

# NCD Alliance Advocacy Priorities for the 4<sup>th</sup> High-level Meeting of the UN General Assembly on the prevention and control of NCDs in 2025

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## Summary

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The world has changed significantly in the years since the third UN High-Level Meeting on the Prevention and Control on Noncommunicable Diseases in 2018: the global shock of the COVID-19 pandemic and ensuing economic crisis, the increasing urgency of the climate crisis, and of geo-political threat from armed conflicts have all aggravated existing inequities and brought about a shift in global development priorities. Despite these changing priorities, noncommunicable diseases including mental health and neurological conditions (NCDs) have remained at the center of the toll taken on people's health and wellbeing by this polycrisis and NCDs alone represent an impending crisis for health systems everywhere. And yet, while there has been significant policy progress, and some strong leadership in some countries, implementation has lagged and we are off-track to meet the targets set for 2025 and 2030. The global burden of NCDs is unacceptable, inequitable and increasing.

This policy brief informs governments on key priorities for the 4<sup>th</sup> United Nations High-Level Meeting (UN HLM) on NCDs and Mental Health to **deliver on NCD goals and commitments, including for mental health and neurological conditions**. It lays out NCD Alliance's five advocacy priorities, building on the WHO Global NCD Compact 2020-2030, along with detailed content that must be included in the text of the Political Declaration of the HLM.

***We can create a fairer and healthier world by implementing evidence-based solutions for tackling NCDs. We need leadership to turn government commitments into reality now.***

### NCD Alliance priorities for the 4<sup>th</sup> UN HLM on NCDs Political Declaration

- **ACCELERATE IMPLEMENTATION:** Fast-track national implementation of evidence-based NCD policy recommendations to achieve progress on health and well-being for all, focusing first on those left furthest behind.
- **BREAK DOWN SILOES:** Bring NCDs to the centre of global health and development agendas to consolidate efforts and achieve more through integrated action.
- **MOBILISE INVESTMENT:** Provide sustainable financing for NCD across the full continuum of care that is sufficient to match the disease burden.
- **DELIVER ACCOUNTABILITY:** Track, measure and fulfil commitments on NCD prevention and care in the lead up to 2025, 2030 and beyond.
- **ENGAGE COMMUNITIES:** Put people at the heart of the NCD response, supporting civil society, communities and people living with NCDs to be advocates, engage with policy makers, and occupy key decision-making roles.

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# The global NCD burden – unacceptable, inequitable, and increasing

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In 2024, the world is off track to meet the global NCD targets that are set to expire in 2025. Since 2015, progress has stagnated and only six countries<sup>1</sup> out of 191 UN Member States appear able to achieve the NCD mortality target to reduce premature deaths by one third by 2030. Many promises made at the last HLM in 2018, to cover more people living with or at risk of NCDs with health services and medicines, and protect them from exposure to key risk factors, will go unmet.

These targets represent more than boxes which some countries can tick while most cannot. They represent an impending public health emergency, brought on by the sheer scale and prevalence of NCDs and their modifiable risk factors. The numbers of people living with NCDs worldwide are staggering: 1.3 billion people living with hypertension<sup>2</sup>, 537 million people living with diabetes<sup>3</sup>, 20 million new cases of cancer per year<sup>4</sup>, 800 million people living with obesity and a billion more at risk of developing overweight or obesity<sup>5</sup>, 970 million people living with a mental health condition<sup>6</sup>, and one in three people living with a neurological condition<sup>7</sup>, to name just a few. These numbers are likely to be just the tip of the iceberg due to low diagnosis rates in many countries. Half of adults living with diabetes are undiagnosed<sup>8</sup> and even in high-income countries only one in five people living with hypertension are under medical control, leaving one billion people untreated<sup>9</sup>. Many people who have died from NCDs in LMICs are never diagnosed nor included in NCD mortality data.

Governments were already far behind in meeting NCD target end dates in 2025 and 2030, and COVID-19 put the response even further off track, creating a seismic shock to health systems, resulting in millions of deaths of people with NCDs, a surge in mental distress and disorders, and a mass of missed diagnoses and treatment of NCDs which continue to drive further excess deaths. In addition, pre-existing social and income inequalities were exacerbated by the pandemic and continue to grow in its wake. As in other health crises, people living with NCDs were particularly vulnerable to severe outcomes and disproportionate mortality. The hard learned lessons of COVID must not be forgotten. If our aim is strong and resilient health systems that leave no one behind, NCD prevention and treatment must be at the centre.

Projected figures for NCD prevalence are even more cause for concern. Health systems struggling to handle the current NCD burden are unprepared for the in-coming tidal wave. The number of people living with diabetes is expected to more than double globally by 2050, to at least 1.3 billion<sup>10</sup>. Cancer too will double, with 35 million new cases per year foreseen by 2050.<sup>11</sup> Cardiovascular diseases accounts for 18 million deaths per year – this figure will reach 23 million by 2030.<sup>12</sup> Chronic kidney disease is increasing worldwide at a rate of 8% per year; by 2040, it is projected to be the fifth highest cause of death.<sup>13</sup> And the number of people living with dementia is projected to nearly double every 20 years, reaching 139 million people by 2050<sup>14</sup>.

Although there has been some progress in the NCD response, it has been patchy, and revealing of stark disparities. Globally since 2000, the chances of dying prematurely (between the ages of 30 and 70) from an NCD have gone down by 22%, but premature NCD mortality has increased in more than 20 mostly low- and middle-income countries<sup>15</sup>. An estimated 82% of premature deaths from NCDs occur in low- and lower-middle-income countries<sup>16</sup>, and the poor in all countries are the hardest hit. The NCD burden may be universal, but it shines a glaring light on deeply engrained inequities.

This health inequity manifests long before it is revealed in mortality data – poor countries and communities have less access across the whole care continuum, from NCD prevention and early diagnosis, to life saving treatment and palliative care. Only one in two people living with diabetes globally has access to the insulin they need; in sub-Saharan Africa, only one in seven people does<sup>17</sup>. 80% of the 40 million people needing palliative care live in LMICs, but only 6% of the world's opioids are consumed there. Haiti for instance receives just 1% of its pain relievers need, while the United States imports 31 times the amount it needs<sup>18</sup>. Inequity is also rife within countries – even within cities. In a poor suburb of Mumbai where NCD diagnosis and care is out of reach for many residents, people barely expect to make it to 40

years of age, compared to an average urban life expectancy in the State of Maharashtra of 74 years<sup>19</sup>. NCDs follow a social gradient – the lower a person's social and economic status, the higher chance they have of morbidity and premature mortality related to NCDs.

Exposure to risk factors follows a similar gradient, where lower income means higher exposure. Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation – lower incomes, unemployment, homelessness, and identifying as LGBTQI, to name a few. There is clear link between poverty and increased health and social harms from alcohol use. Rates of overweight and obesity are also increasing in LMICs, particularly in urban areas and among women, with many countries experiencing a double burden of undernutrition and overweight. The highest prevalence of obesity globally is in small island developing states (SIDS), where an NCD crisis is compounded by the disproportionate impact of the climate crisis<sup>20</sup>.

The social and economic determinants of health - the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems - shape the individual experience of health and are the drivers of inequity. For the poorest populations, hunger, polluted and toxic environments, infectious diseases, and a lack of healthcare are causing more severe and varied NCDs. People living with NCDs in conflict and humanitarian settings also face unique vulnerabilities, including disruptions to the delivery of healthcare, diagnostics and medicines. Geography too can create vast health inequities within a country, with some areas or populations being underserved by health facilities due to long travel times to access services. This can result in late diagnosis and lower access and adherence to treatment.

The bottom line: the human toll of NCDs is unacceptable, inequitable, and increasing. NCDs are at the center of any discussion on health equity – equity cannot be achieved without addressing NCDs, and NCDs cannot be prevented, and their impact reduced, without closing inequities and addressing the determinants of health. Leaders must commit to putting in place policies and allocating resources to reach those who are most marginalised and furthest behind first, to narrow the disparities between countries and communities in health outcomes and socioeconomic conditions.

## **Mental health and neurological conditions: tipping the scales of the NCD burden**

The Political Declaration of the 3rd UN HLM on NCDs in 2018 officially recognised mental health and neurological disorders as part of the NCD agenda. Data collection is still catching up to this new approach – many statistics do not yet include these conditions, which means that the burden of NCDs on households, communities and economies is far greater than available data presents.

- Mental health conditions like depression, bipolar disorder, anxiety, and substance abuse disorders – to name just a few – affect an estimated one in eight people<sup>21</sup>. However, this number could be much higher as there is a major gap in mental health data.
- The cost of mental health conditions (and related consequences) is projected to rise to \$6 trillion globally by 2030, from \$2.5 trillion in 2010<sup>22</sup>.
- There is a wide care gap for mental health, especially in LMICs. For instance, in sub-Saharan Africa, there is one psychiatrist per 1,000,000 people<sup>23</sup>.
- More than 3 billion people worldwide (more than one in three) are living with a neurological condition, which includes, but is not limited to, stroke, dementia, epilepsy, and autism spectrum disorders<sup>24</sup>.
- Neurological conditions pose a serious threat to our health systems due to their rapidly increasing prevalence. There were over 55 million people worldwide living with dementia in 2020. This number will almost double every 20 years<sup>25</sup>.
- There is vast inequity when it comes to care for mental health and neurological conditions. High-income countries have up to 70 times more neurologists per 100,000 people than low- and middle-income countries<sup>26</sup>.

As we work to tackle NCDs within countries and globally, this must include mental health and neurological conditions. The UN HLM on NCDs in 2025 presents a key opportunity to commit to this aim.

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## The current context - taking stock of global progress on NCDs

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Seven years will have passed between the third UN HLM on NCDs in 2018 and the fourth one scheduled in 2025, and we are at the end point of the current global NCD targets that were adopted in 2013 by the World Health Assembly. There is an urgent need at this next HLM for an honest and transparent review of progress and evaluation of the changing context.

- Why aren't countries on track to reduce premature mortality, reduce exposure to risk factors, and strengthen health systems, according to the primary metrics agreed by the international community?
- What are the positive trends in policy implementation at the national level, and what are the areas that are lagging behind and require particular attention?
- At the global policy level, what has changed in these last six to seven years that is of relevance for NCDs at the upcoming UN HLM – both in terms of opportunities and challenges?

The answers to these questions should guide the strong political commitments required and reset the agenda to set NCDs on the optimal track for 2030 and beyond.

### The evolution of the global NCD policy response

In the last seven years, the global NCD policy response has evolved in a number of ways due to emerging evidence and lessons learnt from implementation, which the HLM will need to reflect through its outcome document.

- There has been a gradual uptake of the “5x5” approach which was formally adopted by governments at the last UN HLM in 2018, with air pollution and mental health and neurological conditions encompassed within the NCD agenda.
- The number of cost-effective and globally applicable policies and interventions available to governments to support their NCD responses has increased, with the WHO NCD Best Buys expanding from 16 to 28 and an increased number of technical packages (e.g. HEARTS, SHAKE, REPLACE, PEN, PEN+, etc) and partner coalitions to guide/accelerate implementation.
- There is a plethora of new global action plans, initiatives and new targets set for specific risk factors and diseases such as cervical cancer, obesity, diabetes, hypertension and oral health which is inspiring action and political momentum.
- Whilst the level of funding in NCDs remains inadequate and poorly tracked, evidence on the investment case for NCDs has strengthened<sup>27</sup>, together with greater focus on fiscal policies<sup>28</sup> that provide a win-win of health benefits and increased revenue. As of September 2023, the WHO/UNDP Global Joint Programme on Catalyzing Action for NCDs<sup>29</sup> had supported the completion of 22 NCD investment cases and an additional 10 were ongoing, and a global pooled funding mechanism has been established in the Health4Life Multi-partner Trust Fund<sup>30</sup>.
- And since the last HLM on NCDs in 2018 where industry interference was recognized as one of the major barriers in the NCD response, the field of commercial determinants of health has matured and gained greater policy recognition as reflected, for example, in the Bridgetown Declaration from the 2023 SIDS Ministerial meeting on NCDs and Mental Health and is being developed in a [WHO programme of action](#).

All of these developments provide useful context for the deliberations of the fourth HLM in 2025.

## NCDs at the heart of the polycrisis

As the NCD policy response evolves, so does the broader global health and development landscape. The world today is facing what many refer to as a “polycrisis”, cascading and interconnected crises occurring all at once to the detriment of population and planetary health and sustainable development. NCDs are at the epicenter of this polycrisis. People living with NCDs are at increased risk during health and humanitarian emergencies, such as pandemics, geopolitical conflict or extreme weather events. Human and planetary health are threatened by shared risk factors, namely fossil fuels-driven air pollution and unsustainable food systems. Decades of progress made for Millenium Development Goals’ health priorities like maternal and child health, HIV and TB are under threat from the NCD epidemic. And health systems are on the brink of crisis to due rising prevalence of NCDs, including neurological conditions like dementia and Alzheimer’s disease.

The relevance and synergies of NCDs to these global priorities has become evident, and co-benefit policies capable of delivering win-win solutions have been identified. However, recognition of these synergies in policy processes is yet to catch up, and implementation of cross-cutting solutions lags even further behind. Despite progress made, we need more action towards integration.

- **COVID-19/PPPR** – With the disruption of essential NCD services and surging prevalence of mental health disorders resulting from the COVID response, NCDs were revealed as the weak link in health systems everywhere. The particular vulnerability of people living with NCDs to severe COVID-19 outcomes is well evidenced<sup>31</sup>, and with it the policy implication that preparedness and resilience against impact of future pandemics requires healthy, resilient populations and stronger health systems. This recognition is reflected to varying degrees in the [UN Secretary General’s Policy Brief on mental health and COVID-19](#), the WHO survey on NCDs/COVID and operational guidance to countries, as well as the Political Declaration on PPPR. On the other hand, this specific recognition is still lacking in the WHO Pandemic Treaty draft text.
- **Infectious diseases** – Global efforts to end AIDS and TB have been linked with investing in NCDs, given the links and co-morbidities with many NCDs, including cervical cancer, diabetes, hypertension, and mental health conditions, and the consensus around joint solutions such as integrated, people-centred services<sup>32</sup>. The adoption of the fourth “90” target for HIV/AIDS (healthy aging for people living with HIV) at the HLM in 2021 demonstrated recognition, as well as the new global strategies of UNAIDS, Global Fund and PEPFAR, which all embrace NCDs, through addressing co-morbidities and integrated services at a new level. Evidence is still pending of the resources following these measures, such as the outcomes of the latest round of Global Fund grants.
- **Humanitarian settings** – As the intensity of wars, conflicts and protracted and interconnected humanitarian emergencies worldwide continues to increase, so has the recognition of the relevance of NCDs to these contexts and the need to integrate NCDs within emergency preparedness and humanitarian responses. This has materialized with the WHO NCD kit for emergency settings made available in 2017, and the 2024 high-level technical meeting on NCDs in humanitarian settings. However, these responses fall short of global needs. In 2023, 299 million people needed humanitarian assistance and protection - around 3% of the entire global population<sup>33</sup>. With at least 20% of the global population living with NCDs, and access to NCD care needs to be protected and ensured in humanitarian settings, in line with principles of UHC and leaving no one behind.
- **Climate crisis** – The relevance of NCDs and health to global efforts to reduce the impact of the climate crisis has gained momentum. These two major global crises of our time are intertwined due to the impact climate change is having on the burden of NCDs, primarily via air pollution and heatwaves, and also due to the overlapping drivers, primarily fossil fuels and unsustainable global food systems. These crises also have shared solutions, many of which require addressing commercial determinants. This has been well captured in the [Bridgetown Declaration](#), adopted by all small island developing states (SIDS) leaders to address these countries’ unique vulnerability to NCDs and climate change, but all countries can benefit from a policy approach that considers NCDs and climate together.

→ **PHC and UHC** – One of the world's greatest opportunities to improve lives globally is through greater integration of NCDs within the primary health care (PHC) and universal health coverage (UHC) agendas. There are specific NCD references within two UN Political Declarations on UHC ([2019](#) and [2023](#)) and NCD-specific indicators within the global UHC monitoring framework; however as with the draft Pandemic Agreement text, people living with NCDs are still not recognized as a vulnerable population. This language would strengthen the links between NCDs and UHC, acknowledging the susceptibility to infection and premature mortality of people living with NCDs during health emergencies, as well as the disproportionate effects they experience when routine care and services are disrupted. By omitting people living with NCDs from the vulnerability definitions, there is a gap in coverage and access to care. There is no UHC without quality, people-centred NCD care, delivered from a strong PHC foundation.

The negotiation of the political declaration of the fourth HLM is an opportunity for the world's leaders to draw from and go beyond existing policy siloes to deliver an integrated package of commitments that will address the urgency of the NCD epidemic and the common drivers and health threats of the polycrisis.

## On the road to 2025: The global NCD deadline

The [WHO preparatory process](#) for the UN HLM in 2025 builds on existing political commitments made by Member States at the General Assembly in the previous HLMs on NCDs in 2011, 2014 and 2018, and will offer an opportunity to take stock, address the evolving global landscape, recommit to NCDs as a priority at the highest political level, and develop the next agenda. The meeting will outline critical steps towards building and pursuing a collective vision for the coming decades and a course of action for accelerating progress to meet SDG target 3.4 on NCD/MH, and SDG target 3.8 on universal health coverage, by 2030.

These WHO preparatory processes will continue into 2025, and NCD Alliance will revise and refine the advocacy priorities, together with our members, as new information becomes available.

## Key documents and processes for the UN HLM on NCDs in 2025

The following NCD Alliance resources support engagement with HLM input processes:

- [NCD Alliance Campaign Priorities: 2018 UN High-Level Meeting on NCDs](#)
- [An NCD Civil Society Response in Support of the 2023 Bridgetown Declaration](#)
- [NCD Alliance Advocacy Priorities For the 2023 UN High-Level Meeting on Universal Health Coverage \(UHC\)](#)
- [Neglected and in Crisis: NCDs as a Priority in Humanitarian Settings](#)
- [Financing Solutions for NCDs and Mental Health](#)

The links below highlight key HLM input processes that have taken place so far:

- [SIDS Bridgetown Declaration on NCDs and Mental Health \(2023\)](#)
- [Second UN HLM on Universal Health Coverage \(2023\)](#)
- [Global High-Level Technical Meeting on NCDs in Humanitarian Setting \(2024\)](#)
- [Second Global Dialogue on Sustainable Financing For NCDs And Mental Health \(2024\)](#)
- [WHO Director General's NCD Progress Report \(2024\)](#)

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## National implementation – A call for leadership

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At the country level, there has undoubtedly been progress and evidence of leadership over the last seven years by governments in implementing cost-effective policies and interventions that are saving lives, reducing the burden of NCDs for people and communities, and saving healthcare costs. These country impact examples must be part of the 2025 HLM conversation, to inspire and share lessons learned. However, the data overall points to less optimistic conclusions – countries are off track to meet the NCD targets, implementation capacity and resources on NCDs within LMICs is still severely insufficient to truly bend the curve on NCDs, and COVID-19 has put countries even further behind.

At the national policy level, the vast majority of countries have staff responsible for NCDs in their ministry of health and NCDs incorporated into their health plans, but government funding for NCD-related activities varies widely, with just half of low-income countries reporting any funding for such activities. Multisectoral action plans on NCDs are still lacking in roughly half of countries, and despite some improvement – only 57% of countries have set time-bound national NCD targets and indicators<sup>34</sup>. Management guidelines for the four major NCDs are more available than they were a decade ago, yet many low- and lower-middle-income countries still lack cancer screening programmes and many essential medicines, and data for availability of essential medicines remains a major challenge.

Progress on introducing national policies on the main risk factors has been moving more swiftly, although still lags behind targets. The percentage of countries with a policy on harmful use of alcohol rose from 48% in 2013 to 74% in 2019, for physical activity from 52% to 79%, for tobacco use from 63% to 79% and for healthy diet from 55% to 80%<sup>35</sup>. A record number of over 6000 cities in 117 countries are now monitoring air quality, but findings are grim – they show that 99%<sup>36</sup> of the global population is breathing air that exceeds WHO air quality limits and threatens their health.

Despite positive trends in tackling risk factors, these statistics point to a number of persistent barriers at the country level which are holding up progress. In recent years, the NCD community has made a conscious shift from talking about health expenditure to talking about health investment, but financing for NCDs remains as a major gap, especially in LMICs where the resources to adequately address NCDs are simply not available. Governments are juggling a backlog of common infections, the double burden of malnutrition, and maternal mortality together with the growing burden of NCDs, pandemics and the health impacts of climate breakdown. Budgets and health systems are crippled by increasing demand, meaning that few low-income countries can provide care for NCDs in their health benefit packages and over 60% of people living with NCDs have experienced catastrophic health expenditure<sup>37</sup>.

With other global priorities, like HIV/AIDS and the climate crisis, civil society actors have played a crucial role as demand creators, mobilisers and campaigners, change agents, innovators, and experts. However, a long-standing gap for the NCD response is that the international community and governments have been slow to recognise and meaningfully involve CSOs in the response. This has also prevented civil society from fulfilling its role as watchdogs, ensuring accountability of governments for following through on commitments made. Despite established monitoring processes – like the WHO Global NCD Action Plan and Monitoring Framework on NCDs, the UN Monitoring Framework for the SDGs, and WHO's regular Progress Monitor Reports, Country Profiles and Country Capacity Surveys – a glaring gap persists between global commitments and national implementation of effective policies.

Among all of the barriers to progress mentioned above – a lack of financing; inadequate and inequitable care; limited space for civil society; and a lack of accountability – there is a common denominator. To date, although there have been exceptions, too few national leaders have had the vision to lead the fight against the world's biggest killer and cause of disability, simultaneously putting their economies on a more sustainable path. Transformative leadership is needed within the health sector and beyond, to implement the concepts of 'health in all policies' and 'governance for health', which mean that decisions

made in other policy areas must not harm public health, eliminating undue corporate influence. In the context of health systems development, availability and affordability of care and treatment, the highest level of leadership is essential to root out corruption and secure the necessary resources for health. We need leaders to take action now, implementing the tried-and-trusted policies that will bring the progress that is needed.

NCDA's five priority areas for advocacy aim to address all of these gaps in the NCD response, calling for leaders to fulfill their roles, taking bold action to care for the populations they govern.

### **Opportunity of 2025 HLM on NCDs**

Against this context, the opportunity of the 2025 HLM is clear. There is an urgent imperative for 1) renewed political commitment at the highest level to this global health and development challenge, addressing NCDs as well as health inequities; 2) accelerated action to bend the curve on NCDs, get back on track for SDGs in 2030 and set new targets for 2030 and beyond; and 3) reset the agenda based on the changed landscape, ensuring relevance of NCDs within the polycrisis and across the SDGs.

***We have the evidence, the commitments and the solutions to create a healthier world for all. It is time for governments and decision makers to turn intent into action. It's time to lead.***



# NCD Alliance priorities for the 4<sup>th</sup> High-level Meeting of the UN General Assembly on the prevention and control of NCDs

## ACCELERATE IMPLEMENTATION

**Fast-track national implementation of evidence-based NCD policy recommendations to achieve progress on health and well-being for all, focusing first on those left furthest behind.**

### Rationale

Tackling NCDs has been described as a “policy win, but implementation failure”. Strong political commitments were made in 2011, 2015, 2018, but not much progress in reaching the targets and indicators has followed. WHO has developed a number of technical documents<sup>38</sup> to support the implementation of evidence-based recommendations that are feasible even for low-resource countries.

### Policy Priorities

- Set deadlines to deliver national NCD plans, with concrete targets and indicators, in line with the WHO NCD Global Monitoring Framework to achieve the voluntary targets set for 2025 and the SDG 2030 goals and including implementing the NCD “best buys” and other recommended interventions of the WHO Global NCD Action Plan Appendix 3.
- Implement tried and true population-wide policies that are proven effective and affordable to build healthy environments and reduce people’s exposure to NCD risk factors, including comprehensive fiscal, marketing and labelling policies for unhealthy products, such as tobacco, alcohol, unhealthy foods and fossil fuels.
- Address the social, environmental, economic and commercial determinants of health that impact NCD prevalence and outcomes, by working across all sectors through a whole-of-government approach ensuring public policies promote population health and equity.
- Promote equitable access to NCD medicines and health products, by including NCD in UHC health benefit packages based on evidence-based clinical practice guidelines, updated essential medicine and diagnostic lists, and rational selection and procurement of products, aligned with national health burdens.
- Ensure availability of NCD treatments and care by strengthening regional and national regulatory mechanisms, production, forecasting, supply-chain planning and trading of essential medicines and technology.
- Ensure affordability of NCD health products to realise UHC and reduce out of pocket payments, by developing national pricing policies for NCD products, aligning with WHO guidelines on country pharmaceutical pricing policies.
- Strengthen the healthcare workforce and health system infrastructure for effective health promotion, prevention and management of NCDs.

## BREAK DOWN SILOES

**Bring NCDs to the centre of global health and development agendas to achieve more together through integrated action.**

### Rationale

Whether people are healthy or not does not come down to a personal choice; choices are constrained and outcomes determined by their circumstances and environment. This makes NCDs into far more than a health issue – they are a poverty issue, an equity issue, and a major human rights and sustainable development issue, as they disproportionately burden the poorest and most vulnerable populations with disease, disability, and death. People affected by other health conditions, as well as environmental, social and commercial determinants of health can be more vulnerable to NCDs, and those affected by NCDs are often more vulnerable to other conditions and determinants. Focused action is needed for effective integration of NCDs to global health and development agendas.

### Policy Priorities

- **Development planning:** Fully integrate NCDs into health and development planning instruments, including National Sustainable Development Plans, Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs), as well as national responses related to other non-health SDG areas.
- Recognise people living with NCDs in **definitions of vulnerable populations** across all UN processes.
- **UHC:** Integrate quality NCD prevention and care services in UHC health benefit packages.
- **Emergencies and Humanitarian settings:** Integrate NCD services throughout emergency cycles including in humanitarian settings, ensuring access to vital services such as primary care and medication, and reducing exposure to NCD risk factors.
- **Determinants of health:** Ensure government sectors beyond health develop policies and services to address the social, environmental, commercial and economic determinants of health, in order to reduce inequities in people's exposure to NCD risk factors and outcomes.
- **Maternal and Child Health, HIV, TB, Malaria:** Leverage the strong infrastructure and achievements in other health programs to implement a person-centered approach, integrating NCD prevention and care into these systems, and optimize resource allocation to address the growing burden of co-morbidities.
- **Pandemic Prevention, Preparedness and Response:** In building resilience against future pandemics ensure the continuation of essential health services, and the recognition that people with NCDs can be particularly vulnerable to pandemics.
- **Food Systems and Nutrition:** Ensure the policies that shape our food systems promote health and prevent NCDs, in addition to increasing food security and reducing malnutrition in all its forms with a comprehensive and coherent package of measures and a cross-government approach including the health, agriculture, consumer affairs, trade, and fiscal authorities.
- **Planetary health:** Recognise the common drivers of the climate crisis and the NCD epidemic, notably the extraction and use of fossil fuels and the unsustainability of food systems leading to carbon emissions, air pollution and unhealthy diets, by incorporating health co-benefit considerations into climate action plans, including the National Determined Contributions (NDCs) of the United Nations Framework Convention on Climate Change (UNFCCC) Paris Agreement, and climate policy considerations into national NCD action plans.

## MOBILISE INVESTMENT

**Provide sufficient and sustainable financing for NCD prevention and care to match the disease burden. NCDs are the leading cause of death and disability globally.**

### Rationale

In many countries, particularly those relying on development assistance for health (DAH) to supplement and support domestic health budgets, the current allocations of government and development health spending do not match national disease burdens. As governments work to optimize their budgets and implement UHC, the development of nationally costed NCD plans must be central to implementation and to initiatives that expand and sustain investment in NCDs. It is also important to apply an equity lens in all decision-making to reach the furthest behind first through strengthening social and financial protection schemes for NCDs.

The bottom line for governments to remember is that the investment required to effectively prevent and manage NCDs is far less than the cost of inaction, and the cost of meaningful action on NCDs is an affordable one, with a proven return on that investment.

### Policy Priorities

- Commit to a set of global financing targets for NCD investment, informed by recommendations from the WHO and World Bank 2<sup>nd</sup> Global Financing Dialogue on Sustainable Financing for NCDs and Mental Health process, and supported by increased data collection, transparency, and accountability for NCD financing within integrated health systems and cross-government multi-sectoral action on NCDs, and development assistance.
- Increase and optimize domestic budgetary allocations considering national disease burdens, the effectiveness of possible interventions, and the return on investment to address public health needs and realize UHC.
- Commit to strengthening social and financial protection schemes, and service coverage for NCDs to achieve UHC and minimize out-of-pocket expenditures for people living with NCDs.
- Optimally implement fiscal measures for health including excise taxes on unhealthy commodities such as tobacco, alcohol, and unhealthy food in line with best practices as well as phasing out subsidies for unhealthy commodities including fossil fuels as part of a comprehensive approach for increasing potential revenue for the prevention and care of NCDs and health systems strengthening.
- Mobilize bilateral, and multilateral resources e.g. through development aid for health (DAH), for integrated health systems to further develop sustainable domestic financing models in line with national NCD priorities and development plans.
- Integrate investment for the prevention and care of NCDs within climate financing mechanisms and in health emergency financing mechanisms for pandemic prevention, preparedness and response, and in humanitarian settings.
- Call upon WHO and World Bank to:
  - › Provide recommendations and technical assistance to establish policies and best practice to finance sustainable national NCD investment, including a framework for use of catalytic capital and private sector contributions to encourage partnerships and whole of society responses.
  - › Support member state capacity development to secure climate finance for health-related projects.

## DELIVER ACCOUNTABILITY

**Track, measure and fulfil commitments on NCD prevention and care to 2025, 2030 and beyond.**

### Rationale

We welcome the commitments made to tackle NCDs, yet slow progress indicates the need for greater accountability to ensure governments are following through with the appropriate action. This requires fit-for-purpose accountability mechanisms on the global level and good national surveillance and monitoring processes. This includes the integration into other, relevant accountability mechanisms and should consider the full burden of NCDs, and establish new mechanisms of areas that are not yet covered, such as for financing.

### Policy Priorities

- Call upon WHO to update and revise the Global Monitoring Framework on NCDs: safeguarding the nine voluntary global targets; developing long-term goals and targets with intermediate milestones; aligning with the WHO Progress Monitor indicators to create a comprehensive system to track health outcomes, risk factor exposure, health systems and policy implementation; and enabling further alignment with national disease burdens.
- Strengthen national surveillance and monitoring systems to collect quality population-based incidence, prevalence and mortality data to monitor progress towards national NCD and risk factor targets (disaggregated by age, gender, income and other factor), by leveraging existing infrastructure and registries for evidence-based action, financing and accountability.
- Establish and strengthen inclusive accountability mechanisms at national and regional levels with the participation of civil society and People Living with NCDs, safeguarding against conflicts of interest and implementing access-to-information legislation.
- Increase NCD financing data collection, transparency, and accountability within integrated health systems and cross-government multi-sectoral action on NCDs.
- Establish a more comprehensive set of indicators within the UHC service coverage index, including indicators on clinical and patient centric outcomes for NCD care, potentially based on service delivery and treatment outcomes at primary healthcare level.
- Include comprehensive NCD data in your country's voluntary national review (VNR). This data should be reported back annually at the High-Level Political Forum on Sustainable Development (HLPF) for reviewing global progress on the Sustainable Development Goals.
- Commit to convene the next UN General Assembly High-Level Meeting on NCDs before 2030, to focus on driving progress and continue to contribute to progress on the 2030 Agenda for Sustainable Development.
- Integrate goals and targets for NCDs within the framework of the global health and development agendas beyond 2030.

## ENGAGE COMMUNITIES

**Put people at the heart of the NCD response, engaging civil society, communities and people living with NCDs in decision-making and implementation.**

### Rationale

To achieve health for all, starting with those left furthest behind, the meaningful involvement of communities and people living with NCDs is essential. This requires placing people living with NCDs at the centre of all processes and efforts related to the NCD response, including governance, policies, programmes and services, from the very first stages of design and planning through to implementation, evaluation, and scale-up.

Civil society has a central role in facilitating this, offering technical support as well as a platform to amplify the voices of people living with NCDs and a bridge between them and governments and other decision makers. Every country and community has a unique set of circumstances, but the principles of meaningful involvement are replicable across all contexts.

### Policy Priorities

- Create and maintain a safe, open and enabling environment in which civil society including lived experience advocates can fully contribute to the formulation and implementation of the NCD response, and realize inclusive governance through social participation.
- Promote and institutionalize the meaningful involvement of people living with NCDs and civil society in the development, implementation and monitoring of policies for stronger health governance and accountability, by drawing on the actions set out for Member States in the WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health and Neurological Conditions.
- Engage and support communities, civil society organisations, and People Living with NCDs to lead and scale up the implementation of the NCD response, ensuring sufficient structural, technical and financial support.
- Develop good governance mechanisms to ensure multi-stakeholder engagement in NCD policymaking and programmes is safeguarded against conflicts of interest, to prevent and mitigate interference from health-harming industries.

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