

Fourth High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs

Web-based consultation: Phase I (1 May – 17 June 2024) General comments on key priority areas in the WHO-Director General's report

Directions

The *WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2030* ([NCD-GAP](#)) provides a road map and a menu of policy options for all Member States and stakeholders, to take coordinated and coherent action, at all levels, from local to global, to attain the nine voluntary global targets. Accelerating progress on the prevention and control of NCDs, and mental health and well-being will require dedicated and collaborative actions along all six objectives of the NCD-GAP, with an added focus to reduce air pollution and promote mental health as part of the 5 by 5 agenda endorsed by the third political declaration on the prevention and control of NCDs in 2018.

Using the table below, please provide written comments on key priority areas along each objective that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions. These inputs may inform the recommendations to be included in the report of the WHO Director-General to the WHA 2025 titled *Preparation for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2025*.

NCD Alliance welcomes this opportunity to provide comments on the key priority areas in the WHO-Director General's report to catalyse urgent action and attention by Member States and stakeholders. To build on existing recommendations we have reviewed the [NCD-GAP mid-point evaluation from WHA74](#) in 2021, which noted recommendations for each NCD-GAP objective. The [EB154 NCD report](#) and the [EB154 complementary comprehensive overview](#) on NCDs from February 2024 has provided insight into the status on progress.

These comments are supported by 33 other organisations, which have been listed at the end of the document in alphabetical order.

#	NCD-GAP objective	Comments on key priority areas
1	To raise the priority accorded to the prevention and control of noncommunicable diseases in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.	<p><i>Background</i></p> <p>The NCD-GAP objective 1 outlines actions for Member States (MS), WHO secretariat and international partners and the private sector to align NCDs with successful sustainable development, including economic development, environmental sustainability and social inclusion.</p> <p>The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 1 that the WHO secretariat and Member States find <u>sustainable funding mechanisms</u> to allow all for a dramatic acceleration of NCD implementation.</p> <p>In addition, the WHO secretariat was to undertake a <u>functional review to evaluate structure and capacity for providing technical support to NCD responses</u>.</p> <p><i>Status</i></p>

While there has been some progress in reducing premature mortality from NCDs, the world is currently off-track to meet the SDG target 3.4, as well as the nine global voluntary NCD targets for 2025.

Despite the financial recommendations, the current allocations of government and development health spending do not match national disease burdens. The allocation of national budgets to health is inadequate, and limited information exists on national spend on NCDs. As noted in the 2024 [EB154 report](#), nearly all countries (95%) have staff responsible for NCDs in their ministry of health or equivalent entity, but government funding for NCD-related activities varies widely, with just half of low-income countries reporting any funding for such activities. Only 1-2% of Official Development Aid ([IHME](#)), and only 5% of the WHO budget goes towards NCDs, all of these in stark contrast of the 74% global burden of NCDs.

NCD key priority areas to catalyse action:

LEADERSHIP

- Heads of State and Government must strongly reaffirm their political commitment to accelerate the implementation of the 2011 political declaration and the 2014 and 2018 outcome documents of the previous high-level meetings of the General Assembly on the prevention and control of non-communicable diseases, and, in line with the 2030 Agenda for Sustainable Development, to reduce by one third premature mortality from NCDs by 2030.
- Heads of State and Government should commit to participate in the annual gathering of the Global Group of Heads of State and Government for the Prevention and Control of NCDs, held during the high-level segment of the UN General Assembly, using it as an opportunity to share progress in accelerating action on NCDs.
- Action on NCDs must be mainstreamed on the agenda of regional and economic blocs.

BREAK DOWN SILOES: Bring NCD to the centre of global health and development agendas to consolidate efforts and achieve more through integrated action.

- **Development planning:** Fully integrate NCD into health and development planning instruments and related SDG accountability processes, 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.
- **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, to reduce inequities in people's exposure to NCD risk factors and outcomes.
- **Commercial determinants of health:** Health, Trade and relevant sectors should be convened through multisectoral platforms to establish coherent solutions, protected against undue influence and conflicts of interest, and raise a collective voice in addressing the commercial determinants of health that cause NCDs, are detrimental to mental health and exacerbate climate risks, as outlined in the Bridgetown Declaration.
- **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.

- **Enhance coordination and cooperation** among United Nations and other agencies, entities and frameworks that address the interface of health, climate change, biodiversity, business and human rights, environment, nutrition and emergency preparedness.

MOBILISE INVESTMENT: Provide sustainable financing for NCD across the full continuum of care that is sufficient to match the disease burden.

- Countries to commit to a set of **global financing targets** for NCD investment, informed by recommendations from the WHO and World Bank *International 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.
- 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.

		<ul style="list-style-type: none"> ○ Support member state capacity development to secure climate finance for health-related projects. <p><u>WHO to further evaluate structure and capacity for providing technical support for NCD responses.</u></p> <ul style="list-style-type: none"> ● Prioritise NCDs: adequately reflect the burden of NCDs through WHO planning, activities and indicators to measure progress, e.g. General Programme of Work, and via UN agency mechanisms, e.g. the UN Inter-Agency Task Force (IATF). ● NCD financing: Ensure there are adequate WHO resources and budget for tackling NCDs at global, regional and national levels. ● WHO co-ordination: Ensure smooth collaboration and NCD integration across WHO areas of work, including humanitarian and emergency settings, UHC, Primary Health Care, maternal and child health, HIV, TB, malaria, pandemic preparedness and response, food systems, nutrition and planetary health.
2	<p>To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of noncommunicable diseases.</p>	<p><i>Background</i></p> <p>The NCD-GAP objective 2 outlines actions for MS, WHO secretariat and international partners to support governments to address health inequities and social determinants of health. Although NCDs have generally been incorporated into national health plans (86% of countries), multisectoral action plans on NCDs are lacking in roughly half of countries. Multisectoral engagement and action is needed.</p> <p>The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 2 that the WHO secretariat and Member States consider <u>how to use limited financial resources available for NCDs by focusing on evidence-based cost-effective options.</u></p> <p>In addition, WHO secretariat and Member States should consider how to effectively <u>promote multisectoral engagement</u>, continue implementing FENSA and for the secretariat to support MS with <u>meaningful engagement of civil society.</u></p> <p><i>Status</i></p> <p>Despite clear recommendations on how to tackle NCDs and their risk factors, their implementation is off-track.</p>

According to the [EB154 comprehensive overview report](#) only a total of 34 countries have implemented 10 or more of the commitments made on the prevention and control of NCDs, while 66 countries have implemented fewer than 5 commitments. No countries are on track to achieve all nine voluntary global targets for 2025 and only a total of 14 countries are on track to meet SDG target 3.4 for 2030. There is a clear misalignment of disease burden and national action.

NCD key priority areas to catalyse action:

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.

- 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 updated NCD “best buys” and other recommended interventions** of the WHO Global NCD Action Plan Appendix 3.
- 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.
- Implement **specific WHO initiatives and action plans** to reach specific targets for e.g. for diabetes, heart disease and hypertension, cancer, mental health, dementia, brain health, neurological conditions, obesity, oral health, access to medicines, alcohol, tobacco, unhealthy diets.

MOBILISE INVESTMENT: Provide sustainable financing for NCD across the full continuum of care that is sufficient to match the disease burden.

- 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 Universal Health Coverage (UHC).

- 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 NCD and health systems strengthening.
- 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 NCD.

ENGAGE COMMUNITIES: Put people at the heart of the NCD response, supporting civil society, communities and people living with NCD to be advocates, engage with policy makers, and occupy key decision-making roles.

- 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 NCD 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 NCD 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 are **safeguarded against conflicts of interest**, to prevent and

		mitigate interference from health-harming industries.
3	To reduce modifiable risk factors for noncommunicable diseases and underlying social determinants through creation of health-promoting environments.	<p><i>Background</i></p> <p>The NCD-GAP objective 3 outlines actions for MS, WHO secretariat and international partners to support governments to reduce exposure to modifiable risk factors and strengthen capacity of individuals and populations to make healthier choices, including legislative, regulatory, fiscal and health promotion measures, including addressing conflicts of interests.</p> <p>The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 3 that the WHO secretariat and Member States explore <u>why progress seen in tobacco control has not been seen in relation to other risk factors</u>.</p> <p>In addition, WHO secretariat and Member States should:</p> <ul style="list-style-type: none"> - Consider how to effectively <u>promote multisectoral engagement</u>, in particular offering guidance on how Member States might <u>protect themselves from undue industry interference</u>. - Focus on how NCDs differentially affect different groups, in particular by <u>designing interventions addressing determinants of health</u>. - Work out how <u>air pollution</u> can be incorporated in practice with NCD-GAP. <p><i>Status</i></p> <p>Tobacco remains the leading cause of premature death in the world, and while 60 countries are likely to achieve the tobacco use reduction target by 2025, there will be 1.27 billion people in the world still using tobacco. Globally, over 14% of adults were projected to be obese, with rates among children and adolescents are particularly concerning, as they have more than doubled since 2000. In 2019, air pollution caused approximately 6.7 million deaths, of which 85% are from NCDs. More than 9 in 10 people breathe air that is not healthy. The pace of reduction in alcohol consumption has been slow and uneven globally.</p> <p>The NCD Country Capacity Survey showed that there has been considerable progress in the percentage of countries who have set national NCD targets based on the WHO Global Monitoring Framework to well over half (56%) in 2020. Similar progress was seen in the percentage of countries who have operational</p>

integrated, multi-sectoral action plans on NCDs. However, risk factor surveillance activities and public awareness campaigns have declined.

NCD key priority areas to catalyse action:

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.

- Further efforts and **technical support and financing** to implement and overcome identified barriers for realizing 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.
- Accelerate the **implementation of the WHO FCTC** by its States parties and encourage other countries to consider becoming parties to the Convention.
- Promote a well-being economy by **directing investments towards sectors and industries aligned with public health goals**, ensuring policy coherence, and safeguarding public procurement and partnerships against conflicts of interest.
- Promote **collaboration with relevant government sectors to implement population-wide interventions** that promote health equity and well-being.
- **Safeguard policymaking processes** addressing the determinants of health and aimed at transforming our economies from the **undue influence of health-harming industries**, such as those involved in fossil fuels, unhealthy foods, breastmilk substitutes, alcohol and tobacco products.
- Further **efforts and technical support** to implement recommendations outlined in the **WHO Commission on Social Determinants of Health** and the **WHO World Report on the Social Determinants of Health Equity (SDoHE)**.

BREAK DOWN SILOES: Bring NCD to the centre of global health and development agendas to

		<p><u>consolidate efforts and achieve more through integrated action.</u></p> <ul style="list-style-type: none"> • Align with efforts to address planetary health, including climate change and pollution by supporting explicit calls for reductions in the use of fossil fuels, integrating climate resilient health systems into UHC, calling for greater regulation of climate and health impact industries and proactive engagement with civil society organizations. • Recognize that, given the impact that other sectors’ activities (finance, education, environment, transport, etc.) have on people’s health outcomes, health for all should be factored not only in health ministries’ budgets but also across the budgets of other ministries and government agencies. • Ensure government sectors beyond health develop policies and services to address the social, environmental, commercial and economic determinants of health, to reduce inequities in people’s exposure to NCD risk factors and outcomes.
4	<p>To strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage.</p>	<p><i>Background</i></p> <p>The NCD-GAP objective 4 outlines actions for MS, WHO secretariat and international partners to ensure access, without discrimination or financial hardship, to promotive, preventive, curative, rehabilitative and palliative basic health services. These can be achieved through Universal Health Coverage, people-centered primary health care and social protection mechanisms.</p> <p>The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 4 that the WHO secretariat and Member States to ensure those affected by NCDs <u>are diagnosed, receiving treatment and having their conditions controlled.</u></p> <p>In addition, WHO secretariat and Member States to consider how to <u>effectively promote multisectoral engagement</u>, in particular <u>technical support on procurement of medicines and medical technology to support target 9 of 80% availability and affordability of basic technologies and essential medicines.</u></p> <p>In addition, Member States and WHO secretariat to focus on how NCDs differentially affect different groups, in particular by <u>designing interventions addressing determinants of health.</u></p> <p><i>Status</i></p>

The global share of NCD deaths account for 74% of deaths, and 7 of the 10 leading causes of death in 2019 were NCDs. Progress is not comparable to that made for curbing communicable diseases and is unequal across regions and income groups. Deaths due to NCDs between the ages of 30 and 70 are rapidly increasing. The burden of disease experienced by people living with NCDs is also significant. Access to affordable diagnosis, treatment and care remains challenging and the majority of countries are experiencing worsening or no significant change in UHC since the launch of the SDGs in 2015. The [EB154 report](#) notes that 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. Universal Health Coverage (UHC), people-centred primary health care (PHC) and social protection are seen as key tools for improving access to care.

NCD key priority areas to catalyse action:

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.

- **Implement the WHO Package of Essential Noncommunicable Disease Interventions** (WHO PEN), and **PEN+** which builds on WHO PEN to incorporate NCD care at primary level hospitals for complex chronic NCDs in low-resource settings.
- Implement **specific WHO initiatives and action plans** to reach specific targets for e.g. for diabetes, heart disease and hypertension, cancer, mental health, dementia, brain health, neurological conditions, obesity, oral health, access to medicines, alcohol, tobacco, unhealthy diets.
- 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

		<p>mechanisms, production, forecasting, supply-chain planning and trading of essential medicines and technology.</p> <ul style="list-style-type: none"> • 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 conditions.
5	<p>To promote and support national capacity for high-quality research and development for the prevention and control of noncommunicable diseases.</p>	<p><i>Background</i></p> <p>The NCD-GAP objective 5 outlines actions for MS, WHO secretariat and international partners to focus on needs-driven research on comparative, applied and operational research to translate knowledge into practice and accelerate action. Prioritised areas include placing NCDs in global development agenda and monitoring, understanding and influencing multisectoral, macroeconomic and social determinants, translation and health system research for global application of cost-effective strategies and enabling access to expensive but effective interventions.</p> <p>The A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 5 that the WHO secretariat and Member States to determine <u>how the priority of NCD research can be raised</u>.</p> <p><i>Status</i></p> <p>According to the evaluation, little progress has been made on this objective. The WHO Technical Advisory Group on NCD-related research and innovation (TAG-NCD R&I) was established in July 2021. The TAG-NCD R&I has identified key areas for the Secretariat to support; identifying research gaps and priorities, capacity strengthening, and advocacy for resources. A subgroup of the TAG-NCD R&I is working with the Secretariat to support Member States to conduct NCD-related implementation research, focusing on NCD integration in primary health care through WHO technical packages. Implementation research activities in the past year include training workshops, tailored technical support to refine research proposals, and development of practical resources to assist implementers and researchers.</p> <p><i>NCD key priority areas to catalyse action:</i></p>

		<p><u>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.</u></p> <ul style="list-style-type: none"> • Develop an updated prioritised research agenda for NCDs to support the achievement of existing commitments and the integration of NCDs with the delivery of other relevant development goals and commitments. • Support quality implementation research to support development and delivery of cost-effective pathways for the prevention and care for NCDs and enabling access to expensive but effective interventions.
6	<p>To monitor the trends and determinants of noncommunicable diseases and evaluate progress in their prevention and control.</p>	<p><i>Background</i></p> <p>The NCD-GAP objective 6 actions for Member States, WHO secretariat and international partners to monitor and progress using the Global Monitoring Framework and regionally and nationally specific situations.</p> <p>To date, actions under this objective are not sufficient to monitor NCD progress. A74/10 Add.1 mid-point evaluation of NCD-GAP recommended for objective 6 that the WHO secretariat and Member States to consider ways in which <u>monitoring, and surveillance can be further strengthened</u>—a process that should be transparent and inclusive.</p> <p>In addition, Member States and the WHO secretariat should focus on how <u>NCDs differentially affect different groups</u>, in particular through supporting <u>disaggregated data collection and analysis</u> for vulnerable groups.</p> <p><i>Status</i></p> <p>At EB154, the WHO secretariat indicated that the Global Monitoring Framework will be refined and updated to consider a timeframe up to 2050. Global targets are necessary for progress, however the NCD indicators used to track progress must be aligned with the overarching goals.</p> <p>Several other monitoring frameworks exist both by the WHO, national or independent entities, either focused on different aspects (e.g. epidemiology, policies, systems), stakeholders (governments, health systems, population surveys) and disease areas or risk factors. Simplifying the framework, defining parameters, ensuring quality of data and feasibility of data</p>

collection all remain challenging but crucial for accountability.

NCD key priority areas to catalyse action:

DELIVER ACCOUNTABILITY: Track, measure and fulfil commitments on NCD prevention and care in the lead up to 2025, 2030 and beyond.

- 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 NCDs data in 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.

		<ul style="list-style-type: none"> • 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 NCD within the framework of the global health and development agendas beyond 2030.
*	<p><i>Additional:</i> To promote mental health and well-being as a vital component of achieving SDG target 3.4.</p>	<p><i>Background</i> The A74/10 Add.1 mid-point evaluation of NCD-GAP noted that there is a need to work out <u>how mental health can be incorporated in practice with NCD-GAP</u>, including consideration for operating models and monitoring systems.</p> <p><i>Status</i> Nearly 1 billion people live with a mental disorder, including around 8% of young children and 14% of adolescents. Approximately 82% of these people live in low- and middle-income countries. While the majority of WHO Member States indicated the existence of mental health policies or plans, only a third reported these were being implemented. Member States also reported a median allocation of just 2% of health budgets to mental health.</p> <p>Neurological disorders are the leading cause of disability-adjusted life years (DALYs) and second leading cause of death. The five largest contributors of neurological DALYs in are stroke, migraine, dementia, meningitis and epilepsy. Currently neurological conditions are incorporated by WHO into the broader term of mental health conditions. However, neurological disorders are distinct from mental health conditions, and the terminology should be clarified.</p> <p><i>NCD key priority areas to catalyse action:</i></p> <p><u><i>BREAK DOWN SILOES: Bring NCD to the centre of global health and development agendas to consolidate efforts and achieve more through integrated action.</i></u></p> <ul style="list-style-type: none"> • Recognise the close alignment between brain health (which includes healthy practices, prevention, mental health and neurological conditions) and physical health, including common risk factors and interlinked comorbidities.

		<ul style="list-style-type: none"> • Ensure WHO and national initiatives and action plans focused on NCDs and their risk factors incorporate brain health, and those focused on mental health and neurological conditions recognise NCD comorbidities and common risk factors. • Identify unique or enhanced areas of challenge experienced by people with mental health or neurological conditions to ensure these are incorporated into global and national action. These may include stigma and discrimination, and access to different types of health services. • Ensure continued commitment to complementary and consolidated reporting on NCDs, including mental health and neurological conditions.
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The following organisations support NCD Alliance’s response to this consultation:

Alianza ENT Uruguay

Australian Chronic Disease Prevention Alliance (ACDPA)

Bangladesh NCD Forum

Burundi NCD Alliance

Cancer Research UK

CLAS Coalition for Americas' Health

Eminence Associates for Social Development

European Federation for Neurological Associations (EFNA)

Ghana NCD Alliance

Healthy Caribbean Coalition (HCC)

Healthy India Alliance

International Federation of Psoriasis Associations

International Society of Nephrology (ISN)

Japan NCD Alliance

McCabe Centre for Law and Cancer

NCD Alliance East Africa

NCD Alliance Malawi

NCDI Poverty Network

OMIS (Multidisciplinary Organization for Social Integration)

OneNeurology

Rwanda NCD Alliance

South East Asia Regional NCD Alliance

Tanzania NCD Alliance (TANCUDA)

The Africa NCDs Network

The Cameroon Civil Society NCD Alliance

The George Institute for Global Health

The International Association for Dental Research (IADR)

The Zambia NCD Alliance (ZANACODA)

Unesco University Committee/Club for the Fight Against Drugs and other pandemics (CLUCOD)

United for Global Mental Health

Wale Action Sante Population

World Cancer Research Fund International

World Stroke Organization