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## **Progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being**

### **Note by the Secretary-General**

The Secretary-General has the honour to transmit to the General Assembly the report on the progress achieved in the prevention and control of non-communicable diseases and the promotion of mental health and well-being, prepared by the World Health Organization, pursuant to Assembly resolution [73/2](#).



## **Progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being**

### *Summary*

In accordance with General Assembly resolution [73/2](#), the present report contains an outline of the progress achieved since 2018 in implementing the political declaration of the high-level meeting of the Assembly on the prevention and control of non-communicable diseases. It serves as preparation for a high-level meeting on a comprehensive review, in 2025, to assess the progress achieved in the prevention and control of non-communicable diseases and the promotion of mental health and well-being. It includes an annex with information on individual country achievements against a set of agreed progress indicators for non-communicable diseases.

Non-communicable diseases, including mental health conditions, are responsible for the majority of global deaths annually and also cause the majority of morbidity, including disability. Their explicit inclusion in the 2030 Agenda for Sustainable Development – along with the commitment to reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being by 2030 (target 3.4 of the Sustainable Development Goals) – was a key step towards galvanizing global action to address them. However, more than halfway to 2030, the world is not on track to meet target 3.4 of the Goals. While some countries are on track to meet individual targets, overall progress remains insufficient.

As Member States prepare for the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, to be held in 2025, and the fast-approaching deadline for the Goals of 2030, responding to the challenge posed to global health and sustainable development by non-communicable diseases and mental health conditions remains one of the most pressing concerns. Member States have committed to addressing non-communicable diseases and mental health, including their risk factors, through whole-of-system, rights-based and equitable approaches. Achieving this requires stronger whole-of-government and whole-of society action, as well as reshaping health systems, supporting sustainable financing mechanisms, and tackling underlying health determinants and inequities.

Without urgent, concerted action, the long-term trajectory of these diseases and conditions will have profound socioeconomic impacts for individuals, households and societies. The burden of non-communicable diseases and mental health conditions hinders economic growth by weakening human capital and reducing workforce participation. It also diverts limited public and private resources to treating conditions that could have been prevented or addressed through early detection and management, thereby contributing to inefficiencies, inequities and impoverishment.

## I. Introduction

1. The political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (Assembly resolution 73/2) includes a discussion of the progress achieved in the prevention and control of non-communicable diseases and their risk factors and the promotion of mental health and well-being. In the resolution, the Assembly requested the Secretary-General to submit to it, by the end of 2024, a progress report on the implementation of the political declaration. The present report builds on consultations with Member States, civil society and people with lived experience and will inform preparations for a fourth high-level meeting of the Assembly, to be held in 2025.

2. The progress achieved from 2011 to 2018 is summarized in World Health Organization (WHO) reports.<sup>1</sup> Annual reports on actions to address non-communicable diseases and mental health are also presented to the Executive Board of WHO and are available online. In addition, the achievements of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases are summarized in its reports to the Economic and Social Council of 2018 to 2024.<sup>2</sup> All of those reports should be read in conjunction with the present report.

3. In the present report, non-communicable diseases include cardiovascular diseases (such as heart disease and stroke), cancer, diabetes and chronic respiratory diseases, together with their risk factors and complications. WHO recognizes that many other non-communicable conditions – such as neurological disorders (including dementia), musculoskeletal conditions, substance use disorders, and eye, ear and oral diseases – also require coordinated action by Member States. These conditions are not addressed in the present report, as they are covered in specific World Health Assembly resolutions and other United Nations mandates, each with its own reporting requirements.

## II. Progress towards internationally agreed targets: where things stand

4. Every two seconds, someone under the age of 70 years dies from a non-communicable disease. In 2021, more than 43 million people globally died from non-communicable diseases, accounting for 75 per cent of non-pandemic-related deaths.<sup>3</sup> In all, 7 of the 10 leading causes of death were linked to non-communicable diseases, including ischaemic heart disease, stroke, chronic obstructive pulmonary disorder, lung cancer, dementia, diabetes and chronic kidney disease. Their impact on global health is frequently underestimated.

5. Globally and in all WHO regions, the likelihood of premature death from any of the four main non-communicable diseases decreased between the years 2000 and 2019.<sup>4</sup> With regard to indicator 3.4.1 of the Sustainable Development Goals, in 2000,

<sup>1</sup> See [apps.who.int/gb/ebwha/pdf\\_files/WHA67/A67\\_14-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_14-en.pdf) and [apps.who.int/gb/ebwha/pdf\\_files/wha71/a71\\_14-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/wha71/a71_14-en.pdf).

<sup>2</sup> See <https://uniatf.who.int/governance/task-force-reports-to-ecosoc>.

<sup>3</sup> All mortality statistics are taken from World Health Organization (WHO), Global Health Estimates database, available at [www.who.int/data/global-health-estimates](http://www.who.int/data/global-health-estimates).

<sup>4</sup> The trajectory of non-communicable disease mortality during the first two years of the coronavirus disease (COVID-19) pandemic is known in countries with reliable death registration systems; in other countries, estimates during the pandemic are incomplete, making trends and comparisons difficult. The present report is therefore focused on global trends in non-communicable disease mortality up to 2019.

a 30-year-old had a 23 per cent chance of dying from one of the four major non-communicable diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) before the age of 70 years. The risk decreased to 18 per cent in 2019.

6. However, progress has slowed since 2015, the beginning of the Goals era.<sup>5</sup> The global rate of decline from 2015 to 2019 was more than halved compared with the first 15 years of the century. Based on progress made before the onset of the coronavirus disease (COVID-19) pandemic, the world was not on track to reach target 3.4 of the Goals. Nevertheless, some countries have shown that this target is achievable: 19 individual countries and territories were estimated to be on track to meet the 2030 target.<sup>6</sup> The trajectory of the risk of premature death during the COVID-19 pandemic is not yet clear. In high-income countries, where reliable data on non-communicable disease mortality during the COVID-19 pandemic are available, the risk of premature mortality from any of the four main non-communicable diseases declined slightly between 2015 and 2019. In the first two years of the COVID-19 pandemic, those declines halted, however, and the risk plateaued.

7. In terms of gender, the risk for women of dying prematurely from a non-communicable disease is typically lower than it is for men. Some countries have achieved a risk of premature death from the four main non-communicable diseases of less than 6 per cent among women. Women have also made more rapid progress in reducing the mortality risk from non-communicable diseases: 23 countries and territories are on track to meet target 3.4 of the Goals among women, while only 16 countries are on track to meet the target among men. These examples demonstrate that millions of adults under 70 years of age worldwide could live longer as a result of improved prevention and treatment of non-communicable diseases in both men and women.

8. In 2021, cardiovascular diseases accounted for at least 19 million deaths, equivalent to 28 per cent of global mortality. Diabetes was estimated to have directly caused 1.6 million deaths in the same year, although this does not fully represent the impact of high blood glucose, which also significantly increases the risk of chronic kidney disease and cardiovascular mortality. Cancer claimed the lives of approximately 10 million people globally in 2021, equivalent to one in every seven deaths. Asthma and chronic obstructive pulmonary disease caused 3.9 million deaths in the same year, accounting for 6 per cent of global mortality.

9. Suicide mortality is included as indicator 3.4.2 of the Goals to reflect mental health. In 2021, more than 700,000 people died from suicide. Globally, the rate of suicide deaths for men was more than double that for women in 2021. The global suicide mortality rate has declined since 2015.

10. Beyond mortality, non-communicable diseases and mental health conditions accounted for four out of every five years lived with disability in 2021. Mental health conditions remained prevalent and often went untreated, affecting nearly 1 billion people worldwide.<sup>7</sup> Hypertension affected approximately 1.3 billion adults globally (33 per cent) in 2019 – double the number reported in 1990. Of those affected, only one in five (21 per cent) adults had their blood pressure under control. While the

<sup>5</sup> WHO, *World Health Statistics 2024: Monitoring Health for the SDGs, Sustainable Development Goals* (Geneva, 2024).

<sup>6</sup> Based on their pre-pandemic progress, 40 countries and territories were on track to meet the target of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 of a 25 per cent reduction in premature mortality by 2025, with a baseline of 2010.

<sup>7</sup> WHO, *World Mental Health Report: Transforming Mental Health for All* (Geneva, 2022).

prevalence of uncontrolled hypertension decreased slightly, from 29 per cent in 2010 to 26 per cent in 2019, this pace of decline remains insufficient to meet the 2025 target of a 25 per cent relative reduction. Currently, 14 countries are on track to achieve this target, and 12 of them are estimated to have already reached it.

11. Diabetes also poses a growing challenge. By 2022, more than 800 million adults aged 18 years and older were living with the condition – a fourfold increase since 1990. More than half of adults aged 30 years and older with diabetes were not taking medication for their condition. Over the past three decades, the number of people living with untreated diabetes has increased the most rapidly in low- and middle-income countries, which accounted for 90 per cent of untreated cases in 2022. However, in 12 countries and territories, the increase in diabetes has plateaued since 2010, and these countries and territories are on track to meet the 2025 target if current trends persist.

12. Cancer also represents a significant health burden. In 2022, about 20 million people were estimated to have developed new cases of cancer,<sup>8</sup> and the number is projected to increase to about 30 million by 2045, with the fastest growth expected in low-income countries.<sup>9</sup> Each year, about 400,000 children develop cancer, with those in lower-income countries far less likely to receive a diagnosis.<sup>10</sup>

13. More than 1 billion people were estimated to be living with obesity in 2022. Although the world is not on track to end the increase in obesity by 2025, two countries had halted the increase in adult obesity by 2022. Promisingly, among adolescents, the increase in obesity has halted in five countries and territories. In 28 other countries, the prevalence of obesity among adolescents is less than 3 per cent. However, the prevalence is increasing.

14. Tobacco use is a key risk factor for non-communicable diseases and a major public health threat. In 2022, 21 per cent of adults aged 15 years and older globally used tobacco, down from 26 per cent in 2010.<sup>11</sup> Notwithstanding this progress, current trends suggest that the global target of a 30 per cent relative reduction in tobacco use by 2025 will not be met, although women are on track to meet the target. Among countries with sufficient data to assess trends, 56 are likely to achieve the target if trends continue.

15. Alcohol consumption is also a risk factor for non-communicable diseases, and it can result in alcohol use disorders. In 2019, global per capita alcohol consumption was 5.5 litres, a slight decline from 5.7 litres in 2010.<sup>12</sup> This rate of decline is insufficient to meet global targets of a minimum 10 per cent reduction by 2025 and a minimum 20 per cent reduction by 2030. However, 57 countries have achieved a 10 per cent reduction, and 32 of them have already achieved a 20 per cent reduction. These countries will meet the targets if current levels of alcohol consumption do not increase.

16. Regular physical activity has been proven to help to prevent and manage non-communicable diseases and to promote mental health and well-being. In 2022, nearly one-third (31 per cent) of adults aged 18 years and older were insufficiently physically active. More women than men were affected (34 per cent versus 29 per cent), and activity levels decreased further among adults older than 60 years of age.

<sup>8</sup> International Agency for Research in Cancer, “All cancers factsheet”, Global Cancer Observatory database, 8 February 2024.

<sup>9</sup> International Agency for Research in Cancer, “Dataviz”, Global Cancer Observatory database. Available at <https://gco.iarc.fr/tomorrow/en/dataviz/bubbles>.

<sup>10</sup> Zachary J. Ward and others, “Estimating the total incidence of global childhood cancer: a simulation-based analysis”, *The Lancet: Oncology*, vol. 20, No. 4 (April 2019).

<sup>11</sup> WHO, *WHO Global Report on Trends in Prevalence of Tobacco Use 2000–2030* (Geneva, 2024).

<sup>12</sup> WHO, *World Health Statistics 2024*.

The global target of a 15 per cent relative reduction in insufficient activity by 2030 is unlikely to be met, but nearly half of all countries are making progress. Among them, 22 countries are on track to achieve the target if current trends continue.

17. Air pollution is another major contributor to the risk of non-communicable disease mortality, significantly increasing the risk of stroke, ischemic heart disease, lung cancer and chronic obstructive pulmonary disease. Of the 7 million annual deaths related to air pollution in 2019, 85 per cent were linked to non-communicable diseases. In 2022, notwithstanding some progress in expanding access to clean fuels, 2.1 billion people still relied on polluting fuels and technologies for cooking.<sup>13</sup> Globally, while the annual average population-weighted concentration of fine particulate matter in urban areas has improved slightly since 2010, it remained alarmingly high in 2019 – more than six times higher than WHO air quality guidelines limits – affecting 99 per cent of the world’s population.<sup>14</sup> Few countries are on track to achieve target 3.9 of the Goals (reduce deaths and illnesses caused by air pollution).

18. Different population groups may experience greater levels of risk from non-communicable diseases. For example, individuals with non-communicable diseases and mental health conditions face heightened vulnerability during emergencies and disasters, with increased risks of morbidity and mortality.<sup>15</sup> For forcibly displaced populations, such as refugees and migrants, these risks are compounded by barriers to access to healthcare services and disrupted continuity of care. Limited access to health services further exacerbates these challenges.

19. Economically, the impact of non-communicable diseases and mental health conditions is enormous, driven by direct costs of care and indirect costs, such as productivity losses. These conditions also place significant emotional, financial and physical burdens on families and caregivers, straining household resources, disrupting daily life, and adversely affecting the health and well-being of those providing care.

20. The economic burden of non-communicable diseases and mental health conditions is compounded by limited investment in prevention and treatment services. Nearly all countries face significant financial constraints, which has contributed to underinvestment in non-communicable diseases and mental health services, as well as limited capacity to advance policy, legislative and regulatory measures to address their risk factors. This has created a substantial gap between the need for quality care and the availability of support. Bridging this gap requires reorienting health systems towards primary healthcare as the foundation for both universal health coverage and health security. Key actions include improving access to affordable medicines and technologies, strengthening prevention and monitoring efforts, enhancing emergency preparedness and response, and reducing out-of-pocket expenditure through financial protections.

21. Governments have been slow to prioritize preventive measures targeting the underlying risk factors for non-communicable diseases and mental health conditions, many of which exist outside the health sector. Tackling the social determinants of health, such as economic inequity, commercial practices and environmental factors, is essential to alleviating pressures on health systems and reducing the preventable burden of these conditions. Achieving health equity demands strong political commitment, investment in resilient health systems and community engagement to design services that meet local needs.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> WHO, “Strengthening services for NCDs in all-hazards emergency preparedness, resilience and response”, February 2024.

22. The COVID-19 pandemic underscored the interconnectedness of health and development, exposing the vulnerabilities of people living with non-communicable diseases to other health conditions, including infectious diseases. People living with non-communicable diseases, especially if they were not treated, were at higher risk of severe COVID-19, including mortality. As health systems were reoriented to address COVID-19 in the early stages of the pandemic, screening, detection and care services for non-communicable diseases were disrupted, causing delays and gaps in treatment and ultimately increasing the number of deaths. These impacts persist, with global efforts still catching up with regard to delayed vaccinations, early detection programmes, treatment, and palliative and supportive care. In addition, the marked disruption of people's lives and livelihoods brought about by the COVID-19 pandemic led to a surge in distress, depression and anxiety across the world, with lingering effects that are particularly prominent among young people. Fiscal pressures caused by the pandemic left many countries heavily indebted, with low- and middle-income countries spending more on servicing debt than on health.

23. Even before the pandemic, however, the health and economic impacts of non-communicable diseases were significant. Without increased investment, policy reform and attention to the structural and systemic drivers of ill health, this burden will continue to grow, placing further strain on health systems, economies and social services. Intersecting challenges, such as climate change, humanitarian crises and migration, exacerbate these pressures, increasing poverty and health inequities.

24. Most of the deaths and disabilities resulting from non-communicable diseases and mental health conditions are preventable through policies and regulations addressing risk factors such as tobacco use, harmful alcohol consumption, unhealthy diets, physical inactivity and air pollution. Addressing the social, commercial, environmental and economic determinants of health is critical. Effective cross-sectoral collaboration and coherent public policies are necessary to reduce the prevalence of these conditions and mitigate their impact.

### **III. Progress made in fulfilling the responsibilities of the World Health Organization**

25. WHO is the designated United Nations agency responsible for driving and monitoring progress on Goal 3 (Ensure healthy lives and promote well-being for all at all ages), including target 3.4, on non-communicable diseases and mental health. In follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, WHO was tasked with advancing and sustaining global progress on these issues. This work broadly includes: (a) continuing normative work and technical cooperation with Member States; (b) enhancing multi-stakeholder engagement; and (c) monitoring and coordinating global action, including exploring innovative financing, implementation, monitoring, evaluation and accountability mechanisms.

26. The present section provides an outline of progress made under the key WHO responsibilities in these areas since 2018. In accordance with decision WHA72(11) of 2019 of the World Health Assembly, WHO is to submit an annual report to the Assembly through the Executive Board from 2021 to 2031. These reports, which provide detailed information on relevant activities, are available on the WHO website.<sup>16</sup>

<sup>16</sup> <https://apps.who.int/gb/index.html>.

27. The Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013–2030<sup>17</sup> and the Comprehensive Mental Health Action Plan 2013–2030<sup>18</sup> continue to provide overarching guidance to regions and countries, entities in the United Nations system and non-State actors with regard to efforts to accelerate appropriate national responses.

28. To facilitate the application of these and other global strategies, WHO has developed additional resources, including an implementation road map 2023–2030 regarding non-communicable diseases,<sup>19</sup> which provides guidance to enable Member States to select priority activities and pathways to accelerate progress towards achieving target 3.4 of the Goals (relating to decision WHA75(11)). In addition, the World Mental Health Report<sup>20</sup> guides and supports related action.

29. Against a backdrop of limited global resources, activities have included demonstrating the economic value of specific interventions and opportunities for improved financing of policies to address non-communicable diseases and mental health. An updated set of policy options and cost-effective interventions for the prevention and control of non-communicable diseases, together with a menu of cost-effective interventions for mental health, is an important resource for countries to scale up their national responses.<sup>21</sup> WHO has also published two global investment cases on non-communicable diseases, focused on implementing these cost-effective interventions.<sup>22</sup> The investment cases showed that these interventions provide a return on investment of at least 7:1, demonstrating outstanding value for money. These global business cases have been supported by a number of country-level investment cases on non-communicable diseases and mental health,<sup>23</sup> which have been led by the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.

30. With the support of partners, WHO has developed special initiatives and technical packages to address the prevention, management, rehabilitation and surveillance of non-communicable diseases and mental health conditions. These tools enable countries to implement evidence-based interventions tailored to their specific contexts. A summary of key packages and initiatives available through 2020 is provided in table 4 of the report on the political declaration of the third high-level meeting,<sup>24</sup> and more recent developments are available in the WHO Executive Board report on follow-up to the political declaration, issued in January 2024.<sup>25</sup>

31. The integration of non-communicable diseases and mental health into primary healthcare has been advanced through country-level implementation of these technical packages. Examples include a WHO package of essential non-communicable (PEN) disease interventions, technical packages addressing key non-communicable diseases risk factors, and a mental health gap action programme intervention guide.<sup>26</sup> WHO

<sup>17</sup> WHO, *Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013–2020* (Geneva, 2013).

<sup>18</sup> WHO, *Comprehensive Mental Health Action Plan 2013–2030* (Geneva, 2021).

<sup>19</sup> WHO, document A75/10 Add.8.

<sup>20</sup> WHO, *World Mental Health Report: Transforming Mental Health for All* (Geneva, 2022).

<sup>21</sup> WHO, *Tackling NCDs: Best Buys and Other Recommended Interventions for the Prevention and Control of Non-Communicable Diseases*, 2nd ed. (Geneva, 2024).

<sup>22</sup> WHO, *Saving Lives, Spending Less: The Case for Investing in Non-Communicable Diseases* (Geneva, 2021) and “Saving lives, spending less: a strategic response to non-communicable diseases”, 2018.

<sup>23</sup> See <https://uniatf.who.int/joint-missions-investment-cases/country-reports>.

<sup>24</sup> WHO, document EB148/7.

<sup>25</sup> WHO, document EB154/7.

<sup>26</sup> WHO, *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings*, ver. 2.0 (Geneva, 2016).



has also developed an innovative series of evidence-based psychological interventions to scale up non-pharmacological psychological support for common mental health conditions. To ensure inclusivity, these packages are adapted to meet the needs of various populations. For instance, the PEN-Plus strategy addresses the unique challenges faced by people living with non-communicable diseases in rural areas in low- and lower-middle-income countries, offering an integrated approach to care delivery.

32. Through direct technical assistance, WHO has supported more than 50 countries in implementing evidence-based guidance on non-communicable disease prevention and control through a primary healthcare approach, with financial contributions from key partners and donors and by way of collaboration through the Universal Health Coverage Partnership.<sup>27</sup> This multi-year support has enabled countries to improve delivery of services relating to non-communicable diseases by strengthening health systems and building political momentum for non-communicable diseases at the national level.

33. To enhance multisectoral and multi-stakeholder collaboration, the mandate of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases has been extended until 2030 (World Health Assembly decision WHA74(11)), acknowledging its work on multi-stakeholder engagement and its contribution to strengthening national leadership, governance, multisectoral action and partnerships. The global coordination mechanism has supported countries in advancing multisectoral approaches to non-communicable diseases through a global mapping and compendium report, with key lessons and country case studies, guidance issued to Member States on engaging with the private sector, and a WHO framework on meaningful engagement with people with lived experience.

34. WHO has further strengthened partnerships with United Nations system entities and global civil society organizations to roll out high-impact strategies for non-communicable diseases and mental health, including through mechanisms such as the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases.<sup>28</sup> WHO serves as secretariat for the Task Force, a coalition of 46 United Nations and intergovernmental agencies focused on non-communicable diseases and mental health. Its four strategic priorities are: (a) advocating government and societal action and providing tailored technical assistance; (b) mobilizing political, financial and technical resources; (c) harmonizing efforts and forming cross-sectoral partnerships; and (d) exemplifying excellence in United Nations and development collaborations.

35. WHO has convened a series of twice-yearly dialogues with the private sector, focused on mobilizing commitments and contributions to national non-communicable disease response by improving the accessibility and affordability of safe, effective and quality medicines and health technology products.

36. WHO also leads an inter-agency working group on health taxes, a coalition of partners advancing efforts to improve health outcomes, save lives and generate domestic revenue. In 2024, along with the World Bank, WHO co-convened an international financing dialogue to identify how to integrate and prioritize responses to non-communicable diseases and mental health in national health and financing plans.

37. WHO has also supported the development or advancement of multi-stakeholder collaborations on individual diseases or risk factors. For example, its Global Diabetes Compact, launched in 2021, unites stakeholders in a vision of reducing the risks of

<sup>27</sup> See <https://extranet.who.int/uhcpartnership/about>.

<sup>28</sup> See General Assembly resolution 73/2, para. 47.

diabetes and ensuring that all people who are diagnosed with it have access to equitable, comprehensive, affordable and quality treatment and care. With regard to cancer, WHO has developed three integrated initiatives that have been implemented in more than 100 countries and have triggered more than \$1 billion of additional investments in national cancer programmes.

38. Across all areas under its mandate, WHO continues to play a pivotal advocacy role in raising global awareness of the burden posed by non-communicable diseases and mental health conditions, as well as in promoting evidence-based policy solutions. To this end, WHO has developed advocacy materials tailored to a wide range of audiences, including non-technical stakeholders, to broaden understanding of non-communicable diseases and mental health beyond traditional health stakeholders.<sup>29</sup> WHO has also strived to highlight the intersection of non-communicable diseases and mental health and other priority issues or high-risk contexts, such as small island developing States, the climate crisis, and humanitarian and emergency settings.

39. To meet its monitoring responsibilities, WHO has continued to work with all Member States to collect, disseminate and apply high-quality data on non-communicable diseases and mental health. A global data portal was launched in 2022 that provides country-level information on non-communicable diseases and their key risk factors.<sup>30</sup> WHO also reports regularly on progress towards core strategies and targets, including global reports on individual diseases or risk factors, and on indicators relevant to achieving target 3.4 of the Goals.

#### **IV. Progress made in national efforts to prevent and control non-communicable diseases and promote mental health and well-being**

40. In an outcome document from July 2014<sup>31</sup> following the first high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, a selection of time-bound commitments was set out for Member States to work towards in the years that followed. WHO subsequently developed a set of indicators to facilitate the measurement of progress on fulfilling the commitments,<sup>32</sup> which complemented an existing set of indicators proposed by WHO to track progress.<sup>33</sup>

41. While the original deadlines of 2015 and 2016 have long passed, WHO has continued to track progress on these commitments, given their ongoing relevance to assessing progress on non-communicable diseases and mental health. Presented here is the progress made since the most recent report on progress, in late 2017 (A/72/662). In line with the widened scope of the upcoming fourth high-level meeting on non-communicable diseases to include mental health, progress with respect to mental health policies and programmes is also reported.

42. Member States committed to setting national targets for 2025 for non-communicable diseases and developing or strengthening national multisectoral

<sup>29</sup> WHO, *Invisible Numbers: The True Extent of Non-Communicable Diseases and What to Do About Them* (Geneva, 2022).

<sup>30</sup> WHO, Non-Communicable Diseases Data Portal, available at <https://ncdportal.org/>.

<sup>31</sup> Resolution 68/300.

<sup>32</sup> WHO, "Technical note: how WHO will report in 2017 to the United Nations General Assembly on the progress achieved in the implementation of commitments included in the 2011 UN Political Declaration and 2014 UN outcome document on NCDs", 4 September 2017.

<sup>33</sup> WHO, document A/NCD/API/2.

policies and plans to achieve the national targets by 2025. At the end of 2017,<sup>34</sup> just 48 per cent of Member States had set national targets and 51 per cent had a national, multisectoral non-communicable diseases policy in place. Progress since this time has been modest: as of 2023,<sup>35</sup> 54 per cent of Member States had set national targets and 54 per cent had an operational national, multisectoral policy, with just 40 per cent of Member States having both targets and an operational policy. While policy implementation varied little among income groups, middle-income countries (64 per cent) were far more likely than low-income (42 per cent) or high-income (41 per cent) countries to have set targets as of 2023.

43. To track targets effectively, Member States need to establish surveillance and monitoring systems that routinely collect high-quality data related to non-communicable diseases. WHO monitors progress by identifying countries that meet two key criteria: (a) having reported mortality data to WHO within the past 10 years; and (b) having conducted at least one population-based risk factor survey among adults within the preceding five years, covering all risk factors addressed by the global targets.<sup>36</sup> The COVID-19 pandemic significantly disrupted risk factor survey efforts in many countries, resulting in a decline in progress. In 2017, 39 per cent of Member States had surveillance and monitoring systems in place that met these criteria. By 2023, the figure had decreased to 30 per cent, with no low-income countries meeting the standards and only 47 per cent of high-income countries having such systems in operation.

44. Member States also committed to reducing non-communicable diseases and risk factors through the implementation of policies and interventions to promote health. Most important among them are the “best buys” outlined in appendix 3 to the non-communicable diseases global action plan and updated in 2023.<sup>37</sup> These represent a collection of effective, cost-effective actions that Member States can take to address non-communicable diseases and key risk factors.

45. Policies promoting healthy diets have been adopted by an increasing number of Member States, rising from 78 per cent in 2017 to 86 per cent in 2023. However, the best buy policy of protecting children from the harmful impact of food marketing has seen limited uptake. In 2017, only 35 per cent of Member States had such policies in place, increasing modestly to 40 per cent by 2023, with most adopters being high- or upper-middle-income countries. In contrast, 75 per cent of Member States have enacted legal measures to implement at least some provisions of the International Code of Marketing of Breast-milk Substitutes, although fewer than a quarter of these measures fully align with the Code.<sup>38</sup> For other best buy interventions, 25 per cent of Member States have adopted front-of-pack nutrition labelling, 31 per cent have implemented food product reformulation to reduce the content of unhealthy fats, sugars and salt, 49 per cent have established healthy public food procurement and service policies, and 61 per cent have introduced taxation on sugar-sweetened beverages.<sup>39</sup>

46. Strengthening the implementation of the WHO Framework Convention on Tobacco Control in all countries was included as a means of implementation of target

<sup>34</sup> WHO, *Assessing National Capacity for the Prevention and Control of Non-Communicable Diseases: Report of the 2021 Global Survey* (Geneva, 2023).

<sup>35</sup> Ibid.

<sup>36</sup> The risk factors that need to be addressed by the risk factor survey(s) are harmful alcohol use, physical inactivity, tobacco use, raised blood glucose/diabetes, raised blood pressure/hypertension, overweight and obesity, and salt/sodium intake.

<sup>37</sup> WHO, *Tackling NCDs*.

<sup>38</sup> WHO and United Nations Children’s Fund, *Marketing of Breast-Milk Substitutes: National Implementation of the International Code, Status Report 2024* (Geneva, 2024).

<sup>39</sup> WHO, *Assessing National Capacity*.

3.4 of the Goals (specifically, target 3.a, on strengthening the implementation of the Framework Convention). However, 20 years after the entry into force of the Convention, its implementation remains varied.

47. Tobacco control policies included in the best buys, as outlined in the MPOWER technical package, have seen steady progress. In 2018, 140 countries, covering 5.3 billion people, were protected by at least one of these policies at the best practices level. By 2022, this had increased to 151 countries, covering 5.6 billion people. Notably, since 2017, three additional countries have achieved a full MPOWER package, meaning they have adopted all tobacco-related best buy measures.

48. Since 2017, there has been a modest increase in policies addressing the harmful use of alcohol, with 71 per cent of Member States reporting such policies in 2017, increasing slightly to 74 per cent in 2023. The best buys for alcohol control, outlined in the WHO SAFER technical package, include increasing excise taxes, enacting and enforcing bans or restrictions on advertising, and enacting and enforcing restrictions on the physical availability of alcohol. The latest available data, detailed in a WHO report, provides an overview of alcohol consumption, related harms and policy responses worldwide.<sup>40</sup> Implementation of the best buys for alcohol control remains relatively low. In 2019, only 27 per cent of Member States had enacted or enforced advertising bans or restrictions, and just 16 per cent had enacted or enforced restrictions on availability.

49. The availability of physical activity policies<sup>41</sup> was already relatively high in 2017, with 77 per cent of Member States reporting such policies, and this remained consistent through 2023 at 77 per cent. In 2017, detailed criteria were established<sup>42</sup> for implementing the best buy intervention of a population-wide mass communication campaign to promote physical activity. However, as of 2023, only 37 per cent of Member States had conducted a campaign meeting these criteria within the previous two years.

50. The fourth and final commitment agreed in 2014 addressed the need to strengthen health systems to address the prevention and control of non-communicable diseases. As one means to measure progress on this commitment, WHO has been tracking whether Member States have evidence-based national guidelines, protocols or standards for the management of the four major non-communicable diseases, and that these standards are recognized or approved by government or relevant authorities. Between 2017 and 2023, progress in this area remained steady and followed the trends from preceding years. In 2017, 46 per cent of Member States had approved clinical guidelines for all four major non-communicable diseases, and this figure rose to 57 per cent by 2023. However, progress is uneven, with high-income and upper-middle-income countries being twice as likely to have all guidelines in place compared with low-income countries.

51. States members of WHO have also endorsed the objectives and targets of the comprehensive mental health action plan 2013–2020, subsequently updated and extended to 2030.<sup>43</sup> Regarding mental health policies, progress has been modest and well short of the 80 per cent target for countries to have developed or updated their policy or plan for mental health, in line with international and regional human rights instruments. Only 51 per cent of Member States met the target criteria in 2019,

<sup>40</sup> WHO, *Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders* (Geneva, 2024).

<sup>41</sup> Policies may refer to stand-alone policies addressing just the specific risk factor or a broader non-communicable diseases policy that addresses the risk factor among other non-communicable diseases-related topics. This definition applies to all mentions of policy in the present section.

<sup>42</sup> WHO, *Non-Communicable Diseases Progress Monitor 2020* (Geneva, 2020).

<sup>43</sup> WHO, *Comprehensive Mental Health Action Plan 2013–2030*.

compared with 45 per cent at baseline assessment. Similarly, for the target of 80 per cent of countries to have at least two functioning national multisectoral programmes for mental health promotion and prevention, only 52 per cent of Member States had these in 2019, compared with 41 per cent at baseline assessment.

## V. Progress made in strengthening international cooperation

52. Since 2018, WHO has continued to play a leading role in strengthening international cooperation on non-communicable diseases and mental health. The Global Group of Heads of State and Government on Prevention and Control of Noncommunicable Diseases<sup>44</sup> and the Global Noncommunicable Disease Compact 2020–2030<sup>45</sup> were launched in April 2022 during an international strategic dialogue on non-communicable diseases held in Accra. The Global Group of Heads of State convenes annually on the margins of the General Assembly in New York to build political momentum and elevate the priority of non-communicable diseases both nationally and globally. Since its inception, the Group has held three meetings (in 2022, 2023 and 2024) to advance these goals.

53. The Bridgetown Declaration on Non-communicable Diseases and Mental Health was adopted during the Small Island Developing States Ministerial Conference on Non-communicable Diseases and Mental Health. The Declaration outlines bold actions to address the social, environmental, economic and commercial determinants driving the high burden of non-communicable diseases and mental health conditions in small island developing States. To support these efforts, a high-level policy expert group<sup>46</sup> was established to provide strategic guidance. This group contributed to a high-level technical meeting of small island developing States on non-communicable diseases and mental health and the subsequent Ministerial Conference, held in Barbados in January and June 2023, respectively.

54. WHO is playing a leading role in strengthening inter-agency coordination with regard to mental health and psychosocial support at the global and country levels, including by developing operational standards and supporting country-level operations. By 2024, more than 90 per cent of humanitarian emergencies in affected countries will have a functioning multisectoral coordination mechanism for mental health and psychosocial support, supported by WHO and other partners of the Inter-Agency Standing Committee.

55. The preparatory process for the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, scheduled for 2025, has provided key opportunities to strengthen international cooperation. The Secretariat has facilitated various strategic events, including the fifth Global Mental Health Summit, the global high-level technical meeting on non-communicable diseases in humanitarian settings, the International Dialogue on sustainable financing for non-communicable diseases and mental health, the global meeting on oral health, and the second general meeting of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases.<sup>47</sup>

<sup>44</sup> Global Group of Heads of State and Government for the Prevention and Control of Non-communicable Diseases, Terms of reference for the International Strategic Dialogue on non-communicable diseases and Sustainable Development Goals, Accra, 12 April 2022.

<sup>45</sup> See [www.who.int/initiatives/global-non-communicable-diseases-compact-2020-2030/achievements](http://www.who.int/initiatives/global-non-communicable-diseases-compact-2020-2030/achievements).

<sup>46</sup> See [www.who.int/groups/high-level-policy-expert-group-of-the-sids-ministerial-conference-on-ncds-and-mental-health/about](http://www.who.int/groups/high-level-policy-expert-group-of-the-sids-ministerial-conference-on-ncds-and-mental-health/about).

<sup>47</sup> See [www.who.int/teams/non-communicable-diseases/on-the-road-to-2025](http://www.who.int/teams/non-communicable-diseases/on-the-road-to-2025).

56. The Health4Life Fund (the United Nations multi-partner trust fund to catalyse country action for non-communicable diseases and mental health) was established in 2021 by the United Nations Development Programme, the United Nations Children's Fund (UNICEF) and WHO to mobilize domestic financing and scale up country-level action. Led by partners from the global South, the fund supports governments, the United Nations development system and other partners in working together towards common goals related to non-communicable diseases and mental health and aligning with financing for development, aid effectiveness and development effectiveness principles. The fund began disbursing its first grants in 2024.

57. The 2023–2028 strategy of the global fund now supports the integration of non-communicable diseases and mental health as comorbidities into country proposals. To date, 26 countries have included non-communicable diseases and/or mental health in their proposals.

58. Since 2018, global efforts to transform food systems have also gained momentum. The United Nations Food Systems Summit has focused on transforming food systems to address health, environmental sustainability, equity and food producer livelihoods and has established an implementation hub and a United Nations task force. At the twenty-seventh session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (2022), Egypt launched an initiative on climate change and nutrition, and the twenty-ninth session of the Conference of the Parties (2024) saw health ministers advocate sustainable diets to mitigate the impacts of the food system on climate. The Group of 20 has also prioritized food security through an alliance against hunger and poverty, promoting nutrition-sensitive social protection programmes.

## **VI. Recommendations for consideration by Member States during the negotiations on the 2025 political declaration on non-communicable diseases**

### **Enhance governance**

59. Strengthen formal whole-of-government and whole-of-society mechanisms to scale up and sustain coordinated, prioritized and coherent multisectoral and multi-stakeholder action. This should include high-level leadership, robust accountability mechanisms to ensure adequate financing and effective delivery of national and subnational action, and safeguards to prevent, mitigate and manage conflicts of interest.

60. Support, commit to and invest in the meaningful and sustained engagement of people living with non-communicable diseases and mental health conditions, local communities, and young people in the design, implementation, and monitoring and evaluation of health policies and programmes. Utilize formalized participatory approaches that promote contextual, equitable, people-centred and rights-based solutions, in line with the WHO framework for meaningful engagement and with the Convention on the Rights of Persons with Disabilities.

61. Develop, update and implement multisectoral national action plans (and subnational, where appropriate) for the prevention and management of non-communicable diseases and the promotion of mental health and well-being. These plans should be informed by national targets and analysis of existing capacities and priorities.

62. Enhance coordination, cooperation and action on non-communicable diseases and mental health among United Nations systems agencies and other entities,

including by aligning them with wider health and development priorities (such as climate change, biodiversity, business and human rights, environment, nutrition, and emergency preparedness and response) to support whole-of-system approaches. This will accelerate progress towards target 3.4 and the broader Goals, including through United Nations Sustainable Development Cooperation Frameworks.

63. Integrate mental health and psychosocial support, non-communicable disease prevention and management, and rehabilitation into health security, pandemic preparedness and humanitarian response frameworks to contribute to resilient and responsive health systems capable of effective emergency preparedness and response.

### **Encourage sustainable financing**

64. Prioritize increased domestic financing for health, with a focus on non-communicable diseases and mental health. Strengthen public financial management, adopt fiscal policies that can simultaneously increase government revenues, reduce non-communicable disease risk factor exposures and improve health outcomes. Align economic and commercial policies to better value human and planetary health while allocating resources efficiently to address market externalities driving non-communicable diseases and mental health issues, as well as health-harming commercial practices that contribute to an avoidable disease burden.

65. Link non-communicable diseases and mental health to national development goals and, where applicable, to external support from development partners, to catalyse improvements in service capacities and outcomes, and support the development of global and regional health goods, such as measures to counter the marketing and cross-border trade of unhealthy products.

66. Promote, coordinate and facilitate the inclusion of non-communicable diseases and mental health within existing global health initiatives, multilateral funding platforms, and humanitarian preparedness and response plans, including by using the multidimensional vulnerability index to identify national needs and priorities, where relevant.

67. In line with national policies and priorities, identify and include cost-effective interventions for preventing and managing non-communicable diseases and mental health conditions in health benefit packages, focusing on primary care services. Strengthen strategic purchasing arrangements and adopt output-based budgeting to enable their use and uptake.

68. Reduce high out-of-pocket expenditure and the risk of impoverishment for people with non-communicable diseases and mental health conditions by revising financial protection policies to cover or limit the cost of essential diagnostics and medicines and ensure their availability at the primary care level.

### **Create health-promoting environments**

69. Enhance human capital development and economic growth by increasing health literacy and implementing measures to promote and protect physical and mental health early in the life course. This includes optimal infant and young child feeding, promoting physical activity and healthy diets among children and adolescents, implementing school- or community-based social and emotional learning programmes, and protecting against health-harming products, such as tobacco, alcohol, and unhealthy foods and beverages.

70. Address the social and environmental determinants of physical and mental health by advancing policies that tackle socioeconomic disadvantage, social inequalities, and adverse living or working conditions. This includes addressing risk

factors through settings-based approaches, such as urban environments, educational settings, care settings and public institutions.

71. Tackle the commercial drivers of non-communicable diseases and mental health by introducing policies that address the harmful commercial practices and the underlying economic incentives driving non-communicable diseases and worsening mental health outcomes. This includes restricting the supply and advertising of health-harming products and increasing taxation on tobacco, alcohol and sugar-sweetened beverages.

72. Recognize and address the linkages between non-communicable diseases and mental health and climate change through national actions on mitigation and adaptation. This includes interventions such as clean household energy interventions, sustainable transport, water quality management and sanitation, sustainable food systems and the creation of climate-resilient health systems.

73. Step up implementation of WHO best buy interventions and technical packages to tackle key behavioural risk factors, such as tobacco use, the harmful use of alcohol, unhealthy diets and physical inactivity, as well as suicide prevention. This includes accelerating the implementation of the WHO Framework Convention on Tobacco Control by its States parties.

#### **Invest in primary healthcare and health system strengthening**

74. Address the shared care needs and multiple co-morbidities among physical and mental health conditions by promoting comprehensive strategies for managing non-communicable diseases and mental health conditions across the life course and implementing person-centred models of disease management.

75. Strengthen a people-centred continuum of care across community, primary, secondary and tertiary healthcare levels, ensuring seamless service provision throughout the referral process through orientation towards primary healthcare, and accessibility for persons with disabilities, in line with the provisions of the Convention on the Rights of Persons with Disabilities.

76. Advance sustainable and equitable access to high-quality essential medicines, health technologies, diagnostics, and psychological interventions for non-communicable diseases and mental health conditions through enhanced international and regional cooperation. This should include mechanisms for demand aggregation, regional partnerships for pharmaceutical and health technology manufacturing, and improved quantification to anticipate and address treatment needs. Prioritize innovative financing mechanisms and the development of local production capacity.

77. Enhance the capacity of the health workforce by increasing training, providing supportive supervision, ensuring adequate staffing and supporting professional development to improve service delivery for non-communicable diseases and mental health.

78. Reconfigure mental health services by shifting care from specialized institutions to general care services and community-based networks, improving accessibility and reducing dependence on hospital care.

79. Leverage technology and innovation in healthcare for non-communicable diseases and mental health, including self-help tools, mobile health units, digital and assistive technologies, and other innovative tools, to increase access to and the quality of services related to non-communicable diseases and mental health, with a focus on equity.



80. Integrate essential support services, including psychosocial support, for non-communicable diseases and mental health into all stages of emergency risk reduction, preparedness, response and recovery plans, including by maintaining critical services and securing supply chains for essential medicines during emergencies.

#### **Strengthen data and surveillance**

81. Develop and support national and regional research centres, academia and institutions to increase national capacity for data analysis, health economic analysis, health technology assessment and implementation research related to non-communicable diseases and mental health service development and evaluation.

82. Improve infrastructure for systematic and ongoing country surveillance on non-communicable diseases, risk factors and mental health. This should include death registration with medically certified cause of death, population-based surveys (such as the WHO STEPwise approach to non-communicable disease risk factor surveillance), and the integration of key programmatic indicators into facility-based information systems capable of reporting disaggregated data by factors such as age, gender, geography, wealth and disability status.

83. Incorporate reporting on non-communicable diseases into national Sustainable Development Goal-related review processes, including timely reporting on global targets, voluntary national reviews, and leveraging of the World Health Assembly and the high-level political forum on sustainable development as opportunities to share progress.

84. Revisit the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases and related frameworks to ensure that a renewed approach supports a strengthened global response to non-communicable diseases. This should include monitoring the full spectrum of non-communicable disease risk factors, conditions and outcomes, including multiple co-morbidities, as well as process indicators related to governance, infrastructure, financing and service availability. Consider mandated reporting to WHO on prioritized indicators in the comprehensive global monitoring framework.

## **Annex**

### **Individual country data on the progress indicators for non-communicable diseases**

Profiles that show individual country achievements in terms of each of the progress indicators for non-communicable diseases, which have recently been modified to include the 2023 update of the “best buys” to address those diseases, are available at [cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/pm2024-profiles.pdf](https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/pm2024-profiles.pdf).

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