

NCD ALLIANCE ADVOCACY PRIORITIES

Fourth UN High-Level Meeting on the Prevention and Control of NCDs in September 2025



Maude Marcus Angola of Women's Coalition Against Cancer works with rural communities to reduce the cervical cancer burden in Malawi. Find out more in the NCD Alliance mini-film *Raise Your Voice*.



TIME TO  LEAD
GLOBAL WEEK FOR ACTION ON NCDs

@NCD Alliance

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Executive summary

The world has changed significantly in the years since the third United Nations High-Level Meeting (UN HLM) on the Prevention and Control of Noncommunicable Diseases in 2018: the global shock of the COVID-19 pandemic and ensuing economic crisis, the increasing urgency of the climate crisis, and geo-political threat from armed conflicts have all aggravated existing inequities and brought about a shift in global development priorities.

Despite these changing priorities, noncommunicable diseases including mental health and neurological conditions (NCDs) have remained at the centre of the toll taken on people's health and wellbeing by this polycrisis, and NCDs alone represent an impending crisis for health systems everywhere. Yet, while there has been significant policy progress and some strong leadership in some countries, implementation has

lagged, and we are off-track to meeting the targets set for 2025 and 2030. The global burden of NCDs is unacceptable, inequitable and increasing.

This policy brief informs governments on key priorities for the fourth United Nations High-Level Meeting on the Prevention and Control of NCDs (HLM4) to **deliver on NCD targets and commitments, including for mental health and neurological conditions**. The brief contains three sections; Part 1: the case for accelerated action; Part 2: an assessment of progress and gaps; and Part 3: NCD Alliance's five advocacy priorities, along with content that must be included in the text of the Political Declaration of the HLM in 2025.

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

NCD ALLIANCE PRIORITIES

for the fourth UN HLM on NCDs Political Declaration

ACCELERATE IMPLEMENTATION

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

BREAK DOWN SILOS

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

MOBILISE INVESTMENT

Provide sustainable financing for NCDs across the full continuum of care that is sufficient to match the disease burden.

DELIVER ACCOUNTABILITY

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

ENGAGE COMMUNITIES

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

PART 1

The case for accelerated action on NCDs

NCDs take a human toll that is unacceptable, increasing, and inequitable. The sheer scale of this largely preventable burden is reason enough for urgent action, but it is further compounded by the socioeconomic disparities which NCDs drive and deepen. NCDs are inextricable from other global priorities, like ending poverty, women's rights and advancement, and the climate crisis.



@Njabulo Dzonzi/NCD Alliance

Samuel Kumwanje is living with chronic kidney disease in Malawi. See how his leadership is helping to improve NCD care in his country in the NCD Alliance mini-film *Raise Your Voice*.

THE GLOBAL NCD BURDEN

Unacceptable and increasing

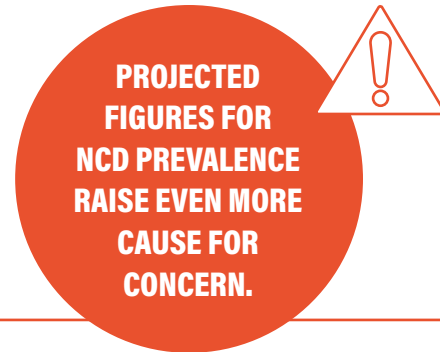
In 2024, the world is off track to meet the global NCD targets that are set to expire in 2025. Since 2015, progress has stagnated and only six countries¹ out of 191 UN Member States are on track to achieve the NCD mortality target to reduce premature deaths by one third by 2030. Many promises made at the last UN HLM in 2018, to cover more people living with or at risk of NCDs with health services and medicines, and protect them from exposure to key risk factors, will go unmet.

These targets represent more than boxes which some countries can tick while most cannot. They represent an impending public health emergency, brought on by the sheer scale and prevalence of NCDs and how exposed people are to modifiable risk factors. The numbers of people living with NCDs worldwide are staggering.



These numbers are likely to be just the tip of the iceberg due to low diagnosis rates in many countries. Half of adults living with diabetes are undiagnosed⁹ and even in high-income countries only one in five people living with hypertension are under medical control, leaving one billion people untreated¹⁰. Many people who have died from NCDs in low- and middle-income countries (LMICs) are never diagnosed nor included in NCD morbidity and mortality data.

Projected figures for NCD prevalence raise even more cause for concern. Health systems struggling to handle the current NCD burden are unprepared for the in-coming tidal wave.



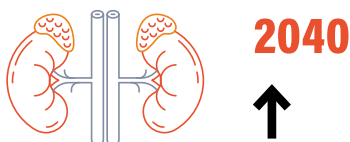
The number of people living with **DIABETES** is expected to more than **DOUBLE GLOBALLY BY 2050**, to at least **1.3 BILLION**.¹¹



CANCER too will double, with **35 MILLION NEW CASES PER YEAR** foreseen by 2050.¹²



CARDIOVASCULAR DISEASE accounts for **18 MILLION DEATHS PER YEAR** - this figure will reach **23 MILLION** by 2030.¹³



CHRONIC KIDNEY DISEASE is increasing worldwide at a rate of 8% per year; by 2040, it is projected to be the **FIFTH LEADING CAUSE OF DEATH**.¹⁴



And the number of people living with **DEMENCIA** is projected to nearly **DOUBLE EVERY 20 YEARS**, reaching **139 MILLION PEOPLE** by 2050.¹⁵

INEQUITY

Driving and driven by NCDs

Although there has been some progress in the NCD response, it has been patchy and revealing of stark disparities. Globally since 2000, the chances of dying prematurely (between the ages of 30 and 70*) from an NCD have gone down by 22%, but NCD mortality between 30 and 70 has increased in more than 20 countries, and most of these are LMICs¹⁶. An estimated 82% of premature deaths from NCDs occur in low- and lower-middle-income countries¹⁷, and the poor in all countries are the hardest hit. The NCD burden may be universal, but it shines a glaring light on deeply engrained inequities.

This health inequity manifests long before it is revealed in mortality data – poor countries and communities have less access across the whole care continuum, from NCD prevention and early detection to treatment and rehabilitation to palliative care. NCDs follow a social gradient – the lower a person's social and economic status, the higher chance they have of morbidity and mortality related to NCDs, and at a younger age.

- Only one in two people living with diabetes globally has access to the insulin they need; in sub-Saharan Africa, only one in seven people does¹⁸.
- 80% of the 40 million people needing palliative care live in LMICs, but only 6% of the world's opioids are consumed there. Haiti for instance receives just 1% of its pain relievers need, while the United States imports 31 times the amount it needs¹⁹.
- In a poor suburb of Mumbai where NCD diagnosis and care is out of reach for many residents, people barely expect to make it to 40 years of age, compared to an average urban life expectancy in the surrounding State of Maharashtra of 74 years²⁰.

Exposure to risk factors follows a similar gradient, where lower income means higher exposure. Higher smoking prevalence is associated with almost every indicator of deprivation or marginalisation – lower incomes, unemployment, homelessness, and identifying as LGBTQI, to name a few. There is clear link between poverty and increased health and social harms from alcohol use. Rates of overweight and obesity are also increasing in LMICs, particularly in urban areas and among women, with many countries experiencing a double burden of undernutrition and overweight. The highest prevalence of obesity globally is in small island developing states (SIDS), where an NCD crisis is compounded by the disproportionate impact of the climate crisis²¹.

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

Leaders must commit to putting in place policies and allocating resources to reach those who are most marginalised and furthest behind first, to narrow the disparities between countries and communities in health outcomes and socioeconomic conditions.

* Sustainable Development Goal target 3.4 aims to reduce “premature” deaths from NCDs by one third by 2030. This refers to deaths occurring between the ages of 30 and 70.

MENTAL HEALTH AND NEUROLOGICAL CONDITIONS

Tipping the scales of the NCD burden

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

- Mental health conditions like depression, bipolar disorder, anxiety, and substance use disorders – to name just a few – affect an estimated one in eight people²². However, this number could be much higher as there is a major gap in mental health data.
- The cost of mental health conditions (and related consequences) is projected to rise to US\$6 trillion globally by 2030, from US\$2.5 trillion in 2010.²³
- There is a wide care gap for mental health, especially in LMICs. For instance, in sub-Saharan Africa, there is one psychiatrist per 1,000,000 people.²⁴
- Neurological disorders are the leading cause of disability-adjusted life years (DALYs) and second leading cause of death. More than three billion people worldwide (more than one in three) are living with a neurological condition, which includes but is not limited to stroke, migraine, dementia, epilepsy, and autism spectrum disorders.²⁵
- Neurological conditions pose a serious threat to our health systems due to their rapidly increasing prevalence. There were over 55 million people worldwide living with dementia in 2020. This number will almost double every 20 years.²⁶
- There is vast inequality when it comes to care for neurological conditions. High-income countries have up to 70 times more neurologists per 100,000 people than LMICs.²⁷

EMBEDDED IN THE POLYCRISIS

As the NCD policy response evolves, so does the broader global health and development landscape. The world today is facing what many refer to as a “polycrisis”, cascading and interconnected crises occurring all at once to the detriment of human and planetary health and sustainable development. NCDs are at the epicentre of this polycrisis.

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

Pandemic prevention, preparedness and response (PPPR)

With the disruption of essential NCD diagnosis and treatment services and surging prevalence of mental health disorders during the COVID-19 response, NCDs were revealed as the weak link in health systems everywhere. The heightened vulnerability of people living with NCDs to severe COVID-19 outcomes is also well evidenced.²⁸ The policy implication is that preparedness and resilience against the impact of future pandemics

requires healthy populations and stronger health systems. This recognition is reflected to varying degrees in the [UN Secretary General's Policy Brief on mental health and COVID-19](#), the [WHO survey on NCDs/COVID and operational guidance to countries](#), and the [Political Declaration on PPPR](#). However, people living with NCDs must be considered a vulnerable population, and this is yet to be reflected in the WHO pandemic treaty draft.



Nupur Lalvani and Snehal Nandagawli of the Blue Circle Foundation are leading the way to better diabetes care for women in India. Find out more in the NCD Alliance mini-film *Going Full Circle*.

Infectious diseases

Global efforts to end AIDS and TB have been linked with investing in NCDs, given the many co-morbidities, including with cervical cancer, diabetes, hypertension, and mental health conditions. There is consensus around joint solutions such as integrated, people-centred services²⁹. The adoption of the fourth “90” target for HIV/AIDS (healthy aging for people living with HIV) at the HLM in 2021 and the new global strategies of UNAIDS, Global Fund and PEPFAR all recognise the importance of addressing NCDs. The outcomes of the integration of NCDs into these programs, like the latest round of Global Fund grants, are still being assessed and analysed at the time of this brief’s publication, but it is certain that much remains to be done.

Humanitarian settings

As the intensity of wars, conflicts, natural disasters and protracted and interconnected humanitarian emergencies worldwide continues to increase, so has the recognition of the relevance of NCDs to these contexts and the need to integrate NCDs within emergency preparedness and humanitarian responses. This has materialised with the WHO NCD kit for emergency settings made available in 2017, and the 2024 High-Level Technical Meeting on NCDs in Humanitarian Settings. However, these responses fall short of global needs. In 2023, 299 million people needed humanitarian assistance and protection - around 3% of the entire global population³⁰. With over 30% of the global population living with NCDs, access to NCD care needs to be protected and ensured in humanitarian settings, in line with principles of UHC and leaving no one behind.

Planetary health

The relevance of NCDs and health to global efforts to reduce the impact of the climate crisis and pollution has gained momentum. These major global crises of our time are intertwined due to the impact planetary health is having on the burden of NCDs, primarily via air pollution and heatwaves, and also due to the overlapping drivers, primarily fossil fuels and unsustainable global food systems. These crises also have shared solutions, many of which require addressing commercial determinants of health. This has been well captured in the [Bridgetown Declaration](#), adopted by all small island developing states (SIDS) leaders to address these countries’ unique vulnerability to both NCDs and the climate crisis, but all countries can benefit from a policy approach that considers NCDs and planetary health together.

Primary healthcare and universal health coverage

One of the most effective opportunities to improve lives globally is through greater integration of NCDs within primary healthcare (PHC) and universal health coverage (UHC). There are specific NCD references within two UN Political Declarations on UHC ([2019](#) and [2023](#)) and NCD-specific indicators within the [global UHC monitoring framework](#), but the required investment and inclusion of NCDs in health benefit packages are yet to become reality in many countries. There is no UHC without quality, people-centred NCD care, delivered from a strong PHC foundation.

The negotiation of the Political Declaration of the HLM4 is an opportunity for the world’s leaders to draw from and go beyond existing policy silos to deliver an integrated package of commitments that will address the urgency of the NCD pandemic and the common drivers and health threats of the polycrisis.

ON THE ROAD TO 2025

Engaging in the process

The [WHO preparatory process](#) for the HLM4 builds on existing political commitments made by Member States at the General Assembly in the previous HLMs on NCDs in 2011, 2014 and 2018. Along with offering an opportunity to take stock, address the evolving global landscape, and recommit to NCDs as a priority at the highest political level, it is a chance to develop the next agenda. The meeting will outline critical steps towards building and pursuing a collective vision for the coming decades and a course of action for accelerating progress to meet SDG target 3.4 on NCDs, and SDG target 3.8 on universal health coverage, by 2030.

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

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

The following NCD Alliance resources support engagement with HLM4 input processes:

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

The links below highlight key HLM4 input processes that have taken place so far:

- [SIDS Bridgetown Declaration on NCDs and Mental Health \(2023\)](#)
- [Second UN HLM on Universal Health Coverage \(2023\)](#)
- [Global High-Level Technical Meeting on NCDs in Humanitarian Setting \(2024\)](#)
- [Second Global Dialogue on Sustainable Financing for NCDs And Mental Health \(2024\)](#)
- [Report on inclusion of NCDs in humanitarian settings \(Expected in 2024\)](#)
- [Report on International dialogue on sustainable financing for NCDs and mental health \(Expected in 2024\)](#)
- [WHO Director General's NCD Progress Report \(Expected in 2024\)](#)

PART 2

Assessment of progress and gaps

There is an urgent need at the HLM4 for an honest and transparent review of progress and evaluation of the changing global context, with the aim to identify gaps and areas needing focus.

The answers to the questions below are explored in the following section. They have informed NCD Alliance's calls to action for the HLM4 (see Part 3 of this document) and should guide the strong political commitments required to reset the agenda and place NCDs on the optimal track for 2030 and beyond.

- Why aren't countries on track to reduce premature mortality, reduce exposure to risk factors, and strengthen health systems, according to the key targets, commitments and primary metrics agreed by the international community?
- What are the positive trends in policy implementation at the national level, and what are the areas that are lagging behind and require particular attention?
- At the global policy level, what has changed in these last six to seven years that is of relevance for NCDs at the HLM4 – both in terms of opportunities and challenges?



NCD Alliance mini-film Raise your Voice is an inspiring story of people living with NCDs leading the way to better NCD care in Malawi.

TAKING STOCK OF GLOBAL AND NATIONAL PROGRESS ON NCDs

Although much remains to be done, progress has been made since the last HLM on NCDs in 2018, and this should be recognised and celebrated. The points below show that the global NCD policy response has evolved in a positive direction, and provide useful context for the deliberations of the HLM4.

- There has been a gradual uptake of the “5x5” approach, which was formally adopted by governments at the last HLM on NCDs in 2018, with air pollution and mental health and neurological conditions encompassed within the NCD agenda. This progress must continue towards an explicitly more inclusive approach to NCDs.
 - The number of cost-effective and globally applicable policies and interventions available to governments to support their NCD responses has increased, with the WHO NCD Best Buys expanding from 16 to 28 and an increased number of technical packages (e.g. HEARTS, SHAKE, REPLACE, PEN, PEN+, etc) and partner coalitions to guide and accelerate implementation.
 - There is a plethora of new global action plans, initiatives and new targets set for specific risk factors and diseases such as cervical cancer, breast cancer, obesity, diabetes, hypertension, neurological conditions and oral health, which is inspiring further action and political momentum.
 - Whilst the level of funding in NCDs remains inadequate and poorly tracked, evidence on the investment case for NCDs has strengthened³¹, together with [greater focus on fiscal policies](#)³² that provide a win-win of health benefits and increased revenue. As of September 2023, the [WHO/UNDP Global Joint Programme on Catalyzing Multisectoral Action for NCDs](#)³³ had supported the completion of 22 NCD investment cases and an additional 10 were ongoing, and a global pooled funding mechanism has been established in the [Health4Life Multi-partner Trust Fund](#).³⁴
 - Since the last HLM on NCDs where industry interference was recognised as one of the major barriers in the NCD response, the field of commercial determinants of health has matured and gained greater policy recognition. This is reflected, for example, in the Bridgetown Declaration from the 2023 SIDS Ministerial Meeting on NCDs and Mental Health and is being developed in a [WHO programme of action](#).
- At the country level, there has also been progress and evidence of leadership over the last seven years by governments implementing cost-effective policies and interventions that are saving lives, reducing the burden of NCDs for people and communities, and saving healthcare costs. However, the data overall points to less optimistic conclusions.
- At the national policy level, the vast majority of countries have staff responsible for NCDs in their ministry of health and NCDs incorporated into their health plans, but government funding for NCD-related activities varies widely, with just half of low-income countries reporting any funding at all for such activities.
 - Multisectoral action plans on NCDs are still lacking in roughly half of countries, and despite some improvement, only 57% of countries have set time-bound national NCD targets and indicators.³⁵
 - Management guidelines for the four major NCDs are more available than they were a decade ago, yet many low- and lower-middle-income countries still lack screening programmes and many essential medicines, and data for availability of essential medicines remains a major challenge.

Progress on introducing national policies to control the main NCD risk factors has been moving more swiftly, although it too still lags behind targets.

- The percentage of countries with a policy on alcohol** rose from 48% in 2013 to 74% in 2019, for physical activity from 52% to 79%, for tobacco use from 63% to 79% and for healthy diet from 55% to 80%.³⁶

- A record number of over 6000 cities in 117 countries are now monitoring air quality, but findings are grim – they show that 99%³⁷ of the global population is breathing air that exceeds WHO air quality limits and threatens their health.

Despite some positive trends, the findings above point to a [number of persistent barriers](#) at the country level which are holding up progress.

CLOSING THE GAPS OF THE NCD RESPONSE

All of the data on NCD morbidity and mortality, together with their far-reaching consequences for the economy, society, and human and planetary health, point to one overarching conclusion: countries are well overdue to **speed up action** on NCDs across the full continuum of care – from prevention to diagnosis and treatment to palliative care. Strong commitments have been made, but leaders must move from intent to action. In order to achieve this overarching priority, some important gaps need to be closed.

In recent years, the NCD community has made a conscious shift from talking about health expenditure to talking about health investment, but **financing for NCDs** remains a major gap, especially in LMICs where the resources to adequately address NCDs are simply not available. Budgets and health systems are overwhelmed by increasing demand, meaning that few low-income countries are able to include NCD prevention and care interventions in their health benefit packages and over 60% of people living with NCDs have experienced catastrophic health expenditure.³⁸

Governments are juggling a backlog of common infections, the double burden of malnutrition, and maternal mortality together with the growing burden of NCDs, pandemics and the impacts of the climate crisis. The only way to advance against these seemingly insurmountable global challenges is to seek out synergies and design **integrated solutions** that address various global priorities together. NCDs are at the heart of this polycrisis, and action on NCDs must be a cornerstone of any integrated approach to sustainable development and achieving human and planetary health.

With other global priorities, like HIV/AIDS and the climate crisis, civil society actors have played a crucial role as demand creators, mobilisers and campaigners, change agents, innovators, and experts. They also fill an important role in ensuring accountability. However, a long-standing gap for the NCD response is that the international community and governments have been slow to recognise and **meaningfully involve people with lived experience of NCD and CSOs**.

More accountability of governments for following through on commitments made is needed. Despite established monitoring processes – like the [WHO Global NCD Action Plan](#) and [NCD Global Monitoring Framework](#), the [UN Monitoring Framework for the SDGs](#), and WHO's regular [Progress Monitor Reports, Country Profiles](#) and [Country Capacity Surveys](#) – a **glaring accountability gap** persists between global commitments and national implementation of effective policies.

Among all of the gaps and barriers to progress mentioned above, there is a common solution. Heads of state and government have **the power to lead** the way against the world's biggest killer and cause of disability, simultaneously putting their economies on a more sustainable path.

Transformative leadership is needed to implement "health in all policies" and "governance for health," which mean that decisions made in other policy areas must support health and that public interests are prioritised over private profit. In the context of health systems development, availability and affordability of care and treatment, the highest level of leadership is essential, and we must avoid conflicts of interest in securing the necessary resources for health.

** Based on recent evidence, WHO now considers the phrase 'harmful use of alcohol' misleading as there is no safe level of consumption. WHO published a statement on this topic in The Lancet Public Health in 2023, accessible [here](#).

THE OPPORTUNITY OF THE 2025 UN HLM ON NCDs

Against this context, the opportunity of the HLM4 is clear. Progress has been made but the urgent imperative remains for renewed political commitment to this global health and development challenge, addressing NCDs as well as health inequities. This requires resetting the agenda to ensure relevance of NCDs within the polycrisis and across the SDGs, and accelerating action to bend the curve on NCDs, get back on track for SDGs in 2030 and set new targets for 2030 and beyond.

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

A CALL TO LEAD ON NCDs

We need leaders to take action now, implementing the tried-and-trusted policies that will bring the progress that is needed. For more information please see NCDA's Call to Lead and take action.



@NCD Alliance

In the lead up to the World Health Assembly in 2024 (Geneva), NCDA brought together representatives of NCD alliances to hold meetings on priority issues with their government missions and delegations.

TIME TO  LEAD
GLOBAL WEEK FOR ACTION ON NCDs

PART 3

The call to action: NCD Alliance advocacy priorities

The NCD Alliance has identified five advocacy priorities for the fourth United Nations High-Level Meeting on the Prevention and Control of Noncommunicable Diseases:



ACCELERATE IMPLEMENTATION

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



BREAK DOWN SILOS

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



MOBILISE INVESTMENT

Provide sustainable financing for NCDs across the full continuum of care that is sufficient to match the disease burden.



DELIVER ACCOUNTABILITY

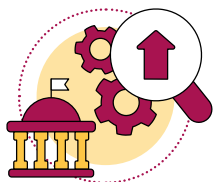
Track, measure and fulfil commitments on NCD prevention and care in the lead up to 2025, 2030 and beyond.



ENGAGE COMMUNITIES

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

The rationale behind these priorities, together with specific content that must be included in the Political Declaration of the HLM4, are presented in the following pages.



ACCELERATE IMPLEMENTATION

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

Rationale

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

Advocacy asks

- **Set deadlines to deliver national NCD plans**, with concrete targets and indicators in line with the [WHO NCD Global Monitoring Framework](#), to achieve the voluntary targets set for 2025 and the SDG 2030 goals and including implementing the NCD “best buys” and other recommended interventions of the [WHO Global NCD Action Plan Appendix 3](#).
- **Implement tried and true population-wide policies** that are proven effective and affordable to build healthy environments and reduce people’s exposure to NCD risk factors, including comprehensive fiscal, marketing and labelling policies for unhealthy products, such as tobacco, alcohol, unhealthy foods and fossil fuels.
- **Accelerate the implementation** of the [WHO Framework Convention on Tobacco Control](#) (FCTC) and its Protocol by its parties without any tobacco industry interference and encourage remaining non-signatory countries to become parties to the Framework Convention.
- **Address the social, environmental, economic and commercial determinants** of health that impact NCD prevalence and outcomes, by working across all sectors through a whole-of-government approach ensuring that public policies promote population health and equity.
- **Implement WHO packages**, initiatives and action plans to reach specific targets for essential NCD interventions; e.g. for diabetes, heart disease and hypertension, cancer, mental health, dementia, neurological conditions, obesity, oral health, access to medicines, alcohol, tobacco, unhealthy diets.
- **Promote equitable access to NCD medicines and health products**, by including NCDs in UHC health benefit packages based on evidence-based clinical practice guidelines, updated essential medicine and diagnostic lists, and rational selection and procurement of products, aligned with national health burdens.
- **Ensure availability of NCD treatments and care** by strengthening regional and national regulatory mechanisms, production, forecasting, supply-chain planning and trading of essential medicines and technology.
- **Ensure affordability of NCD health products** to realise UHC and reduce out-of-pocket payments, by developing national pricing policies for these products, aligning with [WHO guidelines on country pharmaceutical pricing policies](#).
- **Strengthen the healthcare workforce and health system infrastructure** for effective health promotion, prevention and management of NCDs.

*** A listing of key resolutions, decisions and commitments on NCD can be found on WHO’s Road to 2025 webpage. This list is not conclusive, and can be accessed here: <https://www.who.int/teams/noncommunicable-diseases/on-the-road-to-2025#:~:text=This%20will%20enable%20countries%20to,measured%20against%20a%202025%20baseline>.



BREAK DOWN SILOS

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

Rationale

A person's health is not purely a matter of individual choice; choices are constrained and outcomes determined by their circumstances and environment. This makes NCDs into far more than a health issue – they are a poverty issue, an equity issue, and a major human rights and sustainable development issue, as they disproportionately burden the poorest and most vulnerable populations with disease, disability, and death. People affected by other health conditions, as well as environmental, social and commercial determinants of health, can be more vulnerable to NCDs, and those affected by NCDs are often more vulnerable to other conditions and determinants. Focused action is needed for effective integration of NCDs to other global health and development agendas, including planetary health and the climate crisis.

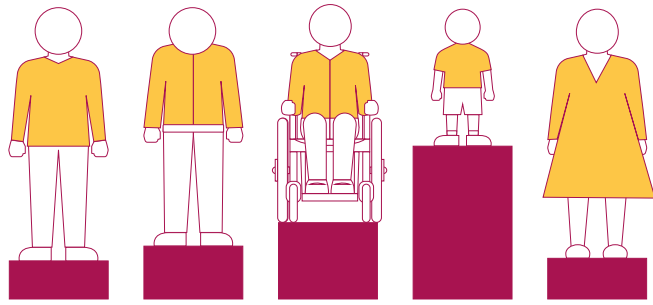
Advocacy asks

- **Development planning:** Fully integrate NCDs into health and development planning instruments and related SDG accountability processes, including National Sustainable Development Plans, Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs), as well as national responses related to other non-health SDG areas.
- **United Nations coordination:** Enhance coordination and cooperation among United Nations and other agencies, entities and frameworks that address the interface of health, climate change, biodiversity, business and human rights, environment, nutrition and emergency preparedness, including support of the UN Inter-Agency Task Force on NCDs.



Dr Eva Njenga, Founder Director of NCDA Kenya, and member of the NCDA Board of Directors, Dr Monika Arora, President of NCDA, and Bente Mikkelsen, Director of the NCD Department at WHO, at the launch of the Time to Lead campaign in Geneva, May 2024.

A person's health is not purely a matter of individual choice; choices are constrained and outcomes determined by their circumstances and environment.



- **Vulnerable populations:** Recognise people living with NCDs in definitions of vulnerable populations across all UN processes.
- **PHC and UHC:** Integrate quality NCD prevention and care services into PHC services and UHC health benefit packages.
- **Emergencies and humanitarian settings:** Integrate NCD services throughout emergency cycles including in humanitarian settings, ensuring access to vital services such as primary care and medication, and reducing exposure to NCD risk factors.
- **Social, environmental and economic determinants of health:** Ensure government sectors beyond health develop policies and services to address the social, environmental, and economic determinants of health, in order to reduce inequities in people's exposure to NCD risk factors and outcomes.
- **Commercial determinants of health:** Implement fiscal measures to mitigate key risk factors such as tobacco use, physical inactivity, alcohol consumption, unhealthy diets, and air pollution, together with other policies such as regulations to curb marketing of health-harming products.
- **Maternal and child health, HIV, TB, malaria:** Leverage the strong infrastructure and achievements in other health programs to implement a person-centred approach, integrating NCDs prevention and care into these systems, and optimise resource allocation to address the growing burden of co-morbidities.
- **Pandemic prevention, preparedness and response:** In building resilience against future pandemics, ensure the continuation of essential health services, and the recognition that people with NCDs are particularly vulnerable during pandemics.
- **Brain health and mental health:** Ensure WHO and national initiatives and action plans focused on NCDs and their risk factors incorporate brain health, including its unique needs, and initiatives focused on mental health and neurological conditions recognise NCD comorbidities and common risk factors.
- **Food systems and nutrition:** Ensure the policies that shape our food systems promote health and prevent NCDs, in addition to increasing food security and reducing malnutrition in all its forms with a comprehensive and coherent package of measures and a cross-government approach including the health, agriculture, consumer affairs, trade, and fiscal authorities.
- **Planetary health:** Recognise the common drivers of the climate crisis and NCD epidemic, such as fossil fuel use and unsustainable food systems, by integrating health co-benefits into climate action plans and climate policies into NCD action plans. Reduce fossil fuel use, ensure climate-resilient health systems in UHC, implement stricter regulation of climate-impacting industries, and proactively engage civil society organisations.
- **Multisectoral action:** Recognise that, given the impact that other sectors' activities (finance, education, environment, transport, etc.) have on people's health outcomes, health for all should be factored not only in health ministries' budgets but also across the budgets of other ministries and government agencies.
- **Technical support:** Call on WHO to provide technical support for NCD responses by ensuring smooth collaboration and NCD integration across WHO areas of work.



MOBILISE INVESTMENT

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

Rationale

In many countries, particularly those relying on development assistance for health to supplement and support domestic health budgets, the current allocations of government and development health spending are not aligned with national disease burdens. As governments work to optimise their budgets and implement UHC, the development of nationally costed plans must be central to implementation and to initiatives that expand and sustain investment in NCD. It is also important to apply an equity lens in all decision-making to reach the furthest behind first through strengthening social and financial protection schemes for NCDs.³⁹ Globally, out-of-pocket spending for NCDs is estimated to be twice as high per visit to a health clinic compared to infectious diseases. This makes seeking and sustaining care for NCDs a significant financial burden due to the chronic nature of NCDs, which tend to require costly long-term or lifelong treatment.

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

Advocacy asks

- **Commit to a set of global financing targets for NCD investment**, informed by recommendations by the best available expert analysis. This should be supported by increased data collection, transparency, and accountability for NCD financing within integrated health systems and cross-government multi-sectoral action on NCDs, and development assistance.
- **Increase and optimise domestic budgetary allocations** considering national disease burdens, the effectiveness of possible interventions, and the return on investment to address public health needs and realise UHC by embracing the Lusaka Agenda.
- **Commit to strengthening social and financial protection schemes**, and service coverage for NCDs to achieve UHC and minimise out-of-pocket expenditures for people living with NCDs.
- **Optimally implement fiscal measures** for health including excise taxes on unhealthy commodities such as tobacco, alcohol, and unhealthy food in line with best practices, as well as phasing out subsidies for unhealthy commodities including fossil fuels as part of a comprehensive approach for increasing potential revenue for the prevention and care of NCDs and health systems strengthening.
- **Mobilise bilateral and multilateral resources** e.g. through development aid for health, for integrated health systems to further develop sustainable domestic financing models in line with national NCD priorities and development plans, as detailed in the Lusaka Agenda.
- **Integrate investment for the prevention and care of NCDs** within climate financing mechanisms and in health emergency financing mechanisms for pandemic prevention, preparedness and response, and in humanitarian settings.
- **Call upon WHO, other United Nations agencies, and development banks to:**
 - Provide recommendations and technical assistance to establish policies and best practice to finance sustainable national NCD investment, including a framework for use of catalytic capital and private sector contributions to encourage partnerships and whole-of-society responses.
 - Support member state capacity development to secure climate finance for health-related projects.



DELIVER ACCOUNTABILITY

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

Rationale

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

Advocacy asks

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



ENGAGE COMMUNITIES

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

Rationale

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

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

Advocacy asks

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

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