

ADVOCACY BRIEFING

2025 UNSG report on NCDs

A RED ALERT IN THE NCD RESPONSE



INTRODUCTION

A new report from the UN Secretary General confirms that the world is massively off track in the prevention and control of noncommunicable diseases, the leading cause of death and disability worldwide, and calls for urgent action on financing and other key policy interventions.

This brief provides an analysis of the UNSG report based on NCDs' **policy priorities** for the fourth High-level Meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being (HLM4), as well as resources for advocates to join the **Time to Lead** campaign in the lead up to the HLM4, taking place on 25 September 2025, in New York.

According to the **UN Secretary General report** on the progress on the prevention and control of noncommunicable diseases (NCDs) and the promotion of mental health and well-being, only 19 states and territories, are on track to meet SDG target 3.4 to reduce NCD mortality by one-third by 2030.

The UN Secretary General report is the key document informing the upcoming HLM4, and makes concrete recommendations for Member States as they negotiate the 2025 Political Declaration for the HLM (see Chapter VI).

Progress has slowed since 2015

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

Lack of progress on the targets means millions of premature deaths will not be prevented. Without urgent, concerted action, the long-term trajectory of these diseases and conditions will have profound socioeconomic consequences, weakening human capital, reducing workforce participation, and straining health systems. The NCD burden on health systems consumes limited public and private resources, diverting funds to treat conditions that could have been prevented. Early detection and management could improve survival rates, yet gaps in care continue to drive inequities and impoverishment.

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

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

A policy win with an implementation deficit

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

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

A more inclusive approach still needed

Over the last 15 years, the 4x4 and later 5x5 framing—focusing on a small number of high-burden NCDs and their common risk factors—has been politically useful in securing a place for NCDs on the health and SDG agendas. However, limiting the focus to specific diseases and conditions risks fragmenting our movement and weakening our call for accelerated action on an inclusive and integrated NCD agenda.

While we recognise the importance of World Health Assembly resolutions that mandate the development of disease-, condition-, and risk factor-specific normative guidance, action plans, and technical packages, the HLM4 in New York operates at a broader, cross-government political level. To avoid confusion and distraction, our advocacy for the fourth HLM must remain focused on cross-cutting priorities that drive progress across the full NCD agenda.

The report is framed within SDG target 3.4, which aims to reduce NCD-related deaths and promote mental health and well-being. While it acknowledges air pollution and mental health and neurological conditions as major contributors to the NCD burden, NCDA is concerned that it excludes reporting on neurological conditions, and several other non-communicable conditions.

Integrating action on NCDs

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

We appreciate the recognition of the inter-connectedness of NCDs with climate change, humanitarian settings, migration, and other health emergencies (e.g. the COVID-19 pandemic). However, it fails to acknowledge fossil fuels as the major health-harming product linked to air pollution. It also omits policy recommendations to reduce fossil fuel use, including fiscal policy reforms, as part of a comprehensive NCD prevention strategy. Globally, over US\$7 trillion is spent annually on fossil fuel subsidies, which could be diverted to health.

Multisectorial and multistakeholder action on commercial determinants of health

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

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

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

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

The care gap not fully addressed

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

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

NCD financing and 'the triple-win'

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

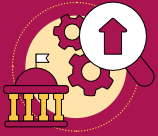
Additionally, we welcome the promotion of integration of NCDs and mental health in national development plans and within existing global health initiatives, multilateral funding platforms, and humanitarian preparedness and response plans, as recently affirmed within the Lusaka Agenda. This signals a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

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

We urge Member States to make bold and progressive commitments that build upon the recommendations within the Secretary-General's report, which should include a global investment target for NCDs, and specific commitments to strengthening social and financial protection schemes through the integration of NCD medicines in UHC benefits packages, facilitated through the implementation of the Best Buys and other recommended interventions.

NCD Alliance priorities for the HLM4

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.

INTERESTED IN KNOWING MORE?

[Access here](#) to our policy brief with the five priorities to the HLM4, including the rationale behind them and suggested content to be included in the Political Declaration of HLM4.



NCD ALLIANCE ADVOCACY PRIORITIES

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



Ms. Mervin Angala of Women's Coalition Against Cancer works with local communities to reduce the cervical cancer burden in Malawi. Find out more in the NCD Alliance issue 4th Policy Year Voice.



TIME TO LEAD
GLOBAL WEEK FOR ACTION ON NCDs

Actions for advocates

The HLM4 is a unique opportunity for governments to showcase how they have progressed on NCDs and the time to take bold political commitments to accelerate the NCD response. We look forward to the upcoming multi-stakeholder meeting in New York (planned for early May) and contributing to the discussion on the content of the zero-draft Political Declaration.

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

Tailor messages for impact

Read the [UN Secretary General's report](#) and develop topic-specific as well as country- and region-specific key messages that reflect local realities and policy gaps.

Engage decision-makers early

Reach out to government representatives in capitals, New York, and Geneva urging them to act decisively on NCDs and engage in the HLM4 negotiations..

Take action to spread the message

Sign on to [The Call to Lead on NCDs](#) sharing the call to action with your networks, and take part in the Global Week for Action on NCDs, 18-25 September, by organising events, media outreach, and high-level dialogues.

RESOURCES FOR ADVOCACY

NCDAs has developed the following key resources to support advocates in taking the actions described above. A strong and united civil society response will help ensure the most impactful outcome from the HLM4 to turn the tide on NCDs.

NCD ALLIANCE ADVOCACY PRIORITIES
Fourth High-Level Meeting of the UN General Assembly on the prevention and control of NCDs in 2025



POCKET GUIDE
Mobilising for Action: Opportunities for civil society advocacy at the 2025 United Nations High-Level Meeting on NCDs



SPARK THE MOVEMENT BOOKLET
A blueprint for promoting The Call to Lead on NCDs: Three actions governments must take



POCKET GUIDE
Building Strategic Relationships with UN and Government Representatives to Advance NCD Advocacy



We welcome your feedback on our resources so we can create advocacy tools that are most useful to you.



@NCDAlliance

This policy brief was authored by Alison Cox, Joanna Laurson-Doube, Marijke Kremin, and Liz Aranz.

Cover photo: Free medical check-up at Kigali Car Free Day, 16 February 2025. Since they were launched in 2016 by the Kigali City Council, car-free days in the Rwandan capital have become part of a very popular initiative. The programme aims to promote physical activity and raise awareness of NCDs while reducing air pollution. Every other Sunday, up to 10 kilometres of roads are freed up for the whole morning for group exercise activities and free medical check-ups, counselling, and education on NCDs. @GilbertoLontro/NCDA

Edited by NCD Alliance, March 2025

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