UN High-Level Meeting on NCDs and Mental Health: Political Declaration Zero Draft Response

United for Global Mental Health has conducted a rapid analysis of the Political Declaration Zero Draft for the UN High-Level Meeting on NCDs and Mental Health. Recognising time is short, we are pleased to share it here, showing essential **text updates or changes** we recommend to the negotiators.

We are highly encouraged by the considered integration of mental health throughout the Zero Draft and thank member states for this.

A further statement collating the recommendations of the Global Mental Health Action Network as a whole will be shared early next week, reflecting the feedback of the membership (representing over 3,500 organisations from around the world), which United for Global Mental Health is endorsing.

Zero draft

Political declaration of 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

Equity and integration: transforming lives and livelihoods through leadership and action on noncommunicable diseases and the promotion of mental health and well-being

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations on 25 September 2025 to review progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, commit to accelerating a priority set of evidence-based, cost-effective and affordable actions, and in this regard we:

1. Reaffirm our commitment to reduce by one third premature mortality from noncommunicable diseases by 2030, through prevention and treatment, and promote mental health and well-being through addressing risk factors and the determinants of health and by accelerating the implementation of the political declarations and outcome document approved by the previous high-level meetings of the General Assembly on the prevention and control of noncommunicable diseases held in 2011[1], 2014[2], and 2018[3], **and the 2024[4] resolution on maternal and child mortality** and the political declarations approved by the high-level meetings on universal health coverage held in 2019[5] and 2023[6];

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[1] Resolution 66/2
[2] Resolution 68/300
[3] Resolution 73/2
[4] Resolution 77/5
[5] Resolution 74/2
[6] Resolution 78/4

2. Reaffirm General Assembly resolution 70/1 of 25 September 2015, entitled "Transforming our world: the 2030 Agenda for Sustainable Development", stressing the need for a comprehensive and people-centred approach, with a view to leaving no one behind, reaching the furthest behind first, and the importance of health across all the goals and targets of the 2030 Agenda for Sustainable Development, which are integrated and indivisible;

3. Reaffirm General Assembly resolution 69/313 of 27 July 2015 on the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which reaffirmed strong political commitment to address the challenge of financing and creating an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity; (*will be updated after Seville*)

4. Take note of the Secretary-General's report[7] entitled "Progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being" and recognize that while some progress has been made, there are many areas where greater action is needed, using a whole-of-government and whole-of-society approach;

5. Emphasize the burden of noncommunicable diseases, including cardiovascular diseases (such as heart disease and stroke), cancers, diabetes, and chronic respiratory diseases, which together account for more than 43 million deaths each year, 18 million of which occur prematurely (before the age of 70 years), with cardiovascular diseases accounting for the largest share of these deaths, while recognizing the burden of conditions beyond the four main noncommunicable diseases;

6. Emphasize that mental health conditions including anxiety, depression, psychosis and self-harm, affect close to 1 billion people worldwide, represent a leading cause of disability **and suicide is the third leading cause of death among adolescents**, and commonly co-occur and interact with other neurological conditions (including Alzheimer's disease and other forms of dementia), substance use and other noncommunicable conditions;

7. Recognize that the main modifiable risk factors are behavioural, environmental and metabolic, are largely preventable, and require cross-sectoral actions to be addressed;

8. Emphasize with concern that globally there are: (i) 1.3 billion tobacco users; (ii) 1.3 billion adults living with hypertension – a doubling since 1990 (and only 1 in 5 have it under control); (iii) 800 million adults living with diabetes – a fourfold increase since 1990; and (iv) 41 million children over 5 years old being overweight or obese, while adult obesity has more than doubled since 1990;

9. Emphasize that noncommunicable diseases and mental health conditions are a significant risk to economic growth and security, and human capital development, with acute illness

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[7] A/79/762

and long-term poor health preventing people from fulfilling their potential, thereby, compounding cycles of poverty and disadvantage;

10. Recognize that noncommunicable diseases, mental health conditions and their underlying risk factors and determinants, including the environments where people live, work and play, affect people at all ages, including children and adolescents, **with over 4.5 billion people at high risk of climate shocks** and recognize that currently 54% of the world's population live in cities and this is expected to rise to 68% by 2050;

11. Recognize that the poorest, socioeconomically disadvantaged, vulnerable and marginalised communities, including those in emergency and humanitarian settings **and those living in areas most vulnerable to climate change**, are often at greatest risk from noncommunicable diseases and mental health conditions, and there are unique vulnerabilities for people living in Small Island Developing States;

12. Recognize that since the adoption of the political declaration in 2018, the COVID-19 pandemic, humanitarian crises, climate emergencies, conflicts, and other intersected crises have strained fiscal capacity and alongside challenging macroeconomic conditions, have had a direct impact on health and well-being and have negatively impacted on national responses to noncommunicable diseases and mental health;

13. Recognize that the COVID-19 pandemic demonstrated the heightened vulnerability of people living with noncommunicable diseases and mental health conditions and that health systems were poorly prepared to respond to these conditions **and heavily disrupted** during the pandemic;

14. Recognize the threat of antimicrobial resistance, especially in the treatment of noncommunicable diseases such as cancer and commit to integrated strategies that safeguard the effectiveness of antimicrobials across health systems;

15. Recognize the need for integrated, well-financed and functioning health systems to prevent, screen, diagnose, treat and care for people living with, or at elevated risk of, noncommunicable diseases and mental health conditions, focusing on primary care, while recognizing the importance of well-functioning referral systems to connect primary health care with secondary and tertiary health care for conditions that require specialized services;

16. Acknowledge that all stakeholders share responsibility and can contribute to creating an environment conducive to preventing and controlling noncommunicable diseases and promoting mental health and well-being, and recognize the need to bring together governments, civil society and the private sector to mobilize all available resources, as appropriate, for the implementation of national responses;

17. Recognize the importance of adopting a human rights-based approach for the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, including access to services and care, acknowledging that people living with

and at risk of these conditions are routinely and unjustly deprived of such access and discriminated against;

18. Recognize that people living with noncommunicable diseases and mental health conditions have unique experiences and can provide first-hand expertise into designing, implementing and monitoring person-centred prevention, diagnosis, treatment, care (including rehabilitation and palliation) policies and programmes;

19. Acknowledge that there are evidence-based interventions for preventing, screening, diagnosing, treating, and caring for people with noncommunicable diseases[8] and mental health conditions,[9] while also acknowledging that scarce resources **and poor governance lead to a huge implementation gap that results in population scale preventable suffering and associated economic costs, and** means Member States must prioritize the most cost-effective, affordable and feasible interventions, which for the most part can be delivered at community and primary health care level;

20. Acknowledge further that investing in the World Health Organization 'Best Buys' between now and 2030 will save close to 7 million lives, further result in 50 million additional years of healthy life, and that these outcomes can be achieved with a return on investment of at least US$ 7 by 2030 for every US$ 1 spent, which would result in more than US$ 230 billion in economic benefits;

21. Recognize that obesity is largely driven by unhealthy food environments and lack of physical activity, and that there has been no progress to stem the rate of overweight in children under 5 years of age in nearly 20 years; the number of children currently affected is 35 million;

22. Emphasize the need to prioritize affordable and evidenced-based actions to fast-track progress in the next five years that build on demonstrative successes in countries and maximizes return on investment, and that data are essential to chart progress;

23. Recognize that multimorbidity, including co-incidence with rare diseases, increases the complexity of early diagnosis and treatment of noncommunicable diseases and mental health conditions;

24. Recognize that cost-effective and affordable population level interventions to prevent noncommunicable diseases are available and require leadership, political commitment, action and coordination beyond the health sector;

We therefore commit with utmost urgency to:

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[8] Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, second edition. Geneva: World Health Organization; 2024.
[9] Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Geneva: World Health Organization; 2023.

25. Fast-track progress on noncommunicable diseases and mental health over the next five years, focusing on tobacco control, preventing and scaling up effective treatment of hypertension and improving mental health care, with the aim to achieve the following global targets: by 2030, 150 million less people are using tobacco, 150 million more people have hypertension under control, and 150 million more people have access to mental health care;

To reach these targets and deliver on our commitment to prevent and control noncommunicable diseases and promote mental health and well-being, we will:

Create health-promoting environments through action across government

26. Increase taxation on tobacco, alcohol and sugar-sweetened beverages bearing in mind the World Health Organization recommendations;

27. Enact within national and, where relevant, regional contexts legislation and regulation and take action to:

(a) reduce tobacco use by: (i) implementing graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging; (ii) eliminating tobacco advertising, promotion and sponsorship; and (iii) comprehensively reducing exposure to second-hand tobacco smoke in indoor workplaces, public places, and public transport;

(b) restrict and regulate electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS);

(c) accelerate implementation of the World Health Organization Framework Convention on Tobacco Control and its Protocol to Eliminate Illicit Trade in Tobacco Products;

(d) reduce unhealthy diet, overweight and obesity by: (i) eliminating trans-fatty acids, and reduce levels of saturated fats, free sugars and sodium in processed food and beverages; (ii) providing front-of-pack labelling for food and beverages; (iii) putting in place public food procurement and service policies for healthy **and sustainable** diets; (iv) protecting children and young people from the harmful impact of food marketing, including digital marketing; ~~and~~ (v) promoting optimal breastfeeding practices; **and (vi) increasing the access to green and blue spaces as a means to encourage physical activity and a higher standard of mental health;**

(e) reduce harmful use of alcohol by: (i) banning or comprehensively restricting exposure to alcohol advertising; (ii) restricting the physical availability of retailed alcohol; and (iii) enacting and enforcing drink-driving laws;

(f) reduce air pollution by: (i) promoting clean, efficient and expanded urban transit, car share schemes and low-emission zones; (ii) reducing the open burning of agricultural residues; ~~and~~ (iii) increasing access to affordable and less polluting fuels for cooking,

heating and lighting; **and (iv) transitioning away from fossil fuels in a just, orderly, and equitable manner;**

(g) take steps to **develop national suicide prevention strategies that: (i)** decriminalize suicide**, (ii)**~~through~~ limit~~ing~~ access to highly hazardous pesticides, and **to** other means of suicide, **including installation of barriers at 'jump sites' and restrictions to firearms, (iii) address responsible reporting of suicide by the media, including online, digital and social, (iv) foster socio-emotional life-skills and support for young people, and (v) identify and provide support to everyone affected by suicide and self-harm inline with the WHO LIVE LIFE Initiative;**

28. Increase health literacy and implement sustained best practice information and age appropriate communication programmes across the entire population to: (i) educate the public about the harms of smoking/tobacco use; (ii) promote healthy diets; (iii) promote physical activity, with links to school and community-based programmes and environmental improvements; and (iv) promote healthy life skills, resilience and mental health and well-being through school-based social and emotional learning;

29. Address key social determinants of noncommunicable diseases and mental health by: (i) securing access to inclusive and quality education and supportive living and learning environments from childhood to adulthood; (ii) promoting safe, supportive and decent working conditions; (iii) providing social protection and livelihood support for low-income and impoverished households; and (iv) addressing social exclusion of older persons, particularly older women in rural areas;

Target: *at least 80% of countries have implemented or increased excise taxes on tobacco, alcohol, and sugar-sweetened beverages to levels recommended by the World Health Organization by 2030.*

Target: *at least 80% of countries have, and are implementing, a standalone or integrated suicide prevention strategy, policy or plan by 2030.*

Strengthen primary healthcare

30. Orientate health system and social care policies and capacities to support the essential needs of people living with or at risk of noncommunicable diseases and mental health conditions, across the life course, including through: (i) expanding community-based services to improve prevention, screening, diagnosis, treatment, referral pathways, and follow-up for hypertension, diabetes, cancers, **anxiety,** depression and other common noncommunicable diseases and mental health conditions; (ii) integrating prevention, screening, diagnosis, treatment, rehabilitation and long-term care into existing programmes for communicable diseases, maternal and child health, and sexual and reproductive health programmes; (iii) shifting mental health care and resources from specialized institutions to general health **and social** care services delivered in

community-based settings, in line with World Health Organization guidance,[10] focusing on **human rights, recovery, inclusion and participation in society, and** outcomes rather than on procedures; **(iv) implementing measures to promote and improve noncommunicable diseases and mental health conditions as an essential component of universal health coverage and health systems strengthening; and (v) making health and social care systems resilient to climate change;**

31. Prevent and treat cardiovascular diseases by scaling up: (i) early diagnosis, affordable and effective treatment, and regular follow up for people at risk or living with high blood pressure; (ii) access to antihypertensive treatment and statin-based therapies for those at high-risk of a heart attack or stroke;

32. Improve care for people living with diabetes in line with the 2030 global coverage targets,[11] by scaling up early diagnosis, affordable and effective treatment (including insulin) and regular follow up **and mental health support** for people at risk or living with diabetes to reduce the likelihood of cardiovascular and other complications;

33. Eliminate cervical cancer as a public health problem in line with the 2030 global targets,[12] by scaling up (i) human papillomavirus vaccination, (ii) screening for cervical cancer with a high-performance test, and (iii) treatment for women with cervical cancer;

34. Prevent liver cancer through scaling up hepatitis B immunization in all countries with high prevalence of hepatitis B infection;

35. Prevent and treat asthma and chronic obstructive pulmonary disease by scaling up access to bronchodilators and oral steroids;

36. Scale up the availability and provision of as well as the access to **high-quality** psychosocial, psychological and pharmacological treatments for depression, anxiety and psychosis within general health care services, as well as for other related priority conditions, including childhood and youth mental health conditions, self-harm alcohol use, epilepsy and dementia, while addressing the stigma **and discrimination** associated with these conditions;

37. Increase the number, capacity, retention, and competencies of trained health care **and community** workers to implement integrated primary care services for prevention, screening, diagnosis, treatment, rehabilitation and palliative care for people **at risk of or** living with one or several noncommunicable diseases and mental health conditions;

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[10] Examples include: (i) The WHO package of essential noncommunicable disease (WHO PEN) interventions for primary care; (ii) The WHO HEARTS technical package to improve cardiovascular health in countries; and (iii) The WHO Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders.

[11] See: https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf#page=1 (pages 48 and 99)

[12] See: https://iris.who.int/bitstream/handle/10665/336583/9789240014107-eng.pdf?sequence=1&isAllowed=y (page 20)

38. Advance equitable, sustainable and affordable access to quality-assured medicines and health technologies for noncommunicable diseases and mental health conditions, while supporting and creating systems to uphold their quality and safety by: (i) **reducing out of pocket expenditure,** strengthening pricing policies and financial protection mechanisms; (ii) strengthening procurement and diversified, resilient supply chains; (iii) strengthening regulatory systems; and (iv) assessing intellectual property policies in light of global health needs;

39. Leverage technology and innovation for noncommunicable disease prevention and control, and improving mental health, including through digital[13] and assistive products and technologies **that are evidence-based, cost-effective and affordable interventions that are based on the local context,** to increase access to quality systems and services and to empower people living with these conditions, while **safeguarding adolescent mental health and** recognizing the risks that these technologies can pose to mental well-being;

Target: at least 80% of public primary health care facilities in all countries have uninterrupted availability of at least 80% of World Health Organization-recommended essential medicines and basic technologies for noncommunicable diseases and mental health conditions at affordable prices by 2030.

Increase sustainable financing

40. Increase domestic resources for preventing and controlling noncommunicable diseases and promoting mental health and well-being through improved public financial management, **progressive resource mobilization,** higher taxes on health harming products and the allocation of budgets in line with national health priorities and unmet needs for care;

41. Commit to mobilize and allocate adequate, predictable, **progressive** and sustained resources for national responses to prevent and control noncommunicable diseases and to promote mental health and well-being, through domestic, bilateral and multilateral channels, including **NCD and mental health services integration into health benefits packages and budgeting and** international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels;

42. Urgently scale up the percentage of public health budgets dedicated to mental health with the aim to increase the current global average of 2% to at least 5% **in low- and middle-income countries and 10% in high-income countries** by 2030;

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[13] Examples include (i) digitalised health systems; (ii) electronic patient records, appointment reminders, telemedicine, health information systems and digital payments; and (iii) access to applications chatbots, and mobile health services to track health, support medicine adherence, and enable behavioural change.

43. Focus external support from development partners on catalyzing fiscal, regulatory and legislative policy change and improvements in service capacities, access and outcomes, and support the development of global and regional public health goods, including measures to counter the marketing of unhealthy products;

44. Strengthen strategic purchasing arrangements, such as pooled procurement, to stimulate the scaled-up implementation of cost-effective interventions identified in health benefit packages;

45. Reduce out-of-pocket expenditure and the risk of impoverishment for people and households affected by noncommunicable diseases and mental health conditions by revising financial protection policies to explicitly cover or limit the cost of essential services, diagnostics, **psychosocial support** and medicines;

Target: at least 80% of countries have financial protection policies in place that cover or limit the cost of essential services, diagnostics, and medicines for noncommunicable diseases and mental health conditions by 2030.

Strengthen governance

46. Develop and implement noncommunicable diseases and mental health multisectoral national plans and, where appropriate, subnational plans that: (i) are focused on a set of evidence-based, cost-effective and affordable interventions that are based on the local context; (ii) identify the roles and responsibilities of government ministries and agencies and development partners; (iii) are costed and linked to broader health, development**, climate** and emergency plans; (iv) are rights-based and engaging people living with noncommunicable diseases and mental health conditions **as well as young people in design, implementation, monitoring and evaluation**; and (v) are ambitious but have measurable targets;

47. Integrate noncommunicable diseases prevention and control, and mental health and psychosocial support, into health security, pandemic and emergency **prevention,** preparedness and humanitarian response frameworks**, and climate change adaptation and mitigation plans,** to contribute to resilient and responsive health systems capable of effective emergency preparedness and response;

48. Counter misinformation and disinformation around the prevention and treatment of noncommunicable diseases and mental health conditions, including by increasing health literacy, and regulate digital environments to ensure the necessary protections, especially for children and young people, against harmful commercial marketing**, promotion of unproven health interventions,** and all forms of online violence;

Target: at least 80% of countries have integrated noncommunicable diseases prevention and control, and mental health and psychosocial support, into national preparedness and response frameworks by 2030.

Strengthen data and surveillance to monitor progress and hold ourselves accountable

49. Improve infrastructure for systematic and ongoing country surveillance on noncommunicable diseases, risk factors and mental health, including death registration, population-based surveys, and facility-based information systems;

50. Develop and support national and regional capacity for data collection, data analysis, health economic analysis, health technology assessment and implementation research related to noncommunicable diseases and mental health service development, **service provision,** and evaluation;

51. Incorporate reporting on noncommunicable diseases and mental health into national Sustainable Development Goals-related review processes such as the voluntary national reviews, including timely reporting on global targets, **and comprehensive reporting to the WHO Mental Health Atlas**;

Target: at least 80% of countries have an operational noncommunicable diseases and mental health surveillance and monitoring system by 2030.

Follow up

In order to ensure adequate follow-up, we:

52. Emphasize the leading role of the World Health Organization as the directing and coordinating authority on international health to continue to support Member States through its normative and standard-setting work, provision of technical cooperation, assistance and policy advice, and the promotion of multisectoral and multistakeholder partnerships and dialogue;

53. Call upon United Nations agencies, multilateral development banks and other regional and intergovernmental organizations, to scale up support to Member States in their efforts to prevent and control noncommunicable diseases and mental health conditions and the implementation of the present political declaration;

54. Further call upon United Nations agencies, multilateral development banks and other regional and intergovernmental organizations to scale up support to Member States through catalytic development assistance, including through the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases and the Health4Life Fund;

55. Also call upon the Global Fund **and other global health financing mechanisms, including multilateral development banks** to prioritize further the inclusion of noncommunicable diseases and mental health conditions interventions into its work programme;

56. Call upon the private sector to strengthen its commitment to prevent and control noncommunicable diseases and promote mental health and well-being by contributing to the implementation of the present political declaration and the outcomes of the previous high-level meetings of the General Assembly on the prevention and control of noncommunicable diseases held in 2011, 2014, and 2018;

57. Request the Secretary-General to provide, in consultation with Member States, and in collaboration with the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly by the end of 2030 a progress report on the implementation of the present political declaration on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, which will serve to inform the next high-level meeting to be convened in 2031.