

POLICY BRIEF

UN Fourth High-Level Meeting on NCDs and Mental Health

This document presents NCD Alliance's (NCDA) response to the fourth High-Level Meeting of the UN General Assembly on NCDs and Mental Health (HLM4) and associated Political Declaration, which is scheduled to be approved* at HLM4 on 25 September 2025. It is intended to serve as a reflection on the document itself, while supporting advocates in their ongoing efforts with governments to accelerate national policy change.

* Adoption of the Political Declaration will take place during the General Assembly's working sessions in late September or October.



SUMMARY

With only 19 countries and territories, out of 194, on track to meet SDG target 3.4 to reduce premature NCD mortality by one-third by 2030, this High-Level Meeting is an important moment to center noncommunicable diseases including mental health and neurological conditions (NCDs), in the global agenda and inspire progress on the global burden of NCDs, which is unacceptable, inequitable, and increasing. NCDA welcomes the commitment by Member States of the United Nations to establish targets within the Political Declaration as well as their recommitment to many of the principles and actions set forth at the three previous High-Level Meetings on NCDs in 2011, 2014, and 2018. However, we note with concern the missed opportunities to make more progressive commitments to tackle NCDs and their risk factors, which are the world's leading cause of death and disability worldwide.

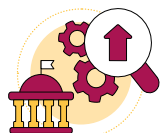
We urge stakeholders at all levels to build on this Political Declaration to make greater progress at the national level ahead of the closing of the Sustainable Development Goals in 2030, advancing not only SDG 3.4 on reducing premature mortality from NCDs and promoting health and well-being, but also SDG 3.8 on universal health coverage (UHC). These goals can only be achieved through integrating NCD efforts and addressing the root causes of NCDs and inequity.

INTRODUCTION

HLM4 in September 2025 is a key opportunity for Member States to review progress, renew political commitments to put the global response to noncommunicable diseases (NCDs), including mental health and neurological conditions, back on track, and reset the agenda to strengthen linkages between NCDs and the broader global health agenda and the SDGs.

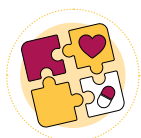
In the seven years since the third High-Level Meeting on NCDs in 2018, two High-Level Meetings on UHC (2019 and 2023) and one on Pandemic Prevention, Preparedness and Response (2023) have all emphasized the interlinking nature of global health agendas and the need for an integrated approach.

NCDA advocated for the Political Declaration of the HLM4 to commit to the following five priorities:



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.

We welcome

- The inclusion of the fast-track “3x150 million” and “tracer” targets under each section of the declaration,
- Commitments in alignment with the 5x5 NCD framework established in 2018, to strengthen the prevention and response to mental health and neurological conditions and to act on air pollution,
- Partial recognition of a more inclusive NCD agenda beyond the 5x5 framework, further acknowledging NCDs characterized by high prevalence, morbidity, or mortality, how they interlink and share common risk factors, e.g., oral health, renal and hepatic conditions, sickle-cell, and rare diseases,
- Operational language on solutions to improve access to, and affordability of, essential NCD medicines, diagnostics, and other health technologies.

We express concern

- At the lack of ambition to deliver strong commitments for implementing fiscal policies, particularly health taxes and health-promoting subsidy reforms,
- At the rollback of commitments on health-promoting environments, weakening the scope or removing proven cost-effective NCD prevention policies,
- That the lack of meaningful commitment to address commercial determinants and manage conflicts of interest will prevent comprehensive, multi-sectoral approaches to tackling NCDs,
- That the text does not recognize fossil fuels as the primary driver of air pollution and climate change, nor does it include commitments towards phasing out their use and adopting air quality standards,
- That while there was some recognition of NCDs beyond the 5x5 with lower mortality and high morbidity, there was a lack of consideration and action outlined for debilitating conditions such as neurological conditions, obesity, musculoskeletal, oral, eye and ear diseases, and genetic disorders to further emphasize the need for an integrated and cross-cutting NCD response,
- At the rollback of social participation language and commitments within the political declaration,
- That the Political Declaration does not call for scaling up the financing for NCD prevention and control through increasing domestic resources for unmet needs for care.

We recommend

- Fast-tracking and resourcing national implementation efforts on NCDs, capitalizing on the momentum from the High-Level Meeting and newly established targets,
- Leveraging the 3rd Global Financing Dialogue on NCDs and Mental Health (anticipated 2026) and the 2027 UN High-Level Meeting on UHC to secure stronger commitments and ensure the full integration of NCDs and mental health into UHC and financing agendas,
- Advancing monitoring and accountability to support delivery on these and other existing NCD targets by strengthening national mechanisms, updating the WHO NCD Global Monitoring Framework, and embedding NCD targets into broader development processes.

NCD ALLIANCE RESPONSE TO THE POLITICAL DECLARATION

We welcome

NCDA warmly welcomes the “fast-track” and tracer targets outlined in the text of the HLM4 Political Declaration as important benchmarks on the way to achieving the 2030 targets. Time-bound and tangible targets have been a key priority for NCDA from the outset, as the previous three political declarations stopped short of including such specific measures to serve as external motivation for governments and clear goals to aid in accountability. The targets within the text are poised to accelerate implementation toward UHC and strengthen health systems and health-promoting environments in the last five years of the SDG era.

- With the expansion of the 4x4 to the 5x5 NCD framework to include mental health and neurological conditions and air pollution in 2018, and the subsequent inclusion of mental health in the title of the HLM to fully align with SDG 3.4, this convening was critical for outlining action on these conditions and major NCD risk factors.
- While mental health and neurological conditions share the same risk factors and health system considerations and concerns as other NCDs, the unique human rights elements of the agenda were important to recognize within the text. NCDA, therefore, welcomes the recognition and commitments toward suicide prevention and decriminalization and the deinstitutionalization of mental health services.
- In addition, we welcome the commitments to address air pollution, including by promoting less-polluting solutions for cooking, heating, electricity generation, and transportation, which can bring other significant health co-benefits.

We also commend Member States for taking steps towards a more inclusive approach by recognizing conditions outside of the “5x5” and the wider burden from other NCDs and conditions of public health importance, such as oral, renal, hepatic, sick cell, and rare diseases, which share common risk factors and benefit from common health system responses to NCDs. However, we are concerned that the declaration lacks a statement that both recognizes the “5x5” agenda of the major NCDs, including mental health and neurological conditions, and their common risk factors, as established in the 2018 declaration. Without language recognizing relevant, existing, cross-cutting, and disease-specific technical and normative tools, and explicitly stating the need for cross-cutting action in the NCD and mental health response to support the link to UHC, this declaration risks making the disease-specific paragraphs an exclusive list.

Another important commitment within the Political Declaration is Member States advancing their commitments to collaborative efforts for expanding access to medicines, technologies, and diagnostics. This, along with the targets to ensure the availability of essential NCD medicines at affordable prices and to provide financial protection, will be critical in delivering care while reducing the growing amount of out-of-pocket expenditures, resulting in meaningful change for people living with NCDs. Taken all together, these commitments and targets will also have the benefit of jointly progressing SDGs 3.4 and 3.8.

We express concern

While the HLM4 Political Declaration meaningfully progresses some priorities in the NCD response, as detailed above, there are several critical areas of the agenda that have been left behind.

NCDAs regrets Member States' final position on health taxes, despite their strong evidence and multiple wins for people's health, equity, health systems, and the economy. The declaration fails to deliver strong commitments towards health tax implementation and strengthening in line with recommendations from the World Health Organization (WHO), not referring to taxes on other health-harming products such as sugar-sweetened beverages (SSBs) and foods high in salt, fat, and sugar, and it is a missed opportunity to commit to other pro-health fiscal policies such as subsidy reforms for health promotion.

The weakening of language around proven, cost-effective NCD prevention policies is also concerning, as several key commitments have been diluted or removed. Specific measures to counter and reduce the use of health-harming products have been omitted, softened, or framed as optional* in ways that skirt political commitment to WHO recommendations.

While we welcome the commitment to address the health impacts of economic, commercial, and market factors (an advance from the mere acknowledgment of these factors in the 2018 Political Declaration), such progress is overshadowed by the overall erosion of language supporting effective NCD prevention measures, reflecting the influence of health-harming industries. We urge sustained efforts to hold these industries accountable and to place public health above commercial interests in policymaking. The Political Declaration falls short of consistently acknowledging the need to manage conflicts of interest, and references to private sector engagement often omit crucial qualifiers such as "relevant," thereby weakening essential safeguards against undue influence in the development of health policies.

Since the 2018 HLM, there have been several significant advancements in the global health and development space, none more existentially pressing than those tackling the climate crisis. Associated frameworks to mitigate the effects of climate change, create resilient systems, and transition towards greener solutions are important considerations for comprehensive development action. The NCD burden shares drivers with, and is increasingly exacerbated by, the climate crisis. However, the Political Declaration falls short in key areas. It fails to explicitly address fossil fuels –the primary driver of both climate change and air pollution, and omits commitments to promote national air quality standards and encourage greater integration of climate concerns in health systems strengthening and resilience efforts.

We are also deeply concerned by the lack of recognition Member States have given to the vital role of civil society and people living with NCDs in shaping NCD response through strengthening governments' commitments to inclusivity and good governance. In fact, the final text includes only a single mention of "civil society," falling short of the strong progress made in the 2018 declaration. This was a missed opportunity to advance commitments towards the meaningful participation of civil society, including people living with NCDs in the conceptualization, design, implementation, and monitoring of NCD prevention and control programs and policies. Without these commitments, we will continue to face the challenge of shrinking civil society space within policymaking processes. However, it is important to note that this is the first time an NCD Political Declaration recognises the role of lived experience engagement throughout the development of national plans and policies and their unique experiences and expertise.

The involvement of people living with NCDs will be particularly important to the next era of the NCD agenda, as the declaration itself fails to recognize the burden of NCD morbidity alongside mortality. NCD morbidity, including obesity, musculoskeletal and neurological conditions, has substantial impacts in terms of quality of life, disability, household income, long-term care and health system costs.

* For instance, references to graphic health warnings and plain packaging for tobacco products have been omitted. Comprehensive bans on tobacco advertising have been diluted into mere restrictions. Previously firm commitments to specific nutrition policies are now presented as a list of optional measures rather than crucial ones. Proposed actions on food reformulation, elimination of industrially-produced trans fats and front-of-pack nutrition labelling have been noticeably weakened. Furthermore, there is a conspicuous lack of clear support for a comprehensive package of WHO-recommended alcohol policies.

It is also regrettable that this Political Declaration does not commit to increasing investment in all NCD prevention and control. The commitments made in this text will be difficult to accomplish without additional spending, and without adequate investment to meet the well-documented unmet needs, countries' progress will continue to lag in both SDG 3.4 and 3.8.

Finally, the Political Declaration uses inaccurate language that undermines progress on the NCD agenda. It falls short of fully recognising the systemic drivers that shape individual behaviours, framing them instead as "lifestyles." It also fails to reflect the latest scientific evidence by referring to the "harmful use of alcohol," rather than "alcohol use," despite growing consensus that no level of consumption is safe.

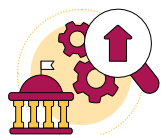
In addition to these omissions, it is important to note that the overall theme of the HLM and its Political Declaration was consistently challenged throughout the process. Certain Member States had previously stated opposition to key concepts, such as equity, gender, climate change, as well as the role of the WHO itself, which are central to the NCD agenda. The recognition of, and commitment to, addressing the full range of determinants of health within the text is piecemeal. For example, it introduces new commitments around the social determinants of health, but stops short of fully addressing commercial determinants, WHO NCD 'Best Buys', and social participation, which are equity-promoting measures. The role of the WHO within the UN system and the NCD response has been undermined throughout the negotiations, particularly where the recognition and reference to WHO technical and public goods on NCDs could have strengthened this declaration.



Tanzania NCD Alliance

We recommend

While the Political Declaration for HLM4 provides clear entry points for national-level implementation, there are several critical issues that are either insufficiently addressed within the text or should be prioritized to build momentum for greater progress at the next HLM on UHC in 2027.



ACCELERATE IMPLEMENTATION

- Implement the proven, cost-effective NCD prevention policies, in line with recommendations by the WHO, to optimize their health impact and avoid loopholes that can be exploited by health-harming industries, and safeguard policymaking from conflicts of interest.
- Scale and strengthen the health workforce to be NCD-ready, which is essential to deliver the commitments made within this text and ensure that PHC services respond to the needs of local communities.
- Invest in recommended essential NCD diagnostics, medicines, and other health products to improve health outcomes, reduce out-of-pocket spending, and maximize the efficiency of existing health spending to fast-track the achievement of UHC.
- Design and implement effective policies that promote health equity, ensuring they are gender responsive, recognising, understanding, and addressing the differences in how women, men, and people of diverse genders experience NCDs.



BREAK DOWN SILOS

Integrate NCD prevention and control, and the provision of mental health and psychosocial support, into broader health and development agendas, such as national food system transformation pathways and national health preparedness and response frameworks by 2030, to support health promotion and health system strengthening efforts.



MOBILISE INVESTMENT

- Aligning health spending with unmet care needs, particularly within efforts to achieve UHC, is central to ensuring the efficient and effective allocation of resources, particularly at a time when governments need to do more with less.
- Strengthen financial protection schemes, particularly as they relate to continued access to NCD medicines, diagnostics, and other health products, to reduce out-of-pocket expenditures and promote treatment adherence.
- Implement well-designed national policies taxing tobacco, alcohol, SSBs, and foods high in salt, fat, and sugar as part of a comprehensive set of fiscal measures that aim to redirect government spending towards health promotion, raise revenue, and reduce the NCD burden.



DELIVER ACCOUNTABILITY

Build on the targets in the HLM4 Political Declaration by establishing robust national NCD accountability mechanisms, supported by an updated WHO Global Monitoring Framework, and by integrating NCD targets into broader accountability processes, including the 2027 HLM on UHC and SDG tracking. Together, these steps can ensure political commitments translate into sustained, measurable progress.



ENGAGE COMMUNITIES

Create, maintain, and support the meaningful participation of people of all ages, including youth and older adults, women and girls, civil society groups, communities, and people living with or affected by NCDs and mental ill health, to support inclusive governance and implementation for NCD prevention and control through safe and open environments.



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