

4<sup>TH</sup> GLOBAL NCD ALLIANCE



KIGALI • RWANDA • 13-15 FEBRUARY 2025

# LEADERSHIP ON NCDs TOWARDS 2025 & BEYOND

## POST-FORUM REPORT



Organised by



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<https://forum.ncdalliance.org/>

In collaboration with



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Edited by NCD Alliance, July 2025

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# Executive summary

The NCD Alliance (NCDA), in partnership with local host organisation Rwanda NCD Alliance, in collaboration with the Rwanda Ministry of Health, Rwanda Biomedical Centre, and with thanks to a strategic partnership with The Leona M. and Harry B. Helmsley Charitable Trust, convened the 4th Global NCD Alliance Forum (hereafter the Forum) from 13 to 15 February 2025. Organised in Kigali, Rwanda, to highlight the growing burden of noncommunicable diseases (NCDs) in sub-Saharan Africa and Rwanda's public health reforms to reduce them, this meeting constituted many firsts. It was the first time that the NCDA co-hosted its flagship event with a **local NCD Alliance**; the first time the Forum was hosted in partnership with a **national government**; and the first time that the Forum convened in **sub-Saharan Africa**. The Forum followed three previous, successful global Forums, all held in Sharjah, UAE.

The Global NCD Alliance Forum is a unique and diverse global convening that brings together diverse stakeholders from across the NCD community, including civil society, academia, governments, UN agencies, and relevant private sector representatives. Serving as both a fueling station of ideas and generator of NCD action, the Forum shares evidence and best practices, builds capacity, and stimulates new connections and partnerships with the ultimate goal of accelerating progress in NCD prevention, treatment, and care worldwide.

Organised under the banner **Leadership on NCDs towards 2025 & beyond**, and with seven months to go until the **4<sup>th</sup> United Nations (UN) High-Level Meeting on NCDs and Mental Health (HLM4)** in New York, a special energy, vibrancy, and excitement was tangible throughout the Forum as the NCD community united behind **The Call to Lead on NCDs** and the five NCD Alliance campaign priorities, as well as the **Kigali Youth Declaration**. A Civil Society Advocacy Planning Session was held exclusively for the civil society delegates attending the Forum and provided a unique opportunity for regional discussions of HLM4 advocacy strategies and campaign plans. Delegates identified and refined key political advocacy targets, and discussed media engagement and regional opportunities to leverage The Call to Lead on NCDs in their campaign towards the HLM4.

Aligned with the campaign priorities, Forum sub-themes focused the programme and provided a framework for overall messaging: inspiring leadership, mobilising sustainable financing, and powering up communities. Coinciding with a seismic shift in global health – the announcement of the United States (US) withdrawal from the World Health Organization (WHO) and the dismantling of the US Agency for International Development (USAID) – Forum discussions explored the changing landscape and highlighted the opportunity for more effective, integrated, person-centred care, sustainable resourcing, including strong health taxes, and how to implement meaningful involvement of youth and people living with NCDs.

Three days of insightful plenaries and thought-provoking sessions provided 700 delegates representing civil society, lived experience and youth advocates, relevant private sector, multilaterals, and trailblazing governments the opportunity to discuss how to inspire bold action, mobilise sustainable financing, and strengthen communities to drive change in the NCD response. Leadership from the Africa region was clearly on display, and a strong focus on evidence-based solutions and on what is working across different national and community contexts inspired hope for accelerated progress.

**“Leave not just with ideas, but with a mission. Let’s be louder, push harder, and demand more. We are not just participants in the fight against NCDs: we are leaders!”**

Dr Monika Arora, President,  
NCD Alliance



Across **five plenaries, 21 interactive thematic parallel sessions, 18 satellite sessions, and eight community stage sessions, delegates heard from more than 250 speakers** representing a diverse cross-section of the NCD movement. The programme was designed for interaction through the use of breakout groups, and social events such as a Welcome Reception and the Bloomberg Philanthropy Reception. For the first time, the Forum featured a Community Zone, dedicated to reinforcing the role of communities in the NCD response, providing a relaxed space for civil society and youth delegates, participants with lived experience, and regional and national alliances to meet, exchange knowledge and experience, and make new connections.

Delegates were also invited to join **Kigali Car Free Day**, a collaborative effort between the City of Kigali, the Ministry of Health, Rwanda Biomedical Centre, and the Rwanda NCD Alliance. A once every 2 weeks event promoting physical activity, reducing air pollution, raising awareness on NCDs, and supporting Kigali's vision of being a green and sustainable city.

The **Forum's strategic timing and focus on alignment** created a powerful moment of convergence, where the vibrant NCD movement could strategise, coordinate, and unite ahead of the HLM4. Leaving energised, delegates indicated that they felt better equipped and connected to effectively advocate towards the HLM4 and were planning to ramp up their advocacy and awareness-raising efforts, including through government outreach and stakeholder mobilisation. Many indicated they were planning to increase collaboration and coordination at various levels, and with a variety of stakeholders, and were motivated to help mobilise and empower people living with NCDs, youth, and communities.

The NCD community emerged from the Forum stronger and more capable of advocating for lasting change and progress at the local level. Primed to advocate as a unified collective, advocates have since been reaching out to government representatives at country level, exchanging intelligence within the network, leveraging shared global campaign priorities to address local gaps and advocate for the HLM4, endorsing and aligning with **The Call to Lead**, and campaigning via the **Global Week for Action**. The HLM4 serves as an important advocacy milestone and the NCD movement has coalesced in calling for action under a shared agenda, engaging youth and people living with NCDs.



The Forum was exceptionally well-received, with 92% of delegates rating their overall experience as *outstanding or very good*.

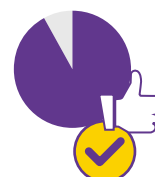


## METHODOLOGY

This report is based on comprehensive notes collected by appointed rapporteurs and collated by a lead rapporteur. It also includes results of a post-Forum survey that was sent to all delegates. The survey had a response rate of 30%, yielding representative results featured throughout this document. The survey consisted of a mix of quantitative and qualitative questions aimed at gaining insights into delegates' experience and seeking input on how to improve future iterations of the Forum. Registration and communications analytics, as well as media coverage, complement this information.

# Forum at a glance

**700** DELEGATES  
from  
**90**  
COUNTRIES



**67** NATIONAL  
and REGIONAL ALLIANCES



**60**  
YOUTH LEADERS



**38**  
SPONSORS



More than  
**50** PEOPLE  
with lived experience of NCDs

More than



**250** SPEAKERS  
across  
**5** PLENARIES

**21** THEMATIC  
PARALLEL SESSIONS

**18** SATELLITE SESSIONS

**6** PRE-CONFERENCES

**8** COMMUNITY  
STAGE SESSIONS



The Forum was convened by NCD Alliance in partnership with local host organisation, Rwanda NCD Alliance, in collaboration with the Rwanda Ministry of Health, Rwanda Biomedical Centre, and thanks to the strategic partnership with The Leona M. and Harry B. Helmsley Charitable Trust.

The 2025 Global NCD Alliance Forum was the first time that NCD Alliance co-hosted its flagship event with a **local NCD alliance**; the first time the Forum was hosted in partnership with a **national government**; and the first time that the Forum convened in **sub-Saharan Africa**.

The Forum marked the launch of **The Call to Lead on NCDs** as well as the **Kigali Youth Declaration**, important advocacy tools in the lead-up to the **4th UN High-Level Meeting on NCDs and Mental Health (HLM4)**. Of importance to the region, the East Africa Community unveiled its new **NCD Framework for Prevention and Control of NCDs 2024-2030** intended to guide the region's NCD response for the next five years.



**4TH GLOBAL NCD ALLIANCE FORUM**  
KIGALI • RWANDA • 13-15 FEBRUARY 2025

The primary Forum hashtag **#NCDAF2025** was used **1,788 times** with an estimated reach of **+4.4 million accounts**. NCDAs permanent hashtag **#ActOnNCDs** had an impressive **+7.7 million estimated social media reach**.

**Ministry of Health | Rwanda**  
@RwandaHealth

Today, Minister of State [@YvanButera](#) officially opened the 4th Global NCD Alliance Forum in Kigali—held in Africa for the first time. This global gathering aims to tackle Non-Communicable Diseases and strengthen global health equity. [#NCDAF2025](#)

8:29 PM · Feb 13, 2025 · 11.3K Views

Close to **40 media articles** were dedicated to or referenced the Global Forum, published by outlets such as The Guardian (UK), El País (Spain), Health Policy Watch (Switzerland), Devex (Kenya), The Lancet (UK), Bhekisisa (South Africa), and The New Times (Rwanda).



**95%** of delegates have greater knowledge of policy priorities on NCDs and how civil society can advocate for them.

**91%** of delegates are better equipped to effectively advocate for action on NCDs.

**90%** of delegates felt more confident in advocating towards the 4th UN High-Level Meeting on NCDs and Mental Health (HLM4).

**88%** of delegates were better connected with other advocates to collectively advocate towards the HLM4.

# Overview

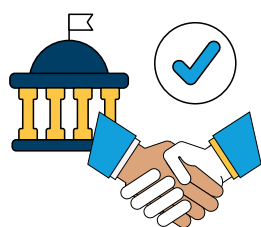
The 2025 Global NCD Alliance Forum was organised under the banner 'Leadership on NCDs towards 2025 & beyond' to bring together the NCD movement to strategise, coordinate, and unite ahead of the 4<sup>th</sup> UN High-Level Meeting on NCDs and Mental Health (HLM4) in New York.

Hallmarks of the Forum programme were its focus on success stories and 'what's working' in the NCD response, showcasing pioneering and innovative solutions from the community to the global level, and practical policy and advocacy strategies to respond to remaining challenges and barriers to progress. It emphasised people-centred and community-led approaches, with a strong focus on lived experience and the role played by civil society and youth.

## The 2025 Global NCD Alliance Forum aimed to:

- **Convene the NCD movement** to accelerate collective multisectoral action on NCDs ahead of the HLM4 and within the context of the Sustainable Development Goals (SDGs).
- **Increase global and regional awareness** and commitment to NCDs as a health and sustainable development priority, promoting cost-effective solutions to prevent and treat NCDs.
- **Unite and mobilise NCD civil society** at national, regional, and global levels, building consensus on advocacy strategies and priorities, and sharing tools and resources to strengthen civil society capacity to advocate for action on NCDs.
- **Promote evidence and know-how on NCDs**, showcasing good practice in NCD policy, implementation and advocacy, and lessons learnt.
- **Increase the visibility and meaningful involvement of people living with NCDs** and youth as drivers of the NCD movement.

**Three sub-themes helped focus plenaries, interactive sessions, and workshops:** to encourage bold action to advance policies and solutions aimed at promoting health, saving lives, and protecting rights; to explore various aspects of financing, emphasising the need to invest adequate, predictable, and sustained resources for NCDs; and to strengthen communities to drive change in the NCD response.



**INSPIRE  
LEADERSHIP**



**MOBILISING  
SUSTAINABLE FINANCING**



**POWER UP  
COMMUNITIES**

# Organisation

The Forum was convened by NCD Alliance in partnership with local host organisation, Rwanda NCD Alliance, in collaboration with the Rwanda Ministry of Health, Rwanda Biomedical Centre, and thanks to the strategic partnership with The Leona M. and Harry B. Helmsley Charitable Trust.

The development of the fourth Global NCD Alliance Forum was strategically guided by an outstanding Global Planning Committee (GPC) and National Planning Committee (NPC), made up of subject-matter experts, advocates, and representatives of leading NGOs, academia, government, and development agencies. The committees also included youth leaders, people living with NCDs, and representatives from national and regional NCD alliances, ensuring a diverse and inclusive approach to shaping the Forum's agenda.

The GPC identified overarching objectives, themes and sub-themes, and led development of the Forum programme, sessions and content, guiding the Forum Secretariat on a range of critical tasks, including maximizing advocacy opportunities, selecting speakers, and developing the evaluation process. Meanwhile, the NPC partnered with the local host, the Rwanda NCD Alliance, to ensure effective regional and national coordination, representation and local execution of the Forum.

Together, the GPC and NPC played a key role in shaping the Forum, ensuring its programme was evidence-driven, inclusive, and action-oriented.

## Global Planning Committee Members

---

**Kaushik Ramaiya** (Chair), NCD Alliance Board Member / Tanzania NCD Alliance

**Monika Arora** (Co-Chair), NCD Alliance President / Board Member, HRIDAY

**Katie Dain**, CEO, NCD Alliance

**Gerald Yonga**, President, Africa NCDs Network

**Karen Sealey**, Director, Trinidad and Tobago NCD Alliance / Healthy Caribbean Coalition

**Abhinav Vaidya**, Vice President, Nepal NCD Alliance

**Beatriz Champagne**, NCD Alliance Board Member / Coalition for Americas' Health (CLAS)

**Jessica O'Hara**, Programme Manager, National Institute for Health and Care Research

**Helen McGuire**, NCD Director, PATH

**Pierre Cooke**, Technical Adviser, Healthy Caribbean Coalition

**Ratna Devi**, Our Views Our Voices Advisory Committee Representative / Healthy India Alliance

**Nick Banatvala**, Head of Secretariat, UN Interagency Task Force on NCDs

**Mohammed Abdulaziz**, Director Disease Control/Prevention, Africa Centres for Disease Control

**Saunthari Somasundaram**, President, National Cancer Society Malaysia

**Liesl Zuhlke**, Board Member, NCD Alliance / World Heart Federation

**Carin Zetterland**, Health Unit, Swedish International Development Agency

**Hanin Odeh**, President, NCD Child / World Diabetes Foundation / Royal Health Awareness Society

**James Reid**, Programme Officer, The Leona M. and Harry B. Helmsley Charitable Trust

**Joseph Mucumbitsi**, Chairperson, Rwanda NCD Alliance / President, NCD Alliance East Africa

**Francois Uwinkindi**, Division Manager of NCDs, Rwanda Biomedical Centre

**Katia de Pinho Campos**, Lead, NCD Civil Society Working Group, World Health Organization

**Kara Hanson**, Professor, London School of Hygiene and Tropical Medicine

## National Planning Committee Members

**Prof Claude Mambo Muvunyi**, Director General, Rwanda Biomedical Centre

**Prof Joseph Mucumbitsi**, Chairperson, Rwanda NCD Alliance

**Mr Gasherebuka Jean Bosco**, Registrar, Rwanda Allied Health Professional Council

**Ms Julie Maeva Piotie**, Program Assistant, Rwanda NCD Alliance

**Dr Francois Uwinkindi**, Manager NCD Division, Rwanda Biomedical Centre

**Dr Gatera Augustin**, Senior Public Health Officer, World Health Organization

**Dr Pacifique Hagenimana**, Director of NCD Program, Partners in Health Rwanda

**Dr Sylvie Twagirayezu Gaju**, Associate Programs Director, Clinton Health Access Initiative

**Mr Michel Musilikare**, Executive Director, Health Builders

**Mr Benoit Bizimana**, Country Director, Christian Blind Mission

**Mrs Leslie Kaze**, Country Director, Team Heart Rwanda

**Mr Etienne Uwingabire**, Director, Rwanda Diabetes Association

**Dr Christian Ntirimira**, Executive Director, African Centre for Research on End of Life

**Mr Emmanuel Manzi**, Director, Health Programs, UNICEF

**Mr Furaha Siraji**, Program Analyst, UNFPA

**Dr Nicole Curti**, Director of Health Program, ENABEL

**Prof Stefan Jansen**, Director of Research, University of Rwanda

**Alphonse Mbarushimana**, Executive Director, Rwanda NCD Alliance

**Dr. Joseph Rukelibuga**, President, Stroke Action Rwanda

**Philippa Kibugu Decuir**, Founder and CEO, Breast Cancer Initiative East Africa

**Rwanda Convention Bureau**

**Events Factory (PCO)**



## The co-host: Rwanda NCD Alliance



Rwanda NCDA is a unique civil society network founded in 2016. It unites 27 organisations (people living with NCDs, health care professionals and youth-led organisations) working on NCDs in Rwanda.



Its mission is to unite the efforts and create a powerful voice for NCD awareness-raising, advocacy for the prevention and control of NCDs and their risk factors in Rwanda by promoting multisectoral partnerships, healthy life education, early detection of NCDs, and responding to NCDs challenges to improve health and well-being.

### The Collaborators

The Rwanda Ministry of Health has the mission of promoting the health of the population through the delivery of preventive, curative and rehabilitative health services. The Health Sector Strategic Plan V (HSSP) 2024/25–2028/29 envisions Rwanda's health sector achieving universal health coverage by 2030. Aligned with Rwanda's Vision 2050, the National Strategy for Transformation 2, and the United Nations' Sustainable Development Goals, the plan seeks to establish a resilient, equitable, and high-quality healthcare system.

Rwanda Biomedical Centre (RBC) is the nation's central health implementation agency. Established in 2011 through a merger of 14 key health institutions, RBC strives to improve the health of the Rwandan population by providing high quality, affordable and sustainable health care services. This is accomplished through the implementation of preventative, rehabilitative, and curative health interventions. RBC conducts scientific research, provides diagnostics services, and implements innovative health interventions to protect the nation against diseases and other health threats.

## The host country

NCDs were responsible for 50% of total deaths in Rwanda in 2022, according to the World Health Organization (WHO). Rwanda has positioned itself as a beacon of progress on health and NCDs – both within the region and globally. Trailblazing renowned Universal Health Coverage (UHC) reforms, implementing its National NCD Strategy 2020-2025, and decentralising integrated NCD care to health facilities.

Rwanda's holistic and multisectoral approach brings together government ministries responsible for sport, food and nutrition, trade, environment, education, and local government, while building the capacity of frontline health workers, all to support a healthier population.

## The Marburg virus outbreak and Forum postponement

Rwanda declared a Marburg virus disease outbreak on 27 September 2024 prompting the postponement of the 4<sup>th</sup> Global NCD Alliance Forum from its originally scheduled October 2024 dates to February 2025. The outbreak was the first ever reported in Rwanda.

The Rwanda Ministry of Health and the Rwanda Biomedical Centre demonstrated exemplary leadership in controlling the outbreak through swift and comprehensive response measures to contain the virus and prevent further cases. The outbreak was successfully declared over on 20 December 2024, after 42 days without new confirmed cases. Rwanda's implementation of a large number of measures, from disease surveillance, testing, infection prevention and control, contact tracing, and international collaboration, to clinical care and public awareness enabled the containment of the outbreak, allowing the Forum to proceed safely in 2025 and demonstrating the country's capacity to manage complex health emergencies.





# Sponsors

**“Philanthropy will always play an important part in global health. Regardless of the shifting environment, Helmsley remains committed to driving sustainable, life-changing progress for people living with NCDs around the world. Today, we are proud to support the Forum as a critical platform for community-driven impact.”**



Dr Gina Agiostratidou,  
 The Leona M. and Harry B.  
 Helmsley Charitable Trust

The 2025 Global NCD Alliance Forum was only possible thanks to the financial support of our sponsors, which enabled us to achieve our ambition of convening a cross-section of the global community dedicated to advancing the prevention and control of NCDs.



We particularly would like to acknowledge the pivotal role of **The Leona M. and Harry B. Helmsley Charitable Trust**. The Trust aspires to improve lives by championing exceptional

efforts in health and select place-based initiatives across the U.S. and worldwide. Their support and advice were vital to the realisation of the Forum. We would also like to recognise the following supporters, whose commitment made the 2025 Global NCD Alliance Forum a success:

## CHAMPIONS





<https://forum.ncdalliance.org/supporters/>

## LEADERS



## CHAMPION CO-SPONSORS



## PRE-CONFERENCE SPONSORS

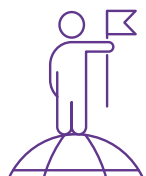


## DIGITAL SUPPORTER

# Delegates

Over 700 delegates from 90 countries from all WHO regions and with a variety of backgrounds convened in Kigali for the 2025 Global NCD Alliance Forum.

**700** DELEGATES  
 from **90**  
 COUNTRIES



**67** NATIONAL  
 and REGIONAL ALLIANCES

**60**  
 YOUTH LEADERS



More than

**50** PEOPLE  
 with lived experience  
 of NCDs



**65**  
 REPRESENTATIVES  
 of governments and  
 multilateral institutions



**30**  
 JOURNALISTS



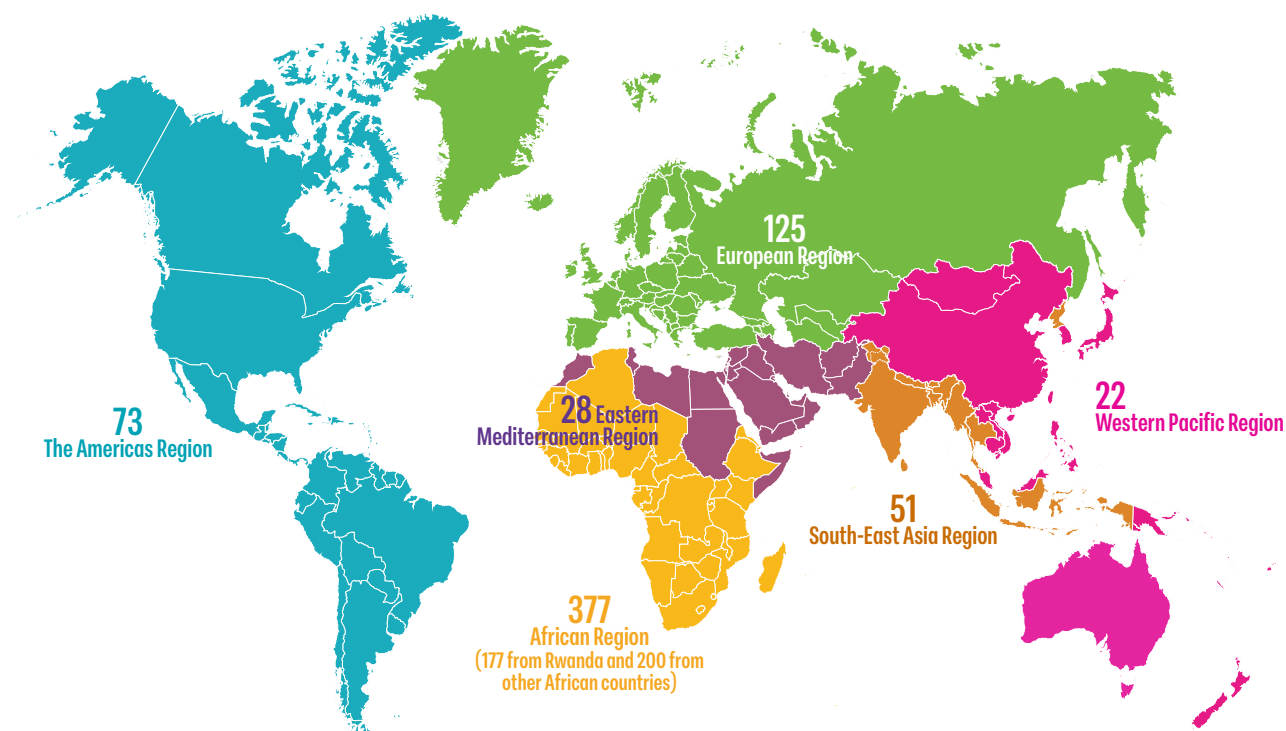
## TOP 3 reasons delegates attended the Forum

STRENGTHEN KNOWLEDGE  
 and skills for NCD advocacy

NETWORKING  
 OPPORTUNITIES

UN HIGH-LEVEL MEETING ON  
 NCDs coordination and planning

## Regional distribution of delegates according to WHO Regions



## Delegate experience

### Overall experience of the Global NCD Alliance Forum 2025

Delegates rated the Forum overwhelmingly positively, with 92% describing their experience as *outstanding* or *very good*. These responses highlight the Forum’s success in delivering meaningful discussions, valuable networking opportunities, and facilitating coordination and planning ahead of the HLM4, reinforcing its role as a key platform for advancing the NCD agenda globally.

Overall, delegate feedback reflects a well-organised, relevant, and engaging event. Delegates highlighted in particular:

- **Forum programme:** rated as *outstanding* or *very good* by 95% of delegates.
- **Forum venue:** rated as *outstanding* or *very good* by 95% of delegates.
- **Networking opportunities:** considered *outstanding* or *very good* by 89% of participants.
- **Organisation of the Forum:** considered *outstanding* or *very good* by 89% of delegates.

While overall largely positive, delegates responses suggest that **logistical support** and **catering** are aspects of the Forum that can be improved in the future.

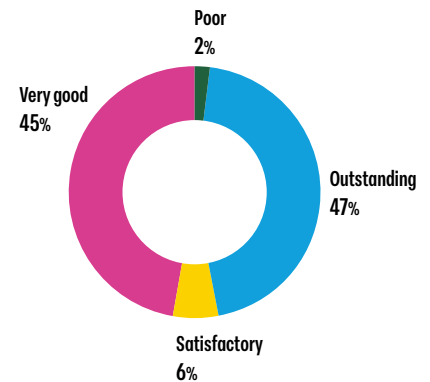


Figure 1. Delegate rating of overall experience at the Global NCD Alliance Forum 2025

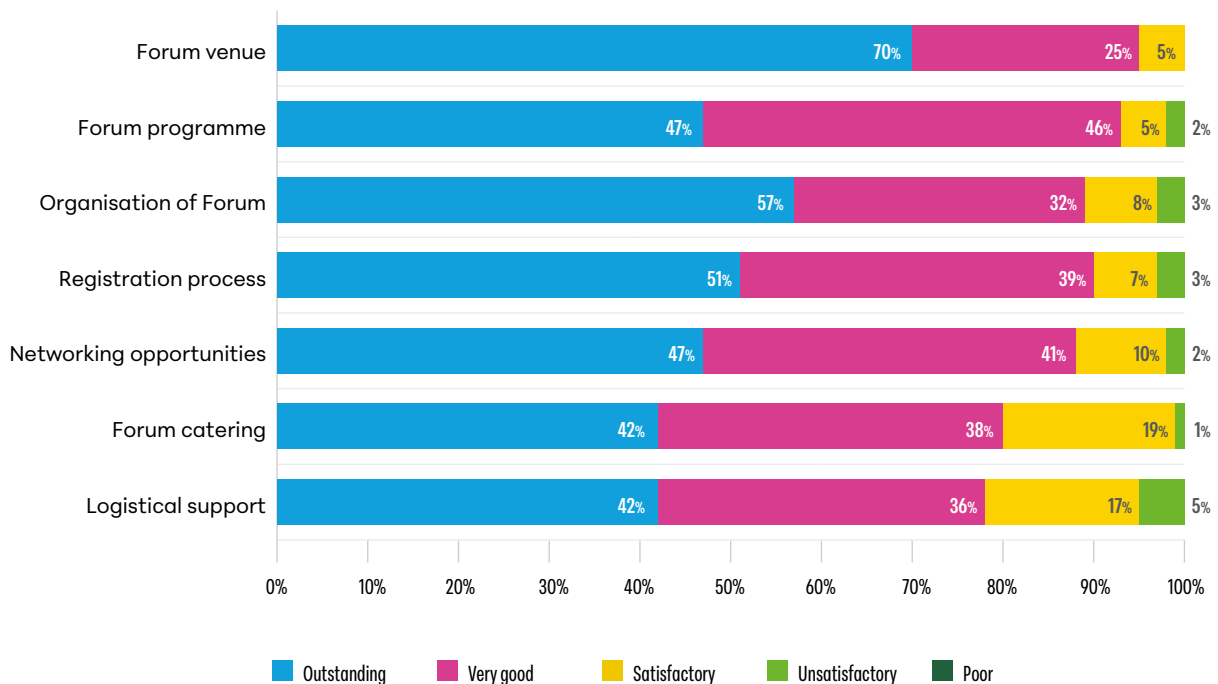


Figure 2. Delegate rating of aspects of the 2025 Global NCD Alliance Forum

## Delegate rating of different Forum sessions

91% of delegates rated **plenary sessions** and **pre-conferences** as *outstanding* or *very good*, reflecting their relevance and usefulness in setting the tone for the discussions to follow. Similarly, the **civil society coordination session** was well received, with 87% of attendees rating it *outstanding* or *very good* and highlighting its value in terms of facilitating advocacy planning and enhancing collaboration among civil society delegates. Delegates highlighted the usefulness of regional consultation having been built into the format of this session.

A majority of delegates rated **satellite sessions**, **thematic parallel sessions**, and the newly established **Community Zone** as *outstanding* or *very good*. While many delegates appreciated that these sessions were smaller and included breakouts with room for their own contributions, responses suggest that a subset of delegates felt more neutral about these sessions.

Overall, quantitative and qualitative feedback suggests that Forum sessions succeeded in sharing lessons learnt and best practice, inspiring engagement, and rallying around key asks for the HLM4.

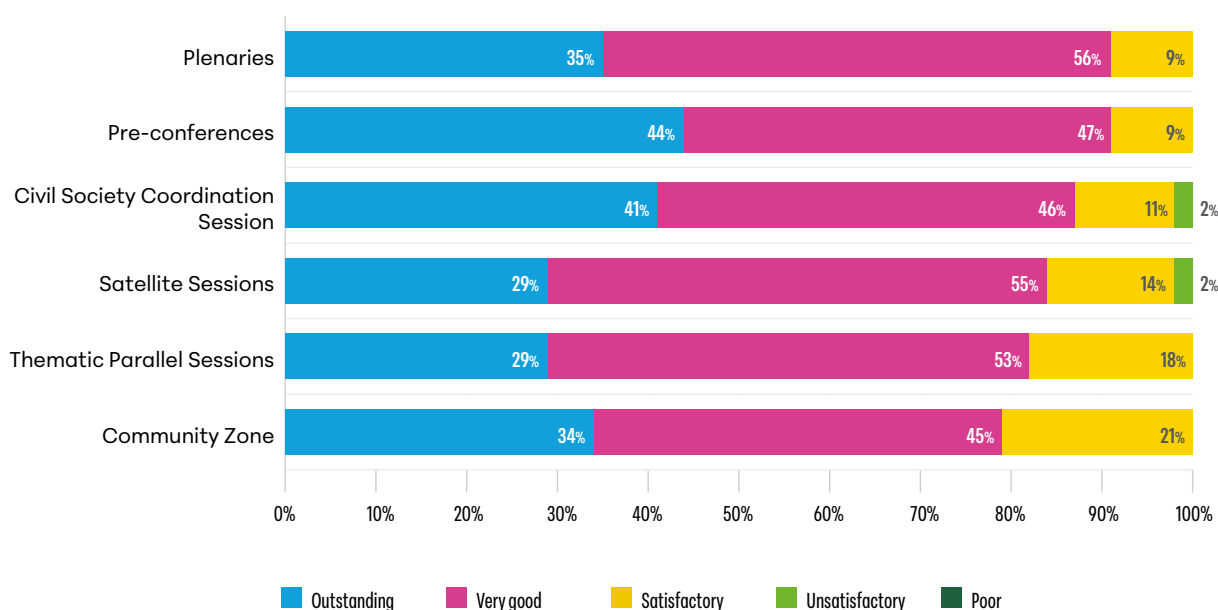


Figure 3. Delegate rating of different Forum sessions

## Delegate rating of Forum communications

The Forum was a showcase for communications initiatives aimed at keeping delegates informed and engaged, including a dedicated website, mobile app, social media toolkit, and daily updates and blogs.

The Forum app was launched a month in advance to facilitate pre-event dialogue and exchange. It allowed delegates to connect with fellow attendees, access the full programme, speaker line-up and session details, receive real-time updates and announcements, bookmark must-attend sessions, and create a personalised schedule.

Reaction to the Forum website (93% rated it *outstanding* or *very good*) and app (90% rated it *outstanding* or *very good*) was overwhelmingly positive. Our data suggests, however, that some delegates saw room for improvement in social media activity and engagement, daily blogs and updates, commitment and blackboard walls and the social media toolkit.

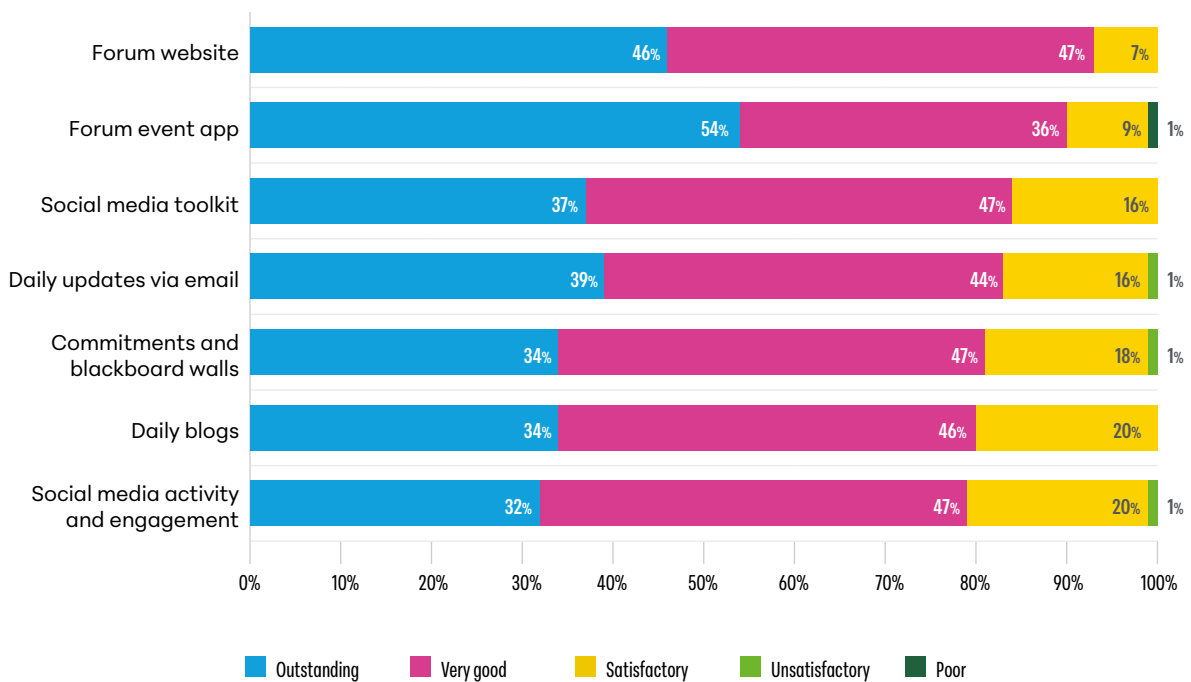
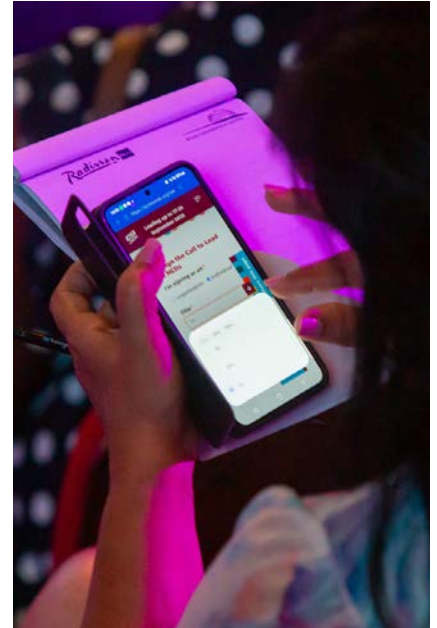


Figure 4. Delegate rating of communication aspects of the Global NCD Alliance Forum 2025

## Empowering youth leaders

“As a youth delegate, I thought that the pre-conference and youth hub provided invaluable opportunities for youth to meaningfully connect, build relationships, and network with other delegates, which they may not have the opportunity to do otherwise given the limited access for youth in global health spaces.”

Youth delegate

**60 youth leaders from over 30 countries** were supported to attend the Forum and several of them had speaking roles during the event. The Youth Programme was supported and organised by a consortium of partners comprising NCD Child, HRIDAY, UNICEF, American Heart Association, and NCDA.

→ **95% of youth delegates felt well prepared and informed ahead of the Forum.**

→ **95% of youth delegates expressed that the Forum was valuable to their work or career.**

→ **89% of youth delegates felt meaningfully involved at the Forum.**

→ **95% of youth delegates felt supported and given opportunities to maximise participation and engagement at the Forum.**

A dedicated full day pre-conference, Youth Engagement and Leadership on NCDs, featured dynamic and interactive sessions where youth leaders shared their advocacy journeys and lived experience of NCDs. *See Pre-conferences (page 29)*. The programme included discussions on regional NCD challenges, best practices, youth-led initiatives, meaningful youth engagement, and an intergenerational panel bringing together youth leaders and mentors. Participants also engaged in capacity-building sessions on advocacy skills and strategies for effective communication.

The Youth Programme led a session at the Community Stage. Importantly, youth attending the Forum came together to produce the **Kigali Youth Declaration**.

*See below under Forum calls to action (page 24).*



# Putting lived experience at the centre

Participation and inclusion of people with lived experience of NCDs was central to the Forum. Lived experience advocates shared their insights as speakers in plenaries and sessions, including a dedicated WHO Global Coordination Mechanism-led parallel session entitled ‘Making meaningful involvement of people living with NCDs a reality’ and a lived experience-led **Community Stage session** (see p.22 for more detail). Lived experience was also the centrepiece of the **Our Views, Our Voices** exhibition (see p.22 for more detail).

→ 83% of lived experience delegates felt well prepared and informed ahead of the Forum.

→ 83% of lived experience delegates felt meaningfully involved at the Forum.

→ 92% of lived experience delegates felt supported and given opportunities to maximise their participation and engagement at the Forum.

→ 92% of lived experience delegates expressed that the Forum was valuable to their work or career.

More than 50 lived experience delegates participated in the pre-conference, ‘Power-up NCD advocacy: connecting and inspiring communities for change’, organised and led by the Our Views, Our Voices initiative and the Our Views, Our Voices Global Advisory Committee (see Pre-conferences (page 29)). The pre-conference celebrated the community’s achievements in operationalising the meaningful involvement of people with lived experience in decision-making. It also saw active collaboration on tackling the challenges and barriers to progress and enabling integration with other sectors.

The agenda presented a variety of lived experience speakers, who shared their insights and learnings on meaningful involvement. To continuously strengthen meaningful involvement efforts for future Forums and in-person events, an NCDA SoP on facilitating in-person participation of lived experience advocates is under development.

“The most useful part of the Forum was how many of the discussions emphasised the importance of making NCD actions people-centred [...] This includes the integration of various healthcare services to ensure comprehensive care. Focusing on these integrated, people-centred approaches will make sure that patients’ needs and experiences are truly at the heart of NCD care and policy.”

Lived Experience Delegate

“The pre-conference sessions were the most useful for me. They provided an invaluable opportunity to engage with like-minded advocates and experts in a more focused setting.”

Lived Experience Delegate



# Community Zone

For the first time, the Forum featured a Community Zone, dedicated to reinforcing the role of communities in the NCD response, celebrating the power of collective action and community leadership, and fostering collaboration to advance the global NCD agenda. Designed to complement the formal Forum programme, the Community Zone provided a relaxed environment for civil society and youth delegates, participants with lived experience, and regional and national alliances to meet, exchange knowledge and experience, and share best practices.

## Key Components

The **Community Stage** hosted eight interactive 20-minute sessions during programme breaks, providing a platform for member organisations, alliances, youth, and people living with NCDs to showcase their work. These sessions emphasised community-led approaches and the meaningful involvement of individuals with lived experience and youth, focusing on three sub-themes:

- **Campaigning for Change:** Highlighting grassroots advocacy efforts.
- **Community Approaches to Leave No One Behind:** Showcasing inclusive initiatives for equitable care.
- **Coalition Building for Impact:** Exploring collaborative efforts driving systemic change.



A **Strategy Hub** hosted 18 strategic advocacy and campaign planning meetings, providing a venue for regional alliances, the Our Views, Our Voices global advisory committee, the youth delegation, and other civil society groups.



The **Call to Lead Wall** invited delegates to voice their messages to world leaders through handwritten notes, amplifying key campaign messages and reinforcing the importance of community-driven advocacy. This interactive activity encouraged delegates to share personal calls to action.



A **Movie Room** offered hourly screenings of two mini documentaries from the Our Views, Our Voices initiative, highlighting leadership through lived experiences in India and Malawi. Originally released during the Global Week for Action, these films featured four inspiring lived experience leaders. Raise Your Voice showcased Chikhu N'gombe and Samuel Kumwanje advocating for improved NCD care in Malawi. Going Full Circle followed Nupur Lalvani and Snehal Nandagawli as they shared their journey of managing chronic conditions and driving systemic change in India. A special screening included a Q&A session with the protagonists.



An **Our Views, Our Voices Exhibition** highlighted the achievements and advocacy efforts of people with lived experience of NCDs, celebrating the evolution and impact of the Our Views, Our Voices initiative since its inception in 2017. Tablets were available for visitors to interact with visual and audio NCD Diaries made by lived experience advocates. The tablets also offered an opportunity for visitors to sign The Call to Lead.

The delegate experience of the Community Zone was overall positive, with 79% of respondents rating it as *outstanding* or *very good*. The Our Views, Our Voices exhibition was rated as *outstanding* or *very good* by 84% of participants, while the Community Stage garnered similar feedback, with 80% of respondents giving top ratings. The Community Zone's success was based on fostering meaningful interaction, showcasing lived experiences, and promoting advocacy within the NCD movement. However, comments on the Community Zone reveal that participants found it difficult to access due to its location and because of lack of time resulting from the busy Forum programme, and so it should be given greater prominence in the future.

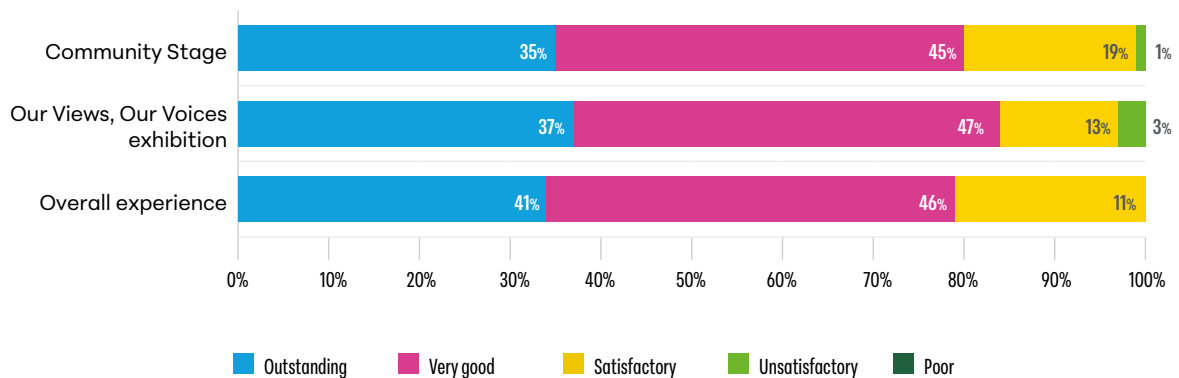


Figure 5. Delegate rating of Community Zone

## Forum Calls to Action



Rwanda NCD Alliance chairperson Professor Joseph Mucumbitsi (right in glasses) handing over a copy of the East Africa Community Regional Strategic Framework for prevention and control of NCDs to Minister of State for Health, Dr Yvan Butera. Looking on are officials from the World Diabetes Association, East Africa NCD Alliance, MOH Kenya, Danish NCD Alliance and East African Community Secretariat.



The Forum served as a platform for the launch of several advocacy tools, first and foremost **The Call to Lead**, an open letter to world leaders ahead of the HLM4 developed based on consultation with NCD Alliance members. It urges governments to fulfil their commitments to address the burden of NCDs and to take decisive action on NCDs and mental health, calling for leadership across three priorities – implementation, investment, and accountability. Open to civil society endorsement from both organisations and individuals, The Call to Lead was signed by many Forum delegates with the intention of delivering it to Member States at the UN Multistakeholder Hearing in New York on 2 May 2025.

A key outcome of the Forum's Youth Programme was the launch of the **Kigali Youth Declaration**, a call to action co-created by youth leaders and young people. The declaration supports **The Call to Lead** and highlights the urgency of acting on NCDs and addressing youth concerns in particular. With this, it calls for bold leadership that prioritises action on NCDs and mental health.

The Forum also saw the unveiling of the **East Africa Community Regional Strategic Framework for prevention and control of NCDs** by Dr Yvan Butera, Minister of State in the Ministry of Health of Rwanda. Intended to guide East Africa's response to addressing NCDs for the next five years, the framework is built around five objectives including improving public awareness and promoting community engagement. It recognises the central role played by civil society and aims to improve access to comprehensive NCD services and to strengthen data surveillance.



# Civil society advocacy planning session on the 2025 UN High-Level Meeting on NCDs and Mental Health

This session was held exclusively for the civil society delegates attending the Forum and brought together more than 400 delegates to discuss advocacy and campaign mobilisation strategies and shape joint campaign plans for the HLM4.

The session began with a global overview of the HLM4 process, highlighting advocacy priorities and outlining major opportunities for civil society engagement. Delegates then joined regional breakout sessions focused on reviewing progress, sharing experiences, and coordinating advocacy strategies. Six breakouts were held to tailor discussions according to regional context:

**Africa:** led by Africa NCDs Network and East Africa NCD Alliance

**Asia:** led by Southeast Asia NCD Alliance, with inputs from Healthy Philippines Alliance, covering both Southeast Asia and Western Pacific Regions

**Caribbean and Small Island Developing States:** led by Healthy Caribbean Coalition

**Eastern Mediterranean Region:** led by Eastern Mediterranean NCD Alliance

**Latin America:** led by Coalition for Americas' Health (CLAS)

**Multi-regional organisations:** led by NCD Alliance

Delegates reflected on regional advocacy experiences and progress made to date, identified or refined key political advocacy targets, and discussed media strategies and campaign opportunities, including how to leverage the **Global Week for Action** and **The Call to Lead on NCDs**. 87% of participants rated the session *outstanding* or *very good*, underscoring its role in enhancing regional collaboration.

The regional breakout sessions concluded with a strong sense of shared purpose and commitment to national, regional, and global advocacy efforts toward a robust Political Declaration at the HLM4 in September.

Having returned home after the Forum, as part of the NCD Alliance Advocacy Institute Regional Track, different regional NCD alliances hosted follow-up meetings to turn plans made at the Forum into action, including targeted outreach to champion governments ahead of the HLM4. To maintain momentum, NCD Alliance hosted a Regional Track Live Session where regional alliances shared updates, exchanged ideas on plans for activities, and continued refining strategies.

**“The Africa Region meeting [...] unified us for the first time in my 55 years. I felt at home in Africa and committed to pay forward to Africa region. We realised simultaneously that we are divided because we’re thinking of self instead of we. We united for NCDs.”**

Civil Society Delegate



# Forum impact & follow-up

## As a result of the Forum....

**95%** of delegates have greater knowledge of policy priorities on NCDs and how civil society can advocate for them.

**91%** of delegates are better equipped to effectively advocate for action on NCDs.

**90%** of delegates felt more confident in advocating towards the UN High-Level Meeting on NCDs and Mental Health.

**88%** of delegates were better connected with other advocates to collectively advocate towards the HLM4.

When asked what they would do differently in the coming 12 months, delegates indicated that they were planning to share their learnings with their alliances and communities, refocusing and refining existing efforts, and implementing new approaches and ideas. The majority of responses can be grouped across three areas of follow-up:

## 1. Ramp up advocacy and awareness-raising efforts

Ramp up advocacy and awareness-raising efforts, including through government outreach and stakeholder mobilisation in the lead up to the HLM4. Delegates shared that they were planning to contact their Ministry of Health and UN Country Missions in New York to promote NCD Alliance messaging and involvement of civil society, people living with NCDs, and youth in the HLM4 process.

**“I plan on collaborating with the Ghana NCD Alliance, other NCD advocates and CSOs to engage with the Ministry of Health as they prepare towards the HLM4 to ensure that our concerns are addressed and taken into serious consideration.”**

Forum Delegate

**“Disseminate the urgency of the upcoming HLM4 to other public health stakeholders, civil society and those with lived experience and communities to agree on advocacy outputs for engaging the government.”**

Forum Delegate

**“Engage with the Department of Health to promote the inclusion of NCD Alliance messages in the [UN High-Level Meeting] country statement.”**

Forum Delegate



“Strategically support our regional CSOs and youth to be intimately involved in the HLM4 preparations - aligning with one unified voice. I also hope to support their engagement with their local technical officials and raising awareness and building support for this major stocktaking moment.”

Forum Delegate

“Engage and potentially collaborate with advocates and CSOs from other SIDS to inform SIDS-focused priorities for the HLM4.”

Forum Delegate

## 2. Increase collaboration and coordination

Increase collaboration and coordination at various levels and with a variety of stakeholders, including government, other NCD civil society actors, community groups, people living with NCDs, and youth. Some delegates indicated that they intended to engage new groups across the NCD spectrum: from non-health ministries, to civil society and specific disease groups within the NCD movement, local HIV and UHC communities, and 'less visible' groups such as older persons and people with disabilities. Some were motivated to establish new national and regional NCD alliances or NCD working groups with the organisations they are active in. Others planned to reactivate dormant NCD alliances.

“Elevate relationship building and collaboration particularly with groups that were not visible like gender, older people, and people with disability as well as important conversations [...] such as UHC and HIV/AIDS.”

Forum Delegate

“Strengthen partnerships with community-based organisations to ensure a more inclusive and holistic approach to addressing NCDs in the coming year.”

Forum Delegate

“I will actively participate with the NCDA in the country to work on inclusion of youth, advocate more for PEN-Plus, and healthy city.”

Forum Delegate

“Strengthen networking links between NGOs and associations involved in the fight against NCDs. Work to better facilitate collaboration between NGOs and public authorities in my country.”

Forum Delegate



### 3. Help mobilise and empower people living with NCDs, youth, and communities

Help mobilise and empower people living with NCDs, youth, and communities through capacity-building, resource mobilisation, community outreach, and inclusion in policy development, research and advocacy, and awareness-raising activities.

“Try and apply the lived experiences in advocacy and engage youth more effectively in my country.”

Forum Delegate

“Seek out opportunities to create awareness on the need for financial protection for People Living with NCDs and monitor government initiatives and programmes.”

Forum Delegate

“Focus more on amplifying the voices of patients in global health, especially within NCD discussions, ensuring their lived experiences drive policy and resource allocation decisions.”

Forum Delegate



“More focus on domestic funding for NCDs and country budget analysis in terms of government commitments towards NCDs.”

Forum Delegate

**Other planned activities** included leveraging the power of story through social media and public broadcasting, fundraising, and advocacy for domestic resource mobilisation, as well as involvement in **NCD screening and prevention in their communities.**

# Programme

## Pre-conferences

Six pre-conference events were held the day before the official start of the Forum. Organised by various sponsors and by invitation only, these events aligned with the Forum sub-themes and covered topics such as air pollution, Type 1 Diabetes, NCD financing in the Africa region, and scaling-up grassroots innovations for NCDs. Two events specifically focused on youth leadership and individuals with lived experience of NCDs. With a mix of interactive workshops, panel discussions, and dialogues, the pre-conferences fostered meaningful discussions, networking, and strong collaboration among civil society, academia, and government. The pre-conferences built momentum and energised participants for the days of engagement and collective action that followed.

### 1. Power-up NCD advocacy: connecting and inspiring communities for change

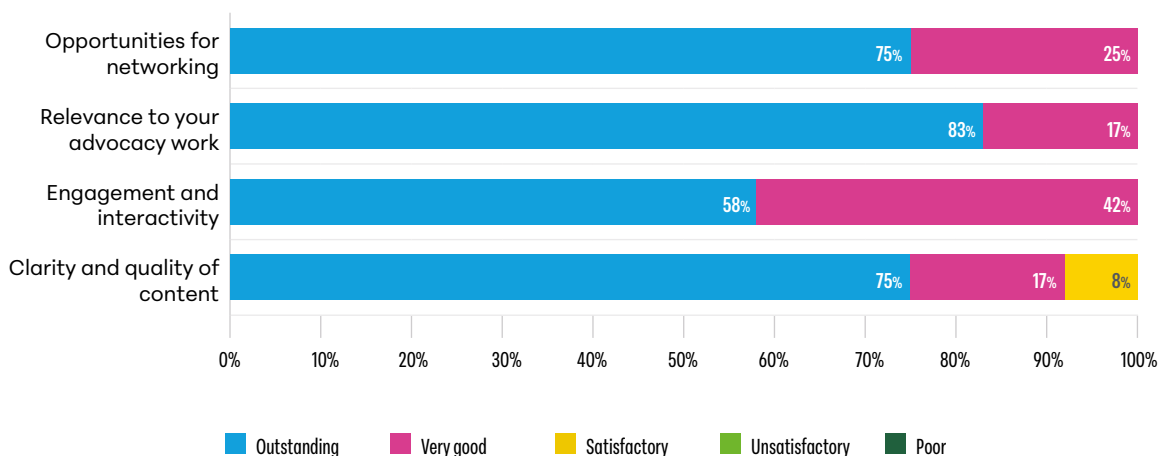
Organised by NCD Alliance and the Our Views, Our Voices Global Advisory Committee. Supported by Viatris.

The pre-conference **Power-up NCD Advocacy: Connecting and Inspiring Communities for Change** specifically engaged lived experience advocates. It received an overwhelmingly positive response, scoring particularly strongly for its **relevance to advocacy work**, highlighting its direct impact on participants' capacity for NCD advocacy. The session scored highly for **engagement and interactivity** and offered ample **opportunities for networking**, with 100% of attendees recognising the session as valuable for building connections and strengthening collaboration. Additionally, 92% of participants rated the pre-conference's **clarity and quality of content** as *outstanding* or *very good*. These results underscore the session's effectiveness in equipping people living with NCDs with new insights, skills, and networks to drive meaningful change in NCD advocacy.

**“My advocacy journey was not planned, it was a necessity. My lived experience helps me relate with my peers and motivates me to action. True advocacy empowers others.”**



**Michael Uchunor**, Michael and Francisca Foundation



**Figure 6.** Delegate rating of the “Power-up NCD Advocacy: Connecting and Inspiring Communities for Change” Pre-Conference

## 2. Collaborate for change: advancing T1D advocacy

Organised by **Panorama Global** and **The Leona M. and Harry B. Helmsley Charitable Trust**.

**“There is a long list of problems to be solved, but these are similar across the world. This means we can find common solutions and learn from each other.”**

**Dr Claire Brockbank**, Diabetes Association of Botswana

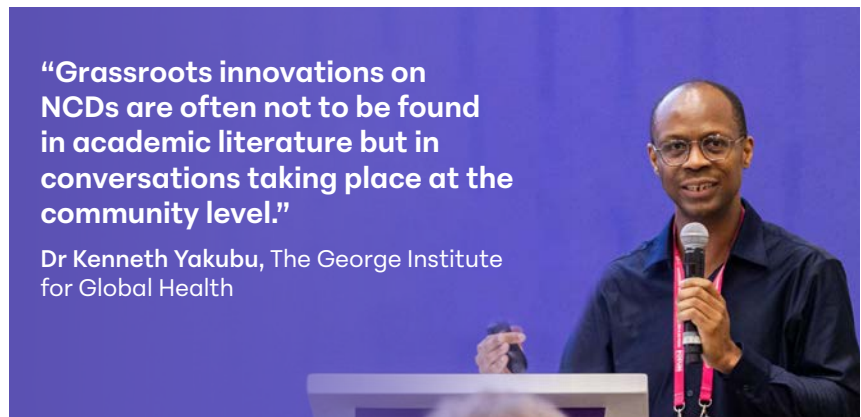


## 3. Scaling grassroots innovation addressing NCDs in primary health care in Francophone Africa

Organised by **WHO Global Coordination Mechanism on NCDs (GCM/NCD)**

**“Grassroots innovations on NCDs are often not to be found in academic literature but in conversations taking place at the community level.”**

**Dr Kenneth Yakubu**, The George Institute for Global Health



## 4. Strengthening financing for NCDs in the Africa Region through UHC and primary health care (PHC): a dialogue with the Financing Accelerator Network (FAN) for NCDs

Organised by **Africa Institute for Development Policy, Results for Development**.



**“We need to invest in generating routine, quality data and data collection systems to respond to the burden of disease and allocate resources effectively.”**

Pre-conference participant

## 5. Advocacy workshop: ensuring action on air pollution at the fourth UN High-Level Meeting on NCDs and Mental Health

Organised by **Clean Air Fund, Global Climate and Health Alliance, Healthy India Alliance, HRIDAY, ACT+ Brazil, Union for International Cancer Control, The George Institute, World Heart Federation and NCD Alliance.**

Air pollution interventions remain insufficiently integrated into NCD responses, falling short of the scale and urgency required to achieve SDG target 3.4. Participants rallied around the HLM4 as a critical opportunity to change this trajectory, workshoping unified messaging and coordinating strategies to accelerate action for clean air and NCDs.

## 6. Youth engagement and leadership on NCDs

Organised by **NCD Child, HRIDAY, UNICEF, American Heart Association and NCD Alliance**

The pre-conference received overall positive feedback highlighting its effectiveness in engaging participants, providing valuable insights, and ensuring meaningful discussions. 85% of participants underlined the session's relevance and impact recognising its **value for future work**. The session also achieved its objective to be interactive, with 84% rating interactivity as *outstanding* or *very good*. **Content quality** was regarded as *outstanding* or *very good* by 76%. 21% of participants were neutral on the session's content indicating possible opportunities for further tailoring content to the audience.

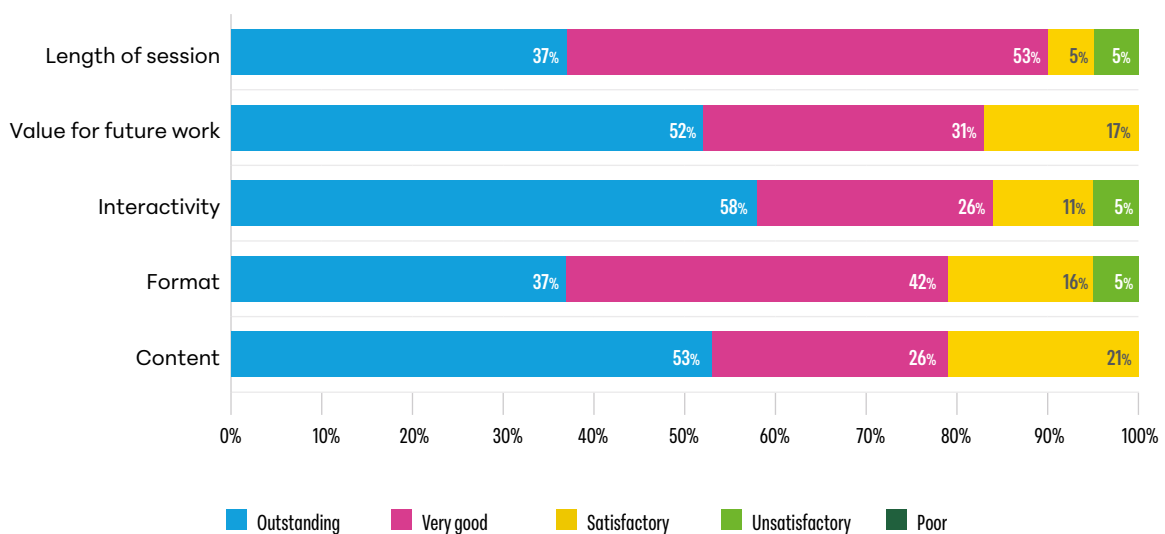


Figure 7. Delegate rating of “Youth engagement and leadership on NCDs” Pre-Conference

## Opening ceremony

**“This is a call to action at a pivotal moment in global health.”**



Dr Yvan Butera, Minister of State for Health, Rwanda

The Opening Ceremony highlighted the progress achieved since the previous Forum, held almost exactly five years ago in Sharjah, just as the COVID-19 epidemic was beginning with all its repercussions for NCD prevention and treatment. 2025 marks an immensely challenging time for global health, with the US withdrawal from WHO and stark reductions in overseas development assistance. Hope was expressed that the Global Forum will prove to be a catalyst for action and partnership, helping to bridge the worldwide gap between NCD policy and implementation.



## CEREMONY HIGHLIGHTS



The Forum began with a welcome from **Nadine Karema**, Executive Director of Partners in Health, Rwanda.



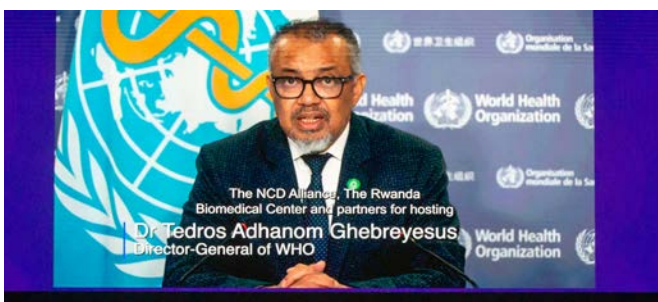
**Dr Monica Arora**, President of the NCD Alliance, stressed that governments are falling short on their commitments, and the prevalence of risk factors remains stubbornly high, but that there are solutions at our fingertips.



**Professor Joseph Mucumbitsi**, Chairperson of the Rwanda NCD Alliance, highlighted that Rwanda has reached a turning point: progress in maternal and child health and control of communicable diseases has raised healthy life expectancy by over 20 years, but these gains are threatened by the rise of NCDs.



**Dr Gina Agiostratidou**, Program Director at The Leona M. and Harry B. Helmsley Charitable Trust, talked about the need to keep people with lived experience at the forefront, to build bridges across multiple health issues, and to collaborate with partners across all sectors.



After a video message from WHO Director-General **Dr Tedros Adhanom Ghebreyesus**, the Minister of State for Health of Rwanda, **Dr Yvan Butera**, provided examples of steps that are making a demonstrable difference in NCD prevention in Rwanda. He then officially opened the Forum.



## Plenaries

The Forum was structured around three plenaries, in addition to an opening and closing plenary. The plenaries featured a number of high-profile speakers representing government, international organisations, NGOs, youth, lived experience, and philanthropy. They allowed for collective reflection and stocktaking, zooming into Forum sub-themes, setting the scene for discussions across thematic parallel and satellite sessions, and focussing on ‘what’s working’ in the NCD response. Plenary topics encompassed a regional focus on Africa as the Forum’s host continent, the financing gap for NCDs, the end of the current NCD targets, the upcoming HLM4, and the NCD community as a growing global movement.

Plenary sessions were extremely well received, recognised for their **relevance to the Forum and its sub-themes** (91% of participants rated this aspect *outstanding* or *very good*) and their **content** (88% rated this aspect *outstanding* or *very good*). The **quality of speakers** was also a notable strength, earning a 91% approval rating, underscoring the expertise and insights shared. 86% of attendees found the plenary **format** effective, while 87% appreciated the plenaries’ **value for future work**, suggesting that the sessions had lasting impact on participants’ advocacy and initiatives. These results reinforce the importance of plenary discussions in setting the scene for Forum discussions and equipping attendees with knowledge and strategies for advancing NCD action.

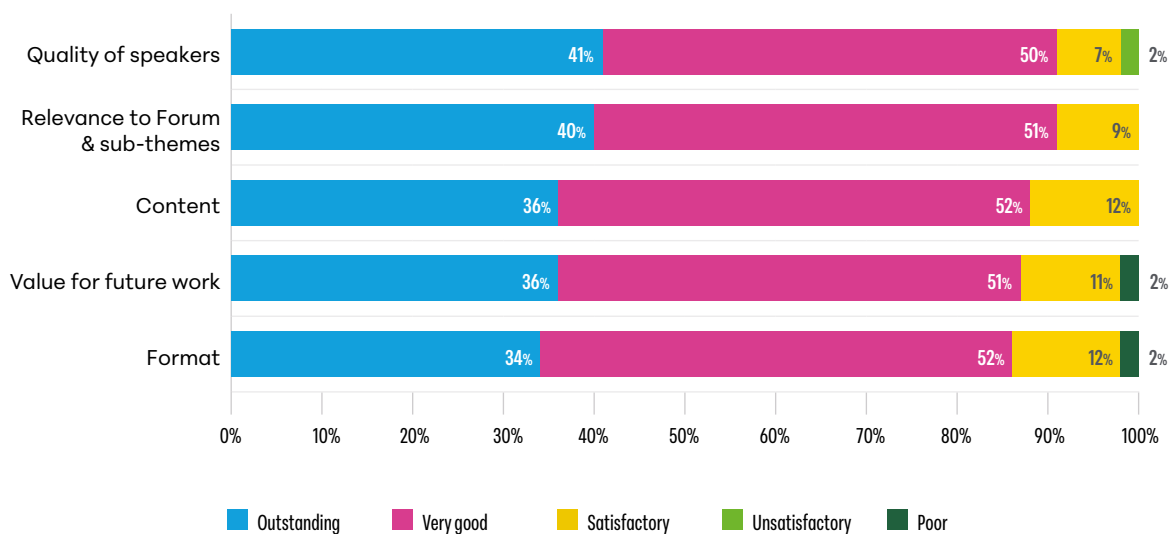


Figure 8. Delegate rating of Plenaries

## Opening Plenary

### **NCDs in the Africa region: catalysing progress, leadership and action**

**Moderator:** Dr Githinji Gitahi (Group CEO, AMREF Health Africa)

**Video welcome:** Dr Jean Kaseya (Director-General, Africa CDC)

**Panellists:** Dr Kouamivi Agboyibor (Technical Officer NCDs, WHO AFRO), Dr Mary Edua Commeh (Programme Manager for NCDs, Ghana Health Service), Itete Karagire (Monitoring and Evaluation Expert, East African Community), Lea Kilenga (Founder and CEO, Africa Sickle Cell Organisation), Prof. Claude Mambo Muvunyi (Director General, Rwanda Biomedical Centre)

**The Opening Plenary focused the spotlight firmly on Africa, where the rise in NCD morbidity and mortality is challenging the continent's health systems. Panellists emphasised the need for strong civil society engagement and integration of NCDs within primary care, shared good practice, and discussed asks for the HLM4.**

#### Discussion highlights

There is a significant disconnect between the burden of deaths from NCDs in Africa – accounting for 37% of all deaths in the region – and the financing to address it. The already small investment in NCDs is likely to come under even greater pressure as aid budgets are dramatically reduced.

There is also a disconnect between NCD policy and its implementation. Political, financial, and technical commitments to address NCDs must be reinforced, combining top-down leadership with an empowered civil society to ensure policy implementation.

Backed by strong political commitment, Rwanda has made great strides in NCD prevention and management, focusing on implementation of evidence-based policies and interventions. Services have been decentralised and care for NCDs expanded in primary care facilities.

Integration of NCDs into health systems and particularly primary care e.g., with the use of the WHO's PEN-Plus tool, is essential. But NCDs are more than just a health-sector issue. Success will depend on partnerships beyond health, including private sector and civil society.

The HLM4 must move governments beyond rhetoric towards concrete results, including on less common NCDs such as type 1 diabetes, sickle cell disease and rheumatic heart disease. Concrete commitments to investment in and collaboration with people living with NCDs are needed at the HLM4.

**“A challenge is that NCDs continue to be presented as a health sector problem, when the drivers lie outside the health sector.”**



**Dr Mary Edua Commeh**, Ghana Health Service

**“Civil society is the biggest instrument to uphold the right to health, by empowering community voices.”**



**Lea Kilenga**, Africa Sickle Cell Organisation

## Plenary One

**“This is a complex geopolitical, financial, and human rights context, and more than ever we need voices on the ground in communities to contextualise persistent challenges.”**



Dr Guy Fones, World Health Organization

### 2025 and beyond: leadership in NCDs from grassroots to government

**Moderator:** Jacqui Thornton (Director, Jacqui Thornton Communications)

**Video address:** Dr Jérôme Salomon (Assistant Director-General of Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO)

**Panellists:** Katie Dain (CEO, NCD Alliance), Dr Guy Fones (Director a.i. NCD Department, WHO), Dr Anne Gedeon (Senior Official, Ministry of Health, Seychelles), Patricia Lambert (Chair, Global Alliance for Tobacco Control), Princess Padmaja Kumari Parmar (Global Ambassador of Breakthrough T1D), Ferdinant Sonyuy (Executive Director, Africa NCDs Network)

The first plenary highlighted both the progress achieved and the challenges that remain, with the HLM4 as a real opportunity to advocate for new commitments and accelerated implementation of NCD policy.



## Discussion highlights

There has been much progress since the first HLM in 2011: the WHO has developed evidence-based interventions that have been tried and tested, national policy has been developed, there is more civil society involvement, including a growing number of regional and national NCD alliances, and there is greater recognition of the role of people living with NCDs.

However, many people still lack access to affordable, quality services for screening, diagnosis, prevention, treatment, palliative care, and rehabilitation. Conflict, displacement, and climate change are challenges that will only become more pressing. The recent USAID cuts will have impacts on people living with NCDs far beyond the specific programmes being curtailed.

Now is the time to mount resistance and catalyse change. Advocates should not hesitate to make their case, including opposing health-harming industries, even and especially where they have helped to keep governments in power.

NCDs affect us all, and the perspectives of people with lived experience are particularly important in helping to move the needle. Provision of support and mentoring opportunities, such as this Forum, are important to ensure their voices are heard.

It is through collaboration that we will find a way through the current crisis. This includes educating ourselves, partners, policymakers, professionals, the media, health practitioners, and patients on what can and should be done to address NCDs in the most effective ways.

A central message for the HLM4 is the need for governments to make financial commitments to address gaps in primary health care. It is essential that NCD advocates call for cross-cutting strategies and integration, rather than focus on specific diseases.

Finally, it is important to take the long view and plan for beyond the HLM4. Policymakers must be held to account for the commitments they make, and national policy windows must be sought to push for action. We must remain united, coordinated, and focused.

**“I am astounded by how much the NCD Alliance has grown and how much energy is going into this. Harness it and use it to lobby and lobby and lobby some more.”**



**Patricia Lambert**, Global Alliance for Tobacco Control



**“Over the years, we have developed economically, with robust health systems... but instead of our nations being healthier, NCDs dominate our landscape.”**

**Dr Anne Gabriel**, Senior Official Results-Based Management, Ministry of Health, Seychelles



**“We know what works! Many countries and entities are advancing multisectoral solutions, but the challenge now is to replicate them and scale them up.”**



Dr Mary-Anne Etiebet, Vital Strategies

## Plenary Two

### **Bridging the financing gap: sustainable investments, smarter financing for NCDs**

**Moderator:** Jacqui Thornton (Director, Jacqui Thornton Communications)

**Panellists:** Dr Simón Barquera (President, World Obesity Federation), Professor Linda Bauld (Chief Social Policy Adviser, Scottish Government), Dr Mary-Anne Etiebet (President and CEO, Vital Strategies), Dr Gladwell Gathecha (Head of Division of NCDs, Ministry of Health, Kenya), Dr Ladi Hameed (General Manager, Roche Nigeria), Ulrika Arehed Kagstrom (President-Elect, UICC)

**The second plenary addressed an issue that is impeding NCD progress: financing. At the heart of the solution is domestic resource mobilisation, particularly the use of health taxes, which both reduce consumption and can be used to fund health systems. Other avenues include appropriate collaboration with the private sector and the use of pooled and catalytic funding, such as through the [Health4Life Fund](#).**

### **Taking financing forward**

The plenary began with a ‘fireside chat’ between Jumana Qamruddin (World Bank) and Pierre Cooke (Healthy Caribbean Coalition), discussing last year’s International Dialogue on Sustainable Financing for NCDs and Mental Health in the context of today’s constrained and uncertain macro-fiscal environment.

Success should not be defined only as finding more money for NCDs and mental health: substitutional, fragmented funding for specific disease areas is unsustainable. Instead integrated, catalytic funding that is better aligned with population needs and can unlock domestic resources is needed. Taking a life-course approach is a systematic way for countries to unpack how to integrate NCDs and mental health into health systems.

The ministers of health and finance at the Dialogue agreed on a set of 10 priorities in NCD financing, and civil society can use these to hold governments accountable. The recommendations are informing the World Bank’s engagement with countries and there has been an increase in demand for technical assistance and financing on NCDs.



## Discussion highlights

International aid is often not sustainable: pilots come to an end or are not scaled up. Instead, domestically funded UHC should be the core of NCD financing. In Nigeria, a health fund has been set up for breast, cervical, and prostate cancer. Patients can apply online for funding, which can then be used for services at participating institutions, paid for by the fund. The hope is to extend this to kidney and sickle cell disease. In Kenya, a new insurance fund includes NCDs in the benefits package.

The Health4Life Fund is a country-led initiative that provides catalytic funding for NCD prevention and control. The Scottish Government made a strategic decision to put \$3 million into the Fund, which is now supporting partners in Rwanda and Zambia. There are challenges in getting other governments to come on board, but the hope is that funding will increase in the future.

Different ways of working with the private sector were discussed. The pharmaceutical industry has experience that it can bring to bear, and the Access to Oncology Medicines Coalition was cited as a partnership that expands access to cancer medicines in low- and mid-income countries (LMICs). A valuable learning is that simple provision of medicines alone is not sufficient: they need to fit into existing health systems and reach the right people, or they will go to waste. The non-health private sector, such as banks and technology, may also be a source of innovative support.

Civil society has to counter the influence of health-harming industries including by ensuring that policymakers are aware of conflicts of interest, publicly calling out harmful behaviour, and generating public support. Strong data is essential for evidence-based advocacy, and there is a need to build research capacity at universities, think-tanks, and in the NGO sector.

Taxes on unhealthy commodities are a solution for scale, with the potential to save millions of lives and generate \$3.7 trillion, increasing LMIC health budgets by 40%. In Brazil, Parliament recently passed legislation to support taxes across a basket of unhealthy products, with plans to plough the revenue back into NCD care. In Mexico, the health system collapsed after oil prices fell, so taxes on junk food and sugary beverages were introduced as a way to fund the system. An **evaluation has since shown** that the measures have had a positive impact.

**“There is a private sector producing unhealthy products and we need to stop them from influencing and exercising power over policymakers in our countries, especially developing countries.”**



Dr Simón Barquera, World Obesity Federation



## Plenary Three

**“Integrating HIV and NCDs has become real. This is an opportunity to collaborate more, within the structures that you have and we have.”**



Florence Riako Anam, Global Network of People Living with HIV

**“Building power vertically isn’t helping anybody. We need to build power horizontally, with one another.”**



Edith Mukantwari, Africa Diabetes Alliance

### Powering up communities: fuelling progress against NCDs

**Moderator:** Jacqui Thornton (Director, Jacqui Thornton Communications)

**Panellists:** Florence Riako Anam (Co-Executive Director, Global Network of People Living with HIV (GNP+)), Dr Joseph Kibachio (Medical Advisor for NCDs and Mental Health, WHO South Africa), Edith Mukantwari (Lived Experience Advocate; Executive Director, Africa Diabetes Alliance), Dr Ravi Ram (Director, Madhira Institute), Radhika Shrivastav (Senior Director, Healthy India Alliance)

The third plenary put the focus on the many benefits of community engagement and meaningful involvement of people with lived experience of NCDs.



## Discussion highlights

Real strides have been made in the last few years at global, regional, national, and local levels to embrace meaningful engagement. The Africa NCDs Network is a vibrant example. It has shared stories and provided guidance for member organisations on meaningful engagement to promote policy change.

There is much to learn from grassroots HIV advocacy. The global AIDS movement has been successful due to its ability to mobilise people living with HIV to advocate for access to treatment and to end stigma. There is a real opportunity to bring the HIV and NCD communities together, not least as the 9 million people living with HIV aged 50+ are increasingly facing NCD comorbidities.

Community engagement helps shift the narrative away from personal responsibility, which absolves government of the need to act, making clear that individual choices are heavily constrained by policy decisions that shape social and economic environments. Tools such as **WHO's Framework for Meaningful Engagement of People Living with NCDs and Mental Health and Neurological Conditions** and the landmark **WHO Resolution on Social Participation** have set a new standard for collaboration between policymakers and civil society. The resolution calls for governments to plan and budget for routine engagement of civil society while also building their capacity. It also clarifies that one-off consultations with civil society do not constitute social participation.

The language that advocates use ahead of the HLM4 should reflect that High-Level Meetings are held at the UN in New York rather than at WHO's headquarters in Geneva because NCDs are not just a health issue but a broader development issue requiring a whole-of-government approach.

**“Civil society is not an enemy of government. Sometimes we have to speak hard to them, but we also need to sit down with them.”**



**Dr Joseph Kibachio, World Health Organization South Africa**

## A thank you to much-missed colleagues

The Forum paid tribute to two recently deceased, longstanding NCD advocates who will be greatly missed by the NCD community. Dr Vicki Pinkney-Atkinson dedicated much of her life to equitable NCD access in South Africa, including as Director of the South Africa NCD Alliance. She felt strongly that engagement is a right and that participation is a civic duty. Charity Muturi was a mental health advocate and leading light in the NCD Alliance in Kenya. She had spent years calling for those with suicide ideation to be able to seek help without fear of reprisal. Charity was a petitioner to the High Court of Kenya to decriminalise suicide. After years-long advocacy efforts, the High Court of Kenya ruled the criminalisation of suicide unconstitutional in January 2025.



## Closing plenary

**“NCDs are not just health crises: they threaten our collective future, deepen inequalities, and hinder sustainable development.”**



Professor Liesl Zühlke, South African Medical Research Council

**Moderator:** Professor Liesl Zühlke (Vice President, South African Medical Research Council)

**Panellists:** Beatriz Champagne (Executive Director, CLAS), Farah Feteha (Youth Leader, Egyptian Society for Adolescent Medicine), Rory Nefdt (Senior Advisor Health, UNICEF), Chikhulupiliro Stanley Ng’ombe (Secretary, NCD Alliance Malawi), Professor Kaushik Ramaiya (Honorary General Secretary, Tanzania NCD Alliance), James Reid (Type 1 Diabetes Programme Officer, The Leona M. and Harry B. Helmsley Charitable Trust)

The closing plenary both reiterated central Forum themes and acted as a rallying cry for the HLM4. Each speaker concluded by making a personal commitment for their work in the future. These included increasing focus on collaboration locally and regionally, becoming a changemaker, and proactively involving people with lived experience at every stage. Speakers urged delegates to hold on to their values and remain courageous in the face of difficult times. All were encouraged to sign the NCD Alliance’s The Call to Lead on NCDs and to act on the Kigali Youth Statement.



## Discussion highlights

At country level, advocacy groups for various NCDs should agree on common priorities rather than fight for their disease specific concerns. Presenting policymakers with competing demands is ineffective, while uniting behind a succinct set of recommendations is more likely to be seen as implementable. Similarly, rallying behind a common set of priorities for the HLM4 increases the likelihood of seeing them translated into concrete commitments.

Engaging in-country NCD champions can be helpful in attracting policymakers' attention. We need to reach the point at which any government not acting on NCDs is embarrassed because it can see other governments successfully doing so.

Governments and funders should be mindful of the power dynamics at play and ensure the involvement of people with lived experience and of young people. Involvement of lived experience is a non-negotiable right: people living with NCDs must be treated respectfully and be fully involved. Specifically, people living with NCDs must take the centre stage at the HLM4.

The current global monitoring framework focuses only on those aged 30–70, but NCDs affect people of all ages and a lifecourse approach is needed. Children and young people are critical to NCD prevention.

**“You need to tailor policy and ideas and the movement to youth. We are the future of the future, and we need you to hear from us about what we actually need, not what you think that we need.”**



**Farah Feteha**, Egyptian Society for Adolescent Medicine



## Final words



Professor Joseph Mucumbitsi,  
Rwanda NCD Alliance

Professor Joseph Mucumbitsi noted how far the global NCD community has come over the past decade, largely thanks to the work of advocates. He expressed hope that all delegates were leaving the Forum inspired and motivated, and that this will mark the beginning of a new era of momentum and collaboration.

**“I hope we will all roll up our sleeves and put what we have learned into action: a ripple effect extending regionally and globally.”**



Dr Monika Arora, NCD Alliance

Dr Monika Arora agreed that the Forum was deeply inspiring and energising, and that it had demonstrated palpable determination and commitment, particularly from civil society and youth delegates. She urged delegates to reject the status quo and use the HLM4 as a golden opportunity to make real progress towards achieving the SDGs.

**“Leave not just with ideas, but with a mission. Let’s be louder, push harder, and demand more. We are not just participants in the fight against NCDs: we are leaders!”**



# Parallel Sessions

A total of **21 parallel sessions** were programmed across three streams, serving as platforms for knowledge exchange, discussion, and sharing best practices. Of these, four were curated by the Global Planning Committee, three were led by UN agencies, eleven were led by competitively selected NCD Alliance members, and three were curated by the National Planning Committee.

The parallel sessions were widely regarded as valuable and relevant, aligning strongly with the overarching theme and sub-themes. **Relevance to the Forum theme and sub-themes** received an overwhelmingly positive rating, with 91% of participants considering them *outstanding* or *very good*. Similarly, the **quality of speakers** earned a 91% positive rating, reflecting the expertise and diversity of voices featured in these sessions. The **content quality** was well-received, with 89% of respondents rating it highly. **Interactivity** was rated positively by 77% of participants, suggesting future opportunity in fostering more dynamic engagement. Lastly, the **value of these sessions for future work** was acknowledged, with 86% of attendees considering them highly useful for their ongoing NCD advocacy and initiatives. These findings reinforce the significance of parallel sessions as key platforms for knowledge exchange, collaboration, and advancing discussions on NCDs.

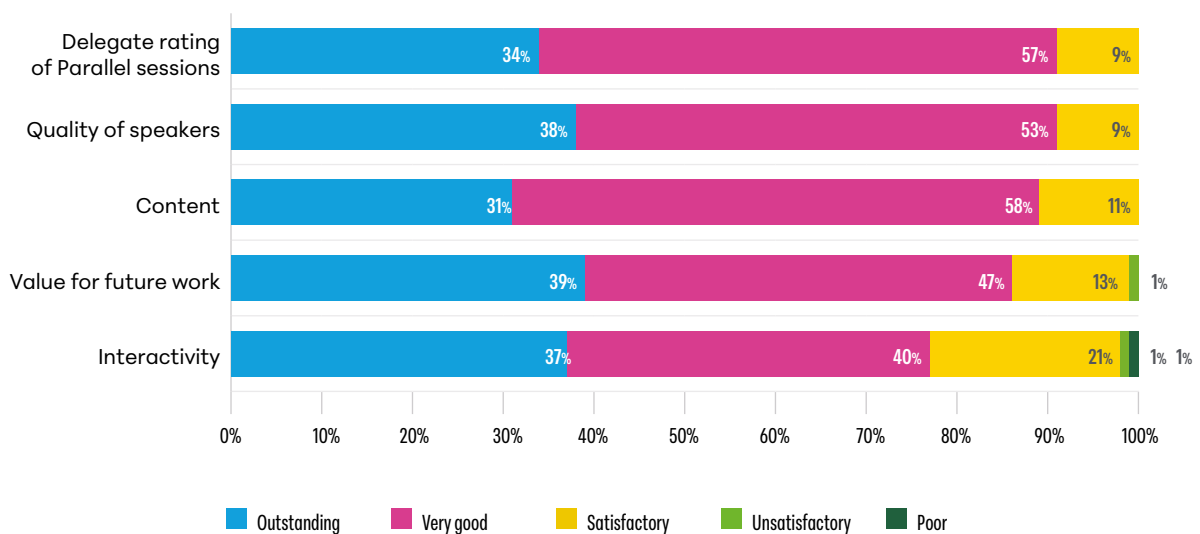


Figure 9. Delegate rating of Parallel sessions

## THEME 1

# INSPIRING LEADERSHIP



## The role of national strategic planning for NCDs in advancing country implementation of global targets

### Session leads

WHO Country Office Rwanda, Rwanda Biomedical Centre, Rwanda NCD Alliance, and Africa CDC

**“Leadership is not measured by declaration but by decisive and inclusive action. As we move to 2030 we need to make NCDs a central priority in national health strategy.”**

Dr Brian Clever Chirombo, WHO Country Office Rwanda

### Emerging themes

Strategic planning should be carefully tailored to national context, but there are common aspects to address, including leadership coupled with multisector collaboration, clear targets, health systems strengthening (to ensure sustainability) and effective monitoring.

People with lived experience should be fully engaged in national strategic planning, in order to develop NCD services that are fit for purpose.

Rwanda has set clear targets based on WHO's voluntary targets, which it seeks to achieve through awareness-raising, health systems strengthening, research, and multisectoral collaboration. Some targets e.g., tobacco and alcohol use, are seeing progress but others e.g., high blood pressure and obesity, are proving more difficult to tackle.

## The role of law and data in implementing the NCD Best Buys: case studies from the African region

### Session leads

McCabe Centre for Law and Cancer, Rwanda NCD Alliance, and Development Gateway

**“Young people are not that considered in national NCD strategic plans. They need to be empowered so that they can communicate and participate in policymaking.”**

Stephen Ogweno, Stowelink Foundation

### Emerging themes

Legislation and robust data are key to implementation of the WHO's NCD Best Buys. They can be used in a variety of ways, particularly to address the impacts of health-harming industries. There will be significant costs to inaction, if appropriate legislation is not implemented.

Examples of action include Kenya's alcohol regulations that ban corporate partnership, raise taxes on alcohol, and increase the legal drinking age to 21. In Uganda, consumption of trans fatty acids is being reduced through a combination of regulatory enforcement, industry monitoring, and public awareness campaigns. In Rwanda, tobacco use has been reduced by banning smoking in public, banning advertising, and raising tobacco taxes. In Kenya, Ethiopia, Zambia, Democratic Republic of the Congo, South Africa, and Nigeria, six new digital data platforms have improved access to tobacco-control information, including timelines, maps, and tracking of industry interference in policymaking.

It is vital to involve people living with NCDs in advocacy to support legal approaches to achieving the Best Buys. Youth engagement is particularly important for NCD prevention efforts over the long term. That being said, youth empowerment is needed to ensure that they can take part in NCD policymaking and development of risk-reduction strategies.

## Balancing plates: advocating for health, justice, and sustainability through tax reforms

### Session leads

ACT Health Promotion, Healthy Latin America Coalition (CLAS), Movendi International

**“Communicating the potential impact of the tax reform on health was a challenge. While it might seem evident to us, we realised that raising awareness about how this reform could affect public health was an important step, including in conversations with key Ministries, like the Ministry of Health.”**

Marcelo Baird, ACT Health Promotion

### Emerging themes

Health taxes are a win-win-win strategy, benefiting public health, reducing health system spending, increasing government revenues.

Simplified tax structures ensure better enforcement and strong tax administration improves compliance and revenue collection. Monitoring and evaluation systems measure impact and enable effective adjustments to the tax structure – for example, to increase tax rates in line with inflation.

Coalition-building for the purposes of public campaigns and media outreach is essential for enabling tax reforms, especially where there has been strong industry opposition and interference in the policy process. Successful coalitions bring together different sectors: health advocates, economists, environmental groups, human rights organisations, and international organisations, as well as policymakers.

Brazil's first excise tax on unhealthy products (tobacco, alcohol, and sugar-sweetened beverages) was introduced in 2023. A cross-sector coalition helped to overcome a number of challenges, including political resistance due to a lack of awareness of the public-health benefits and significant interference by the industry.

## Unlocking health equity: addressing NCDs through UHC and financial protection

**Session leads:** UHC 2030, Civil Society Engagement Mechanism for UHC2030, WACI Health, Speak Up Africa

### Emerging themes

To achieve UHC by 2030, NCD services must be integrated into other health services, through the creation of one-stop facilities.

Recognising that access to comprehensive NCD care is a fundamental human right, equitable access must be prioritised to protect the health of marginalised and vulnerable populations.

Emphasis on prevention of NCDs is crucial. Measures like health promotion, lifestyle modifications, early screening, and education can significantly reduce exposure to NCD risk factors.

Strengthening primary health care systems and addressing social determinants enable integrated care for NCDs.

A strong movement of lived experience will be what changes the narrative on NCDs within UHC. Mentorship for people living with NCDs will help to ensure that their involvement is truly meaningful, enabling them to help bridge the gap in NCD services.

**“Treat a person, not a disease.”**

Rose Gahire, Rwanda NCD Alliance

Rwanda’s community health insurance, which covers more than 85% of the population, is an example of provision of financial protection to a large population, including people living with NCDs, who might otherwise have been forced to use out-of-pocket family finances to cover their care.

Data is essential to make the case to political leaders. However, effective decision-making on NCDs requires not only robust data but also collaboration among stakeholders, including intergenerational dialogue, to drive meaningful and inclusive action.

## Innovative strategies to manage conflicts of interest and prevent industry interference

### Session leads

Healthy Caribbean Coalition, ACT Health Promotion, and Vital Strategies

### Emerging themes

Conflicts of interest and industry interference are widespread across unhealthy commodity industries, with the food and alcohol industries using the same playbook as Big Tobacco. Specific issues discussed included the onslaught of marketing aimed particularly at children and a flood of ultra-processed foods into areas following a disaster (as has been the case in the Caribbean).

**“Tracking [of industry activities] is critically important – and then being able to package that up and make sure it is used is equally important.”**

Sandra Mullin, Vital Strategies

Although there is growing appreciation of conflicts of interest within the public health community, this is not the case among the public: more work is needed to communicate how certain companies profit at the expense of their customers.

Training students in conflict of interest, including in research funding, is important. Academic journals, universities, and think-tanks should be encouraged to engage actively with the issue and develop clear policies.

There are a variety of tools available for monitoring, tracking, and quantifying industry trends and interference, and these are essential to counteracting their tactics effectively. The WHO has produced a tool for health authorities and governments, Informed Decision-making on Engaging with Private Sector Entities for the Prevention and Control of NCDs, to evaluate potential partnerships and align with public health priorities.

There was a call for a central repository for documenting good practice in managing conflict of interest and preventing undue influence in diverse settings and contexts.



## Advocacy for accountability: what gets measured gets done

### Session leads

WHO NCD Department

**“Despite many challenges, tobacco control [...] is a golden example and we need to look to those success stories and understand how we can replicate their successes. This is a great trigger for action in accountability.”**

**Dr Guy Fones**, World Health Organization

### Emerging themes

The nine global NCD voluntary targets aim to address global mortality from cardiovascular disease (CVD), diabetes, cancer and chronic obstructive pulmonary disease. They were negotiated and agreed by WHO Member States in 2013 and the Best Buys align with these targets. As the targets will expire in 2025, Member States are responsible for revising and developing them further.

Alarmingly, it's estimated that only 19 countries and territories will meet their NCD targets by 2030. This is due to a combination of factors, including lack of commitment and funding to address NCDs, inaccurate monitoring, competing health priorities, and poor awareness among policymakers of the extent of the impact on NCDs.

The global NCD monitoring framework is important for surveillance and progress monitoring nationally and globally and is a vital advocacy instrument for civil society. Ensuring that civil society has access to this information helps ensure accountability, allowing advocates to engage governments through informed commentary and constructive criticism. This however requires community-level capacity building.

Challenges to the use of existing accountability tools include a lack of standardised data in national reporting systems. It is important to note that civil society is itself an important source of data collection: policymakers could make better use of non-governmental sources of information. However, caution is urged around funders' influence over NCD data, and governments should ensure reporting mechanisms remain independent.



## Delivering NCD co-benefits through healthy cities and towns

**Session lead**  
World Heart Federation

**“The key elements for success are partnerships with city governments and a strong fidelity to the data.”**

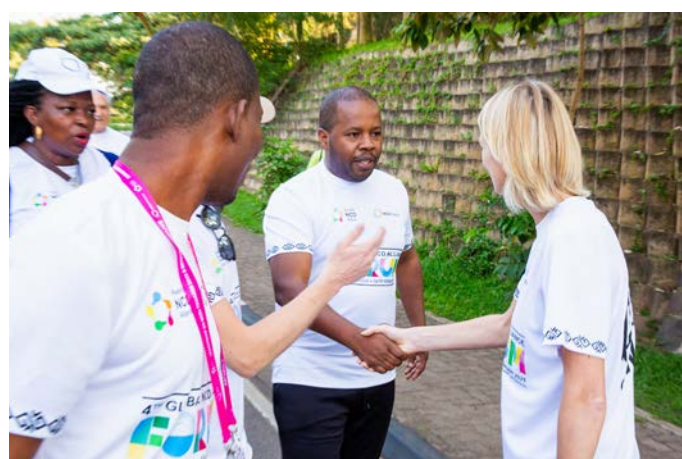
Ms Ariella Rojhani, Vital Strategies

### Emerging themes

Cities are home to 60% of the world’s population but are often neglected as policy opportunities for NCD prevention, despite having jurisdiction over their public spaces e.g., cities have autonomy to delimit smoke-free areas and to restrict marketing. Focusing only on national-level solutions means missing out on a huge opportunity for impact at city level, where local leadership is able to develop strategies that are flexible and responsive.

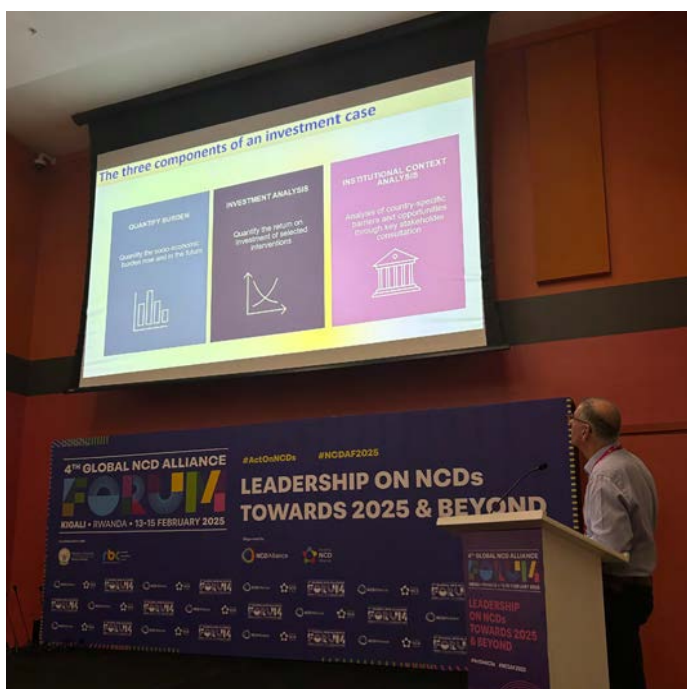
Among the examples discussed was Kigali Car-Free Day, which encourages active lifestyles in an age-inclusive way. The day is currently being studied for its impact on attitudes and habits, and has spread to other districts. Another example is a new programme between the Rwanda Biomedical Centre and pharmaceutical company Novartis, which will improve diagnosis and treatment of CVD, including training community health workers to support patients at local level.

Schools and workplaces are important venues for fostering good health in cities. An example was given of a school-based initiative on air pollution in India that involves children, parents, school staff, and facility management, giving the children the ability to check air quality and compare electricity bills in their homes and schools.



## THEME 2

# MOBILISING SUSTAINABLE FINANCING



## Closing the NCD and mental health financing gap: next steps from the WHO/World Bank Second International Financing Dialogue on NCDs and Mental Health

### Session leads

United for Global Mental Health (UGMH), World Obesity Federation (WOF)

**“We need to think beyond the HLM and stop short-term policies that are like a Band-Aid: we need policies that will have lasting changes.”**

**María Florencia Leiva**, Coalicion America Saludable

### Emerging themes

The World Bank/WHO International Dialogue on Sustainable Financing for NCDs and Mental Health, held as part of the preparation for the 2025 HLM4, set out 10 actionable strategies, based around three key areas: 1) Putting NCDs and mental health on the road to more sustainable financing, 2) Reshaping health systems and financing mechanisms to prevent/address NCDs, and 3) Realising health for all.

Different countries face different issues with domestic resource mobilisation (DRM). In South Africa, the overall narrative says that there is no money for NCDs, when in fact 90% of the money set aside for NCDs from the health levy was returned unspent in the 2018/19 financial year. In contrast, small economies such as small island developing states cannot raise sufficient revenue through DRM alone. Here, solidarity is important: high-income countries should help lower-income countries meet their health justice needs.

The commercial determinants of mental health is an interesting and relatively new concept. For example, social media algorithms can perpetuate mental health issues.

Discussion focused on innovative advocacy to increase financing (financial reforms where needed, targets for investment to close the gap, and investment in digital health) and improve accountability (improve budget transparency and humanise statistics, look at data beyond the numbers).

## Leveraging the Lusaka Agenda framework for stronger health systems that address NCDs

### Session leads

STOPAIDS, WACI Health, Civil Society Engagement Mechanism for UHC 2030 (CSEM), Hope for Future Generations (HFFG), African Constituency Bureau

### Emerging themes

The Lusaka Agenda was launched in 2023 and sets out five key shifts for the long-term evolution of global health initiatives. It is a critical framework for achieving equitable health outcomes and addressing NCDs. The Lusaka Agenda encourages collaborative, country-led approaches, while respecting the distinct yet complementary roles of all stakeholders.

The key shifts were: the need for robust, integrated primary health care systems that can adapt to emerging health challenges; ensuring efficient, sustainable domestic financing for health systems; coordinating approaches to products and research including regional manufacturing; strengthening joint approaches to equity in health; achieving strategic and operational coherence.

**“We cannot make progress until we develop real tools, including a call for local and regional manufacturing, so that we can pool our resources together to strengthen our system.”**

Dr Charles Mwansambo, African Constituency Bureau

There are many challenges to implementing the Agenda, chief among them being a lack of financing. Better coordination is needed to help to pool resources, avoid duplication, and ensure consistent NCD messaging.

CSOs play crucial roles, acting as watchdogs to monitor government action, advocating the importance of the Agenda to government, and driving innovative, community-based solutions. CSOs can also help to ensure that the Agenda is inclusive and responsive to local needs.

## Advocating for effective taxation policies in tobacco and alcohol control

### Session leads

Global Alliance for Tobacco Control, VALD/Ghana NCD Alliance, NCD Alliance Lanka, Movendi International, Cancer Research UK

**“It’s very important not to repeat what the alcohol industry says. Focus on the positives, the benefits of taxation, rather than the negatives.”**

Kristina Sperkova, Movendi International

### Emerging themes

Tobacco and alcohol taxes are a win-win-win-win: they reduce consumption, reduce health expenditure, improve quality of life of the population, and generate revenue. This revenue can be fed back into tobacco/alcohol control, which is particularly important as 97% of tobacco-control funding currently comes from philanthropic sources, which is not sustainable.

Industry interference is an ongoing challenge, and the tobacco and alcohol industries use similar arguments to push back against increased taxation. These include fuelling fears of illicit trade, economic and job-loss arguments, and claims that taxes are an unfair burden on lower-income populations. All these arguments have been debunked.

Convincing policymakers – including ministers of health and finance – of the benefits of taxation requires robust, national-level economic and health data and evidence. There are organisations that can help to provide technical support through modelling these impacts.

Engaging civil society in changing the narrative on taxation (with examples given from Sri Lanka and Ghana) is crucial. Surveys show that there is widespread support among the general public for higher taxes on tobacco and alcohol once the health and economic benefits are made clear.



## Making the case for investing in the prevention and control of NCDs

### Session leads

WHO, UNDP

**“When it comes to NCDs and mental health conditions, the healthcare costs are dwarfed by the wider economic costs from reduced productivity.”**

**Dr Nick Banatvala**, UN Inter-Agency Task Force on NCDs

### Emerging themes

Members of the UN NCD Task Force, including WHO, UNDP and the Secretariat of the WHO Framework Convention for Tobacco Control, support countries to develop national NCD investment cases that assess the social and economic costs of NCDs. Around 100 investment cases have been done to date.

A recent analysis of investment cases demonstrates how these have catalysed action across governance, financing, and health service access and delivery.

An investment case consists of an economic analysis, which evaluates the costs and benefits of addressing NCDs or mental health, and an institutional analysis, which identifies political opportunities and challenges for cross-government action.

Key considerations for undertaking an investment case include: 1) sustainable political commitment from ministries of health and other local stakeholders; 2) clear rationale and objectives for the study; 3) specification of the strategic planning or resource allocation process the study will inform; and 4) identification of national focal point(s) for study oversight and follow-up.

Key considerations for making use of an investment case include: 1) dissemination of study findings to all stakeholders; 2) specified follow-up steps with key stakeholders (e.g. ministries of health, finance, and/or planning); 3) dedication of human and financial resources for follow-up and implementation; and 4) defined indicators for follow-up and implementation, including in strategic planning or resource allocation.

Civil society are crucial partners in advocating for, designing, and conducting investment cases, and then encouraging implementation of recommendations.

## Civil society-led advocacy for prioritising domestic resource mobilisation for NCDs

### Session leads

Global Health Advocacy Incubator, Resolve to Save Lives

### Emerging themes

Funding for NCDs, both globally and nationally, is disproportionate to the burden. However, the investment required to prevent and manage NCDs is far less than the cost of inaction: this is both affordable and generates a substantial return on investment.

Civil society advocacy is essential for rallying support and bolstering political will for increased resources. Young people, in particular, provide energy and fresh perspectives, serve as catalysts for cross-sector collaboration, and drive government accountability.

**“Youth are the future. But the burden of NCDs and the risk factors for NCDs are increasing among young people. That is why it is important to involve youth in NCDs; they should be in the front.”**

**Dr Venkatesh Karthikeyan**, All India Institute of Medical Sciences

An example from Nigeria illustrated the steps to take when advocating for more domestic resourcing. First, plan a campaign (including a mapping of relevant stakeholders, and identified budget gaps and policy barriers). Then, implement the campaign, by liaising with policymakers, supporting development of policies, and sharing ideas. Once the resource allocation is in place, hold policymakers accountable. Finally, build sustainability by using data and indicators to track impact.

Actions that can be taken by government include appropriately prioritising NCDs, developing effective data systems that can direct the investments, ensuring that budgets are fully and efficiently utilised and not returned, mobilising the private sector (taking careful account of industry interference) and involving people with lived experience.

## Cost effectiveness of the integration models of HIV, NCDs, and mental health services

### Session leads

Tanzania NCD Alliance,  
Rwanda NCD Alliance, Rwanda Biomedical Centre

**“Decentralisation of integration models to lower levels will provide an opportunity for resilient health systems.”**

**Dr Albert Tuyishime**, Rwanda Biomedical Centre

### Emerging themes

There are shared financial and structural challenges facing people accessing HIV, NCD, and mental health services. Successful integration depends on having a clear understanding of patient needs (necessitating consultation with people living with the different conditions) and on developing manuals and appropriate training for health professionals.

Benefits of a ‘one stop shop’ system of clinics (such as has been rolled out in Tanzania) include better sharing of information between patients and staff, higher patient retention, better disease management, a decline in stigma among people living with HIV, and delivery of services at lower cost than doing so through separate facilities.

In Rwanda, HIV programmes were better financed and more mature than NCD programmes, so these structures were leveraged to include NCDs. The government has decentralised NCD services by establishing NCD clinics in hospitals and health centres in conjunction with the introduction of a community-based health insurance pre-payment plan to extend access to care and successfully empowering the population to participate in the plan, contributing to its sustainability.

Next steps in Rwanda include further scale-up nationwide, forming support groups for patients within clinics so that they can share experiences, and increasing the use of digital tools.

## Prioritising reduction of out-of-pocket health expenditures for people living with NCDs and mental illness through access to affordable quality medicines and products

### Session leads

PATH, the Coalition for Access to NCD Medicines and Products, International Diabetes Federation, United for Global Mental Health

**“Assuring consistent and affordable access to medications is critical for managing NCDs, but access to these lifesaving products is still unpredictable. Stable financing and efficient supply chains for NCD medicines and products are critical to improving access.”**

**Nupur Lalwani**, Blue Circle Diabetes Foundation

### Emerging themes

Two areas should be prioritised to achieve a reduction of out-of-pocket health expenditures for people living with NCDs and mental illness: 1) advocacy, and 2) innovation around access to affordable quality medicines and products.

Key challenges to consistent and affordable access mentioned by panellists included: high out of pocket costs, medication stockouts, unaffordable products, supply chain inefficiencies, inconsistent forecasting, and lack of available mental health services.

Attendees provided their input on key challenges through a mentimeter poll: lack of affordability and medication stock outs, distance to care, poor quality, and lack of awareness.

Solutions proposed by panellists included health taxes, gains through efficiencies such as pooled procurement mechanisms, private sector incentives, and improved forecasting for product demand.

Other priorities include assuring NCD products are included in UHC benefit packages, promoting regulatory harmonisation, expanding essential medicines lists with greater support for generics and biosimilar, national price caps for essential products, investing in treating mental health within primary health care, enhancing NCD product forecasting, and tackling inefficiencies in the supply chain.



### THEME 3

# Powering up communities



## Youth leading the way on NCDs

### Session leads

Campaign for Tobacco-Free Kids, Gatefield

**“Youth engagement in policymaking isn’t just about being present: it’s about being heard. We must be bold, strategic, and persistent in challenging systems that exclude us.”**

Sanele Zulu, South African Tobacco Free Youth Forum

### Emerging themes

Young people play a pivotal role in advocating for NCD change, including through ongoing participation in policymaking on the principle of ‘nothing for us without us’ and addressing industry tactics that particularly target youth, including marketing of unhealthy products such as e-cigarettes.

It is important to engage young people where they are, with creative use of digital tools such as social media, TikTok videos, and human billboards. Storytelling, creative campaigns led by young leaders, and celebrity partnerships can all help to make the case, including through making explicit links to issues of concern to their generation, such as climate change. Examples include Nigeria’s Don’t Wait, the Regulate campaign, South Africa’s Green Youth Network, and the Clear the Air campaign.

Recommendations from the session include capacity-building through increased funding and resources for youth-led initiatives coupled with mentoring programmes. Youth engagement in NCD policy discussions should be strengthened, with greater representation for young people in global and regional NCD platforms.

## Making meaningful involvement of people living with NCDs a reality

### Session lead

WHO Global Coordination Mechanism on NCDs

**“People living with NCDs are experts in their own rights. We do not go on leave, take vacations, or decide to put our conditions aside. We have no breaks or time to rest. It is 24/7 for us.”**

Chris Agbega, Ghana NCD Alliance

### Emerging themes

People with lived experience of NCDs are experts: they understand their condition and can articulate their needs better than anyone else. They are powerful advocates for change and they must be equitably included in issues concerning them.

An important question is: who advocates for the advocates? They need to be involved as fully as possible. We need to address both the barriers to participation that impact advocates, as well as support what advocates are advocating for — a more person-centred and equitable response to health needs in their community.

People with NCDs who live in conflict and emergency settings, such as Gaza, are at particular risk. They have a double burden of NCDs and disability and face significant barriers to having their voices heard.

The WHO Symposium on Meaningful Engagement will hold its third meeting in April 2025, as part of the Second General Meeting of the WHO Global Coordination Mechanism. The 3rd Symposium will mark an opportunity for lived experience experts to lead a discussion with Member States on how to progress on a call to action by the lived experience community in the lead-up to the HLM4.

## Community mobilisation for health insurance financing and decentralised care: case studies from Rwanda and the Africa region

### Session leads

Rwanda NCD Alliance, Rwanda Social Security Board, Partners in Health Rwanda

**“Too often, healthcare is viewed through political or financial lenses, overshadowing its core purpose of dignity and equality. As governments mobilise against diseases, NGOs and other partners must also step up and share this critical obligation.”**

Dr Fred Kateera, Partners in Health

### Emerging themes

Rwanda’s community-based health insurance (CBHI) demonstrates how national health insurance can be developed, tested, adapted, and scaled up. Everyone is required to be insured, broadening the risk pool — which keeps costs manageable — and avoiding adverse selection where only the sick enrol. Those who are able contribute to their premiums, and the government and local authorities subsidise those who cannot.

CBHI is a collaborative effort, with political leadership and community support, and with NGOs providing support, such as on economic/social barriers to access. As health profiles change and new data emerge, coverage is being expanded to include NCDs e.g., cancer services are being progressively included.

Trust is essential to encourage enrolment and retention. Trust can be built by demonstrating that care is available without requiring catastrophic out-of-pocket payment and by prioritising transparency e.g., digital payment and data systems allow tracking of funds in real time.

Financing of health insurance is always a challenge, and local funding sources are critical. Funds can be bolstered and services extended through a range of strategies including levies on fuel and telecoms services, parking fees, police fines, and private contributions.



## Transforming food environments: involving communities in systems change strategies for NCD prevention and control

### Session leads

The George Institute for Global Health, WHO GCM/NCDs, Resolve to Save Lives

**“A people-centred, community-led initiative, backed by the government, is the key to an effective and sustainable project.”**

Susan Onyango, The Healthy Women

### Emerging themes

Preventing diet-related NCDs requires a transformation of the food system, which is a complex task necessitating partnerships across sectors. To foster equitable and sustainable food system transformation, communities must feel empowered as part of multi-stakeholder action.

Community-led approaches, grounded in people-centred principles and supported by government, can drive effective, sustainable grassroots innovation. Examples were provided of community-owned and managed initiatives that have been successful in promoting diverse food options, improving diets, and promoting environmental sustainability.

Gathering robust, local, and disaggregated data is crucial for developing evidence-based policies and ensuring effective implementation. Prioritising cross-country learning and collaboration with academia can drive meaningful improvements in the food environment.

Collective action based on a shared commitment to meaningful change is essential for lasting impact and requires community involvement (including of persons with lived experience) and multi-stakeholder efforts (including academia and ministries from across government).



## Applying an equity lens to meaningful involvement of people living with NCDs

### Session leads

Healthy India Alliance, NCD Alliance Kenya

**“We should focus more on implementation research to identify the barriers to health equity.”**

Carlene Gitonga, Philips Foundation

### Emerging themes

Access to NCD prevention, treatment, and care is not equitable. It is important to identify obstacles to health access by involving people living with NCDs, but often there are persistent gaps in ensuring that all voices are heard and acted upon, particularly from marginalised groups.

Policymakers need to be engaged to develop action plans and solutions that address inequity e.g., by strengthening local primary care services, improving referrals, ensuring affordable services, using telemedicine, and improving screening services.

Gender is a major driver of NCD inequalities. Women, particularly in low-resource settings, face barriers including care responsibilities, economic dependency, and lack of autonomy in health-promoting behaviour. Men often delay seeking care, resulting in late diagnosis. Transgender and non-binary people face additional challenges from stigma, discrimination, and exclusion from health policies.

Gender-responsive approaches to NCDs include: integrating gender-sensitive policies in NCD programmes; engaging communities, policymakers, and healthcare providers in designing inclusive NCD interventions; disaggregating data to inform targeted interventions; promoting awareness campaigns to challenge harmful gender norms; and advocating for social protection mechanisms that reduce financial and structural barriers for marginalised genders.



## Harnessing the power of the mental health and NCDs community: creating a shared agenda on mental health to accelerate the global response

**Session leads:** United for Global Mental Health, NCD Alliance Kenya, UNICEF

**“Mental health is a fundamental right – and young people are ready to lead!”**

**Shitanshu Dhakal**, UNICEF Mental Health Youth Advocate

### Emerging themes

There is a complex bidirectional relationship between mental health and NCDs. People living with both conditions are likely to die prematurely by about 15 years. However, there is a huge financing gap of \$200 billion a year for mental health, and mental health services are often not covered equitably by health insurance. It is rare for mental health to be central to a High-Level Meeting and the HLM4 is an important opportunity to accelerate the response.

Mental health services should shift from stand-alone psychiatric units, which can perpetuate stigma, to become fully decentralised and integrated within local healthcare systems, alongside NCDs. There are opportunities in mental health care delivery, such as digital solutions, which however must be accessible to all.

There is a clear need for improved support systems and training for the mental health workforce. They face challenges including being underpaid and overworked and can face stigma even within the medical community.

Data collection and quality evidence are essential for informing mental health policy and practice.

## Knowledge isn't power without implementation: the science behind translating community know-how into lasting change

**Session leads:** Global Alliance for Chronic Disease, The George Institute for Global Health (TGI)

**“Community-engaged research isn't just an approach, it's a responsibility. As researchers, our role is to empower communities – not just as subjects of study, but as leaders of shaping research agendas and solutions.”**

**Deepika Saluja**, The George Institute for Global Health

### Emerging themes

Implementation science seeks to bridge the gap between research and practice. It focuses on how and why evidence-based interventions are adopted and sustained in different contexts, and examines the processes and strategies that facilitate the integration of research into policy, programmes, and clinical practice.

The goal of community engagement within research should be to improve quality and relevance by aligning community needs and the objectives of research. Engagement with the community – and particularly people living with NCDs – should take place early in the research process to shape appropriate research questions.

Involving policymakers is crucial to direct and refine research questions and influence policy implementation. This engagement requires building strong relationships based on mutual trust and respect, and researchers need to communicate findings clearly and accessibly, so that policymakers can use them to shape their decisions effectively.

# Satellite Sessions

Satellite sessions acted as a dynamic platform to highlight issues such as integration of NCD care, health systems resilience, and innovative financing. Each session offered a chance to analyse a specific problem, share success stories, and discuss context-specific solutions.

Sessions addressed the challenges of NCD prevention and management and showcased the power of collaboration to drive lasting change. By bringing together experts, policymakers, and community leaders, satellites not only fostered layered dialogue but also reinforced the real-life partnerships necessary to drive progress towards equitable and sustainable health outcomes.

Delegates gave highly positive feedback on key aspects of satellite sessions, with the highest scores awarded to **quality of speakers** and session **content**. Likewise, the **relevance to the Forum's theme and sub-themes**, as well as **value for future work**, received strong recognition, with over 80% of participants awarding top ratings. Dissatisfaction levels were minimal, underscoring the overall success and impactful design of the satellite sessions.

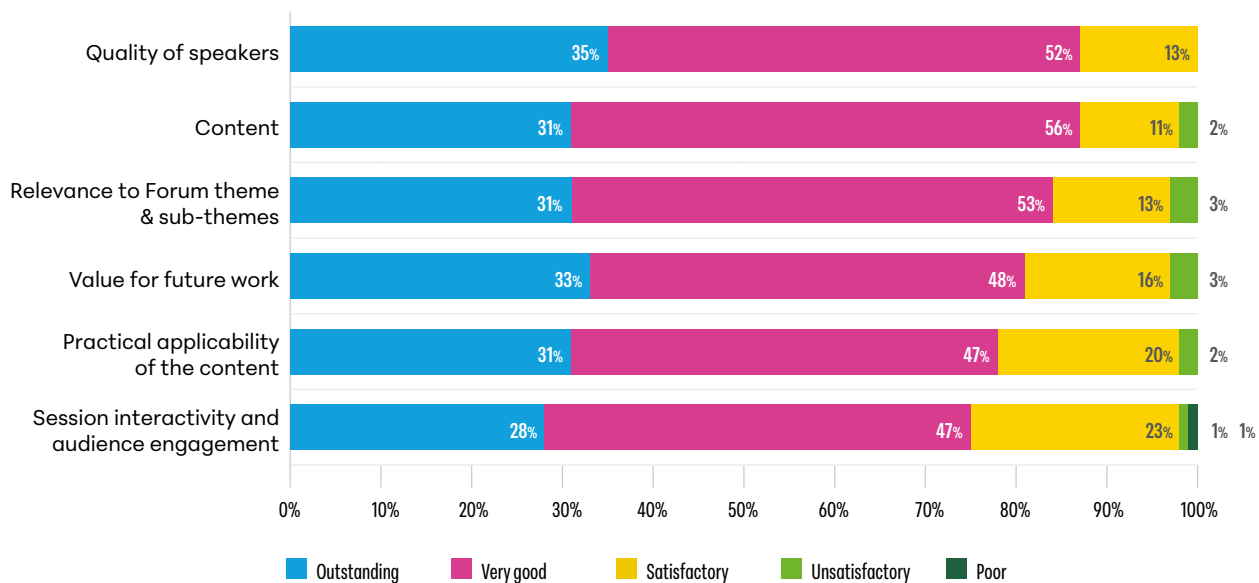


Figure 10. Delegate rating of Satellite sessions

## On the road to UNHLM 2025: forging stronger frameworks for NCD care transformation

Sponsored by  
**Roche**

**“Any investment in health is worthwhile for everyone. What we are trying to do is remove barriers to access our innovative solutions.”**

Caroline Mendy, Roche



This session highlighted the East Africa Community’s NCD framework as a replicable model integrating prevention, innovation, and multisectoral collaboration, with relevance for the HLM4.

## Addressing NCDs and healthcare system strengthening in LMICs through partnership

Sponsored by **Direct Relief**

**“First and foremost, we need to build partnerships with Ministries of Health and your interventions need to be integrated into the government programmes to ensure sustainability. When one of the partners leaves, the programmes need to continue.”**

Prof. Kaushik Ramaiya, Tanzania  
Diabetes Association



Panelists shared examples of multisectoral partnerships improving cancer and diabetes care in low-resource settings, showcasing direct impact on public health.

## Expanding the NCD agenda: the psoriatic disease case study. Successes and lessons learnt after 10 years from the WHA resolution on psoriasis

Sponsored by **International Federation of Psoriatic Associations (IFPA)**

The session reflected on progress since the 2014 WHA resolution on psoriasis, positioning it as a key example for broadening the NCD agenda beyond the traditional 5x5 framework.

**“You go to the hospital with hope, seeking a solution, but health workers think they’ll get infected. There’s so much misinformation.”**

Hellen Wangui Gatheru, living with psoriasis, on the urgent need for better education and faster diagnosis

### Innovative financing: the power and potential to unlock more funding for NCDs in resource-constrained settings

Sponsored by Novo Nordisk and International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)

“If leadership is there, then the money follows. Look at different ways of working to align around the right of people to access health care. Imperative for financing, we know we have a phenomenal return on investments — 19:1.”

Kimberly Green, PATH



Discussions explored scalable, innovative financing solutions for NCD prevention and care in LMICs, emphasising cross-sectoral collaboration to address persistent funding gaps.

### Mobilising for change: catalysing a social movement to address obesity

Sponsored by World Obesity Federation

“The industry has a lot of money, but we have something much more valuable: commitment, ethics, the ability to act, and the motivation to protect our children, friends, and families. That cannot be bought with money. We need a change in the food system. It is time to transform our systems.”

Diego Rodriguez, Uruguay NCD Alliance



The session emphasised the power of social movements in tackling obesity, sharing community-driven strategies to shift public narratives and influence policies.

## National NCD response implementation and the role of civil society. Lessons learnt, results achieved, and the way forward towards and beyond the 4th UN High-Level Meeting on NCDs and Mental Health

Sponsored by  
**World Diabetes Foundation**

Civil society leaders shared insights on their role in national NCD response implementation, highlighting achievements, engagement frameworks, and forward-looking strategies.

**“Without civil society, there will be no effective or meaningful NCD response in any country.”**

Bent Lautrup-Nielsen, World Diabetes Foundation

## Priority interventions for reducing the burden of chronic lung disease and other tobacco-related health problems

Sponsored by **The Union**  
and **The World Conference**  
of **Tobacco Control**

**“Building capacity in primary care is key for people living with chronic respiratory diseases.”**

Guy Fones, WHO NCD Department



Panelists focused on tackling chronic lung diseases and tobacco use in LMICs, proposing policy reforms and advocacy aligned with the Framework Convention on Tobacco Control and the HLM4.

## From commitment to action: improving interconnected cardiovascular, renal & metabolic health in Africa and beyond

Sponsored by  
**Boehringer Ingelheim**

**“It’s important to #LeadOnNCDs and also to be led – to build partnerships. I am always asking different disease communities: what are your joint messages?”**

Dr Nick Banatvala, UN Interagency Task Force on NCDs



Discussions underlined the importance of integrated approaches to cardiovascular, renal, and metabolic diseases, identifying gaps and solutions to strengthen systems ahead of the HLM4.

## From intention to action: designing & financing effective, accessible, and fully integrated NCD interventions

Sponsored by **Government of Scotland** and **NCDI Poverty Network**

The session featured financing and delivery models for integrated NCD care, using PEN-Plus as a case study and calling for pragmatic, results-driven approaches to health equity.

**“We need to focus on investment in prevention. It’s easy. It’s cheap. It’s doable. We need to be working with people living with NCDs, ensuring they are our mouthpiece. We should never get tired of awareness.”**

Dr Mary Amuyunzu-Nyamongo, NCD Alliance, Kenya

## Empowering youth: driving community action on NCDs and mental health

Sponsored by **UNICEF**

**“Stay connected to your community.”**

Maleeqah Karriem, Youth Council for Fix My Food, addressing young advocates at the session



Youth leaders presented examples of community action on NCDs and mental health and discussed the Kigali Youth Statement, calling for meaningful youth engagement with global health agendas.



## Catalysing the global response to NCDs: lessons from the global oral health agenda

Sponsored by **FDI World Dental Federation and International Association for Dental Research**

Panellists highlighted the link between oral health and NCDs, advocating for political leadership, investment, and integration of oral health within global NCD efforts.

**“Oral health isn’t an island, it’s deeply rooted in general health, and we need a multisectoral approach. We can’t do it without NGOs, governments and civil society, and we must work as a team, so we must involve other physicians.”**

Dr Peace Uwambaye, School of Dentistry, University of Rwanda

## Gaps and opportunities in NCD financing in sub-Saharan Africa: transforming insights into impact

Sponsored by **Access Accelerated**

**“Knowledge is no power until implementation. We need to focus on implementation, implementation, implementation.”**

Roberto Lunes, World Bank



The session presented findings from the NCD financing landscape in sub-Saharan Africa, proposing practical, scalable strategies and introducing the Financing Accelerator Network for NCDs.

## A decade of impact: advancing health systems resilience in Africa, enhancing equitable care in NCDs.

Sponsored by **AstraZeneca**

**“Politicians focus on the next election. Leaders focus on the next generation.”**

Dr Githinji Gitahi, Amref Health Africa



Panellists explored strategies to build resilient health systems for cardiovascular and renal diseases in Africa, emphasising integrated patient pathways and alignment with SDG 3.4.

## Make the change for kidney health: The value of screening and early detection in NCD management

Sponsored by **Global Patient Alliance for Kidney Health**

**“We need to convince governments of the importance of screening and early detection — especially in low- and middle-income countries where any treatment is directly paid out of pocket by the patient. If you have money, you can access treatment and transplants; if you don’t have money you die.”**

Professor Ifeoma Ulasi, International Society of Nephrology.



Panellists emphasised early screening and diagnosis as cost-effective interventions to manage chronic kidney disease, diabetes, and cardiovascular conditions.

## Healthy cities, healthy lives: integrating the response to the double burden of malnutrition and NCDs in LMICs

Sponsored by **Swiss Tropical and Public Health Institute**

**“We need to identify all the drivers of malnutrition. In many countries, there are poor breastfeeding rates, and it is exacerbated by the marketing of unhealthy products to children. But also, there are solutions — for example, we can stop the harmful marketing.”**

Elizabeth Njoka, Diabetes Awareness Trust



Discussions addressed the double burden of malnutrition and NCDs in urban LMIC settings, presenting multisectoral, community-led approaches to improve diets and health outcomes.

## Accelerating diabetes care in Africa: unveiling the WHO Regional Framework for Implementing the Global Diabetes Compact

Sponsored by International  
**Diabetes Federation (IDF)**

The session introduced the WHO Regional Framework for the Global Diabetes Compact in Africa, promoting PHC-based diabetes care and multisectoral integration within health systems.

**“The challenge I had was not like most African women. They don’t have a support group. They don’t have the doctor telling them the truth. They don’t have family giving them support. My plea is that they [policymakers] listen to our voice.”**

Osarenkhoe Ethel China-Nwogwugwu, Diabetes and Limb Salvage Foundation (DLSF)

## Advancing gender-responsive NCD policies: inspiring leaders for gender equity and human rights

Sponsored by **American Heart Association**

Discussions focused on gender-responsive NCD policies, advocating for inclusive approaches to strengthen health outcomes and leadership among women and girls.

**“When a woman is healthy, the household is healthy. NCDs are a feminist issue.”**

Florence Sibomana, PATH

## The influence of oral diseases on other NCDs and public health: inspiration from Rwanda

Sponsored by  
**SOS Children’s Village**

**“Where there is a will there is a way. We all know that NCDs are underfunded but where there are plenty of challenges there are many ways to overcome them.”**

Irene Bagahirwa, Rwanda Biomedical Centre



The session emphasised the link between oral and systemic health and its implications for integrated NCD strategies by presenting a school-based oral health programme in Rwanda that significantly improved children’s wellbeing and school attendance.

## Communications

The Forum showcased new and innovative communications initiatives aimed at keeping delegates informed and engaged. A dedicated website, a sponsored programme for international, regional, and local journalists, and a pre-event press conference allowed for streamlined messaging and ensured that the Forum's discussions reached beyond the 700 delegates present.

As in previous Forums, a mobile app for delegates facilitated easy access to the Forum agenda, speaker details, venue maps, and networking features, which most delegates used.

Attendees were encouraged to share their experiences online via a social media toolkit and the Daily Wrap-Up email newsletter kept them up to date with the official programme and other activities.

## Media engagement

The NCD Alliance invited six international health journalists to attend the Forum. Additionally, the East Africa NCD Alliance funded five journalists from the region through a grant from the World Diabetes Foundation.



© Gilberto Lontro/ NCD Alliance

Journalists heard chilling accounts of the NCD burden in Rwanda and sub-Saharan Africa.

### Global and regional media attend first NCD Alliance press conference

Attended by **30 journalists covering global, regional, and national media**, the first-ever official NCD Alliance press conference set the scene for the first Forum to be held in sub-Saharan Africa, and was a timely event given Forum discussions were taking place amidst global health turbulence. Attending media included The Guardian (UK), El País (Spain), Health Policy Watch (Switzerland), Devex (Kenya), The Lancet (UK), Bhekisisa (South Africa), The New Times (Rwanda) and Rwanda Broadcasting Authority.

## Journalists visit PEN-Plus Clinic at Masaka Hospital in Kigali

Journalists reporting on the Forum visited a PEN-Plus Clinic project based at Masaka Hospital in Kigali. PEN-Plus is a regional strategy to address NCDs, such as T1 Diabetes and sickle cell disease, at first-level referral health facilities in Africa based on the WHO package of essential NCD interventions.

Journalists met hospital authorities and staff, conducted interviews with healthcare providers and patients, and observed care-giving, gaining first-hand insights into Rwanda's approach to managing severe NCDs.

The group was also received by Dr Uwinkindi Francois, Division Manager for NCDs at Rwanda Biomedical Centre, and Gene Bukhman, Co-Chair of the NCDI Poverty Network.



NCD Alliance invited six international health journalists to attend the Forum. The East Africa NCD Alliance (ENCDA) through a grant for the World Diabetes Foundation funded five journalists from the region.





**“For too long, the global response to NCDs focused primarily on treatment. We have taken a different path. Tobacco use has dropped from 13% in 2012 to 7.1% in 2022, thanks to aggressive taxation policies and community engagement.”**

**Dr Yvan Butera**, Minister of State for Health, Rwanda

## Media coverage: focus on Rwanda, Africa, the global scene, and US aid cuts

The HLM4 was a central topic for many outlets including Devex, The Lancet and Health Policy Watch, which amplified press conference statements such as that “NCDs were a policy success but an implementation failure” and highlighted NCD Alliance’s five campaign priorities.

Headlines such as “Africa’s medical system risks ‘collapse in next few years’, warns health leader” (The Guardian, 27 February 2025) highlighted the relevance of the Forum at a time when its host continent is facing sharp foreign aid cuts to the health sector.

Echoing a conversation during the Forum with Dr Githinji Gitahi, Group CEO of Amref Health Africa, The Guardian reported that African governments will need to become more efficient, tackle corruption, embrace taxation of unhealthy goods, and earmark revenue for health programmes, in order to prevent their health systems’ collapse from the burden of NCDs. However, self-sufficiency alone won’t solve the problem as “Africa cannot raise enough money from its fiscal space, from its GDP, to actually take care of all social services,” according to Dr Gitahi.

While all media coverage emphasised the stark financing shortfalls for NCDs, some, like the Daily Nation, put a spotlight on the Forum’s host country, arguing that Rwanda has emerged as a potential model for addressing the NCD crisis.

The article reports that “Rwanda’s strategy includes creative public health initiatives like car-free days and comprehensive school health programmes such as physical activities. Most significantly, over 90% of the population enjoys access to NCD treatment through the Community-Based Health Insurance system, with payments scaled to income levels.”

The Nation conceded that other East African countries face implementation challenges of their NCD policies and plans and underlined the importance of involving civil society, including people living with NCDs, in this regard.

### Global experts root for NCD prevention strategies

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NCD Alliance president Monika Arora agreed: “We know well that prevention is the answer for turning the tide on NCD”.

PREMIUM Health



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## Noncommunicable diseases: A policy success but implementation failure

In September, there’s a high-level meeting focused on how the world should tackle the growing burden of NCDs. In the lead-up to the meeting, experts, advocates, policymakers, and NGOs gathered in Kigali to start defining their priorities.

By Sara Jerving // 27 February 2025



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## Social events and networking opportunities

### Opening reception

The Rwanda Biomedical Centre and the Rwanda NCD Alliance hosted the Forum's opening reception, a vibrant celebration of Kigali's rich cultural heritage. The evening featured dynamic performances of singing, dancing, and drumming, immersing participants in Rwanda's traditions and creating an atmosphere of warmth and connection. More than just a festive welcome, the reception set the stage for a positive social tone for the rest of the Forum, reinforced collaboration and interaction, inspiring a spirit of unity among attendees as they prepared for the important discussions ahead.

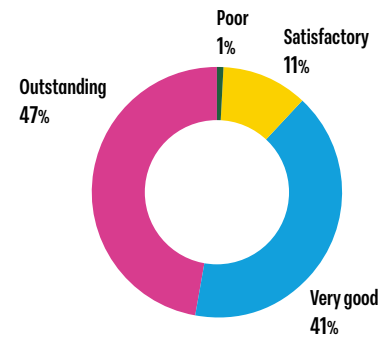


Figure 11. Delegate rating of Networking opportunities at the 2025 Global NCD Alliance Forum



## Bloomberg Philanthropies' networking reception

As part of the 2025 Global NCD Alliance Forum, all delegates were invited to attend a reception by Bloomberg Philanthropies', whose Public Health programme focuses on saving lives in LMICs by scaling up proven solutions. As the WHO's Global Ambassador for NCDs and Injuries, Mike Bloomberg continues to advocate for stronger global efforts to tackle the growing burden of NCDs and injuries. The reception provided an opportunity for networking among Forum participants.

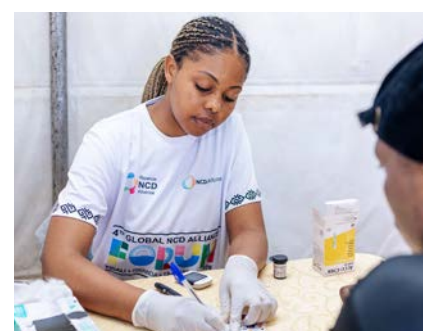


## Kigali Car-Free Day

Participants had the opportunity to take part in the Kigali Car-Free Day, immersing themselves in a unique community-driven initiative that blends health promotion with environmental sustainability. The Day began in 2016 as a collaborative effort between the City of Kigali, the Ministry of Health, Rwanda Biomedical Centre, and the Rwanda NCD Alliance. This bi-monthly mass sports event simultaneously organised in the three districts of Kigali City promotes physical activity, raises awareness about NCDs, and supports Kigali's vision of being a green and sustainable city. Every first and third Sunday of the month, main roads are closed to motorised vehicles between 7:00 and 10:00, creating a vibrant space for community fitness activities such as walking, jogging, cycling, skating, and group aerobics. The initiative also integrates free NCD screenings at four different sites in the City, including blood glucose, blood pressure, and body mass index readings, and health counselling, encouraging preventive healthcare practices among participants.

Engaging in Kigali's Car-Free Day allowed attendees to experience first-hand the city's commitment to active lifestyles and NCD prevention. Delegates joined thousands of local residents in jogging, cycling, and high-energy group aerobics in a dynamic and inclusive atmosphere. Many also took advantage of the free health screening and counselling services, gaining valuable insights into their own health while observing an impactful public health intervention in action.

Outside the formal setting of the conference centre, the event encouraged a different kind of exchange between Forum participants, community members, and local health professionals, strengthening connections between global NCD and grassroots advocates. The experience left a lasting impression on attendees, showcasing how public health leadership and policy, urban planning, and public engagement can intersect to create healthier, more active societies.



# Forum follow-up

The 2025 Global NCD Alliance Forum held by NCDA in partnership with local host organisation, Rwanda NCD Alliance, in collaboration with the Rwanda Ministry of Health, Rwanda Biomedical Centre, and with thanks to a strategic partnership with The Leona M. and Harry B. Helmsley Charitable Trust, has helped unite and mobilise the NCD community towards the upcoming HLM4 and beyond.

Held in sub-Saharan Africa, in partnership with a national NCD alliance, and in collaboration with the Rwandan Government, the Forum spotlighted national and regional good practices as part of a global convening that embraced local ownership, people-centered, and community-led approaches. The Forum brought together 700 delegates from across the world to focus on 'what's working' in the NCD response and to discuss practical policy and advocacy strategies to respond to the current challenges. Timed to coincide with the lead up to the HLM4, the largest NCD Forum to date, with the most significant media impact, created an environment where the NCD community could find common ground and strengthen its collective voice.

The 700 participants who gathered in Rwanda have returned to their respective contexts as advocates and part of a strengthened movement, carrying forward new knowledge and networks, with a renewed sense of confidence, community, and collective purpose. As the NCD community mobilises towards the HLM4, the Forum's influence is evident in the unity and coordination demonstrated through **The Call to Lead**, launched at the Forum and presented on occasion of the UN Multistakeholder hearing in May. Forum momentum continues to be demonstrated through the ongoing collective advocacy towards the shared HLM4 campaign priorities, through strengthened networks, regional plans and coordination, and community linkages.

Looking ahead to the next iterations of the Global Forum, NCD Alliance aims to continue international convenings with a strong regional lens: partnering with a local organisation to ground the event, engaging with regional bodies and leading regional organisations and stakeholders throughout the programme. NCD Alliance will continue to refine Forum organisation and maximise the event's format and programme, timing its global convening around critical advocacy moments for the NCD community and continuing to strengthen the meaningful involvement of lived experience, youth, and grassroots communities.

The Forum's lasting impact lies in its ability to strengthen advocacy efforts and forge genuine connections that bring the NCD community together under a shared agenda. The ripple effect extends far beyond the four days in Kigali, generating a vibrant and unified NCD movement working across diseases, risk factors, and geographies, engaging people living with NCDs and youth, calling on governments to take action on NCDs at the HLM4 for policy advances that can improve the lives of communities worldwide.



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# 4<sup>TH</sup> GLOBAL NCD ALLIANCE



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