the NCD agenda.

We urge Member States to make bold and progressive commitments that build upon the recommendations within the Secretary-General's report, which should include a global investment target for NCDs, and specific commitments to

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strengthening social and financial protection schemes through the integration of NCD medicines in UHC benefits packages, facilitated through the implementation of the Best Buys and other recommended interventions.

### Next steps for advocates

We look forward to the upcoming multi-stakeholder meeting in New York (planned for early May) and contributing to the discussion on the content of the zero-draft Political Declaration.

In the coming weeks and months, we encourage NCDA members to:

- Read the [UN Secretary General's report](#) [1] and develop topic-specific and/or country and/or region-specific key messages;
- Reach out to government representatives in capitals, New York, and Geneva urging them to act on NCDs and engage in the HLM4 process and negotiations;
- Advocate for inclusion of key priorities in the HLM4 Political Declaration;
- Endorse [The Call to Lead on NCDs](#) [5] and share the call to action with your networks.

### Resources for advocacy:

- [NCD Alliance Advocacy Priorities: Fourth High-Level Meeting of the UN General Assembly on the prevention and control of NCDs in 2025](#) [3]
- [Pocket Guide on Mobilising for Action: Opportunities for civil society advocacy at the 2025 United Nations High-Level Meeting on NCDs](#) [6]
- [Pocket Guide on Building Strategic Relationships with UN and Government Representatives to Advance NCD Advocacy](#) [7]
- [Call to Lead - Spark the Movement booklet](#) [8]

### About the author:

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[1] <https://digitallibrary.un.org/record/4076846?ln=en&v=pdf>

[2] <https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/pm2024-profiles.pdf>

[3] <https://ncdalliance.org/resources/ncd-alliance-advocacy-priorities-4th-high-level-meeting-of-the-un-general-assembly-on-the-prevention-and-control-of-ncds-in-2025>

[4] <https://www.who.int/publications/i/item/9789240094840>

[5] <https://actonncds.org/take-action/call-to-lead-on-ncds>

[6] <https://ncdalliance.org/resources/mobilising-for-action-opportunities-for-civil-society-advocacy-at-the-2025-united-nations-high-level-meeting-on-ncds>

[7] <https://ncdalliance.org/resources/building-strategic-relationships-with-un-and-government-representatives-to-advance-ncd-advocacy>

[8] <https://actonncds.org/resources/2025/call-lead-spark-movement>

[9] <https://twitter.com/AlisonDDCox>

[10] <https://ncdalliance.org/es/taxonomy/term/1651>

[11] <https://ncdalliance.org/es/taxonomy/term/52>

[12] <https://ncdalliance.org/es/taxonomy/term/1655>