



President of the General Assembly 79th Session



Interactive multi-stakeholder hearing as part of the preparatory process for the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being

Friday, 2 May 2025

Trusteeship Council Chamber, United Nations Headquarters

Summary

Pursuant to General Assembly resolution 79/273, the President of the General Assembly organised and presided over the interactive multi-stakeholder hearing as part of the preparatory process for the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being. The President of the General Assembly was also requested to prepare a summary of the hearing prior to the high-level meeting which is included below.

Opening Segment

H.E. Mr. Philemon Yang, President of the General Assembly, in his opening remarks, emphasized the significance of the multi-stakeholder hearing as a key component of the preparatory process for the fourth high-level meeting on the prevention and control of noncommunicable diseases (NCDs) and the promotion of mental health and well-being. The President highlighted that the discussions should center on identifying priority actions and concrete milestones toward achieving sustainable development goal 3 and target 3.4. He invited stakeholders to contribute to the discussions as valuable input for the negotiation of the political declaration and help generate significant momentum towards the success of the high-level meeting in September 2025.

Mr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organisation, in a video message, emphasized the high burden of noncommunicable diseases and mental health conditions. He stressed that addressing the root causes of these diseases and their underlying determinants requires a multi-sectoral approach which involves collaboration beyond the health sector, including education, finance, urban planning, agriculture, environment, and others. He indicated three priority areas for action including: strengthening health systems, promoting government's commitments to set prevention targets and ensuring strong and sustainable funding for research.

H.E. Mr Cherdchai Chaivaivid, Permanent Representative of Thailand to the United Nations, delivered a statement on behalf of the Member States that are members of the Foreign Policy and Global Health Initiative, emphasized that NCDs and mental health are complex, multidimensional issues that intersect with many sustainable development goals. To effectively

address these challenges, action is needed on the underlying social, economic, and environmental determinants of health. This calls for collective efforts from a range of stakeholders across sectors as well as mobilising predictable and sustainable investments. Despite being the leading cause of death globally, NCDs continue to receive less than 2% of official development assistance for health (ODA), and the annual spending on mental health is less than 2 USD per person and under 0.25 USD per capita in low-income countries.

Ms. Stephanie Whiteman, Assistant Lecturer of Public Health, University of the West Indies, as the youth speaker, welcomed the recognition of the strong links between NCDs and mental health and emphasized that the upcoming high-level meeting represents a crucial opportunity to secure strong commitments for delivering high-quality, integrated health services grounded in primary health care and community health approaches. Ms. Whiteman called on governments to prioritize investments to strengthen health systems, integrated service delivery that addresses both physical and mental health, robust data and surveillance systems, and science for evidence-based solutions tailored to specific contexts.

Panel 1: Tackling the determinants of noncommunicable diseases and mental health, and well-being through multisectoral and effective governance and collaborative action

The moderator of the panel, Adnan A. Hyder, Senior Associate Dean for Research and Professor of Global Health, George Washington University Milken School of Public Health, highlighted that progress has been made since the first high-level meeting in 2011 and commended the efforts of all stakeholders in advancing the prevention and control of NCDs at all levels. However, he emphasized that significant challenges remain, particularly in the areas of policy implementation, sustainable financing, critical research, and community mobilization. Without further action, the world risks falling short of achieving target 3.4.

The first panelist, Magda Robalo Correia e Silva, Executive Director, Women in Global Health, focused her intervention on the social and economic inequities driving the rise of NCDs and mental health conditions through a gender lens. She emphasized that women and girls face significant barriers in accessing prevention, diagnosis, and care for NCDs and mental health services and that gender inequities are further exacerbated by misinformation, restricted civic space, and weak accountability mechanisms.

The second panelist, Vincent Mujune, Country Director, Strong Minds-Uganda, emphasized the urgent need for a multisectoral approach to mental health care, advocating for the deinstitutionalization of services. This can be achieved through the active engagement of community health workers and individuals with lived experience, ensuring a more inclusive, accessible, and supportive mental health care system. He also indicated that mental health must be integrated into systems such as education, prisons, and climate-affected communities to ensure a comprehensive approach.

The third panelist, Johanna Ralston, Chief Executive Officer, World Obesity Federation, stressed that obesity, a key risk factor for NCDs, remains underprioritized in the fragmented global responses. Addressing obesity offers a “double dividend” by reducing cardiovascular diseases,

cancer, and diabetes, while also directly tackling obesity. She called for coordination across food, education, urban planning, and health sectors.

Panel 2: Reshaping and strengthening health systems and all forms of financing to meet the needs of people living with and at risk of noncommunicable diseases and mental health conditions

The moderator of the panel, Andrea Feigl, Chief Executive Officer and Founder, Health Finance Institute, stated that NCDs cause nearly 75% of global deaths and 60% of the disease burden, yet receive minimal funding in low- and middle-income countries (LMICs). As more countries move to middle-income status, they face reduced aid and unpredictable health financing. She quoted that closing the NCD care gap in LMICs needs approximately \$18 billion annually through 2030 while advocating that every \$1 invested returns up to \$19 in economic gains.

The first panelist, Hassatou Diop N'Sele, Vice President for Finance and Chief Financial Officer, African Development Bank Group, highlighted the role of multilateral institutions and development banks in providing catalytic funding to help countries address their health and development challenges, including NCDs and mental health. She quoted that Africa carries 24% of the global NCDs burden, despite comprising only 18% of the world's population and that the continent depends on imports for 70% of its medicines, resulting in an annual economic cost of US\$ \$2.4 trillion.

The second panelist, Maisha Hutton, Executive Director, Healthy Caribbean Coalition, stressed that there is a lack of involvement from people with lived experiences in shaping policies and decisions related to NCDs and mental health. She indicated that governance mechanisms are often too fragmented and weak to ensure coherent policies across sectors.

The third panelist, Tamara Dakhundaridze, Director, Krystyna Kiel Oncology Center, spoke about the need for integrated care across all levels of service delivery and throughout the life course. She emphasized the important role of private sector providers in achieving universal health coverage and highlighted the untapped potential for public-private partnerships as valuable opportunities to expand health infrastructure and improve access, especially as traditional development aid continues to decline.

Main points from both panel discussions:

The following main thematic issues were raised by Member States, Observers and stakeholders throughout their interventions in the two panel discussions.

1. Enhanced governance

Participants emphasized the need for inclusive, accountable, and multisectoral governance to address NCDs and mental health, supported by high-level political commitments. They called for integrated strategies across sectors, backed by strong political commitment and engagement from civil society, academia and the private sector. They emphasized integrating neglected areas into national strategies, adopting health-in-all-policies approaches, and protecting decision-making from commercial interests. Safeguarding policy integrity through

conflict-of-interest rules and protecting against industry interference was highlighted. Participants also stressed national ownership and measurable prevention targets, especially in low- and middle-income countries.

2. Equitable access to diagnostics, treatment and care

Participants highlighted the wide gap in access to essential medicines, diagnostics, and mental health support, particularly in low-income and crisis-affected settings. Despite medical innovation, affordability and system delivery remain major challenges. They called for urgent policy reforms to improve affordability and availability, to support public manufacturing, and to ensure universal, equitable access, including to psychosocial services and rehabilitation.

3. Health literacy and health-promoting environments

Participants emphasized the need for accurate health information and community-based models to promote informed decision-making and mental well-being. They highlighted the importance of restricting the marketing of harmful products, promoting physical activity through education and urban planning, as well as encouraging culturally appropriate, healthy diets, especially among youth and children. Communication campaigns and community engagement were highlighted as key to shifting behaviours and fostering healthier environments. Ensuring access to nutrition in low-income settings and addressing systemic barriers, including for persons with disabilities, were also seen as essential to creating equitable, health-promoting environments.

4. Health system strengthening and surveillance

Participants indicated that strengthening primary health care to support early detection, continuous care, and effective management of NCDs and mental health. They called for integrated, people-centered health systems, expanded benefit packages and improved financial protection to ensure equitable and resilient service delivery. Participants emphasized that integrating NCD and mental health services into universal health coverage, with a focus on community-based models, primary care integration, and stigma reduction should be prioritized. Coordinated approaches and preventive tools like vaccination were seen as key to building resilient health systems.

Participants emphasized the need to close data gaps and strengthen data use, improve transparency in health spending, and strengthen evidence-based decision-making. They called for robust, context-specific data systems to guide prevention, diagnosis, and care, along with metrics that reflect wellbeing, equity, and sustainability beyond financial indicators. They also called for crisis preparedness, in particular continuity of care during crises, protecting humanitarian health services, and embedding NCD response into emergency and resilience planning.

5. Digital health and the health workforce

Participants underscored that digital health tools and a well-trained, community-based workforce are essential to expand access to care, particularly in remote and underserved areas. They called for greater investment in telemedicine, culturally appropriate training, and scaling up the mental health workforce to meet rising global needs.

6. Meaningful engagement of people with lived experience

Participants stressed that people with lived experience, including youth, older persons, and marginalized communities, must be recognized as partners in shaping NCD and mental health policies. They called for inclusive, rights-based approaches that address stigma, ensure community-driven and culturally appropriate solutions, and reflect the structural and social determinants of health, especially in underserved populations.

7. Sustainable financing

Participants stressed that sustainable financing for NCDs and mental health services requires not just more funding, but smarter, fairer, and more transparent investment. Evidence-based fiscal tools, such as taxes on tobacco, alcohol, and sugary drinks, were highlighted for their potential to expand fiscal space and support health systems. Key strategies recommended included reallocating harmful subsidies and adopting provider-payment models that reward integrated care. They emphasized integrating NCDs into universal health coverage, using cost-effective strategies, and ensuring accountability through clear targets. Interventions also underscored the need to align financing with equity goals and ensure long-term economic resilience through targeted, cost-effective investments.

Closing segment:

Professor Monika Arora, Co-chair of the WHO Civil Society Working Group (CSWG) outlined recommendations for inclusion in the political declaration for the high-level meeting centered around four priority areas: enhancing governance, strengthening integrated PHC-centered health systems, creating health-promoting environments, and building sustainable financing mechanisms.

H.E. Mr. Olivier Maes, Permanent Representative of the Grand Duchy of Luxembourg, and co-Facilitator of the HLM emphasized that while Member States are leading the process, the active engagement of other stakeholders is crucial to addressing the gap between policy development and implementation. He acknowledged the significance of all ideas and recommendations shared during the hearing, particularly those focused on improving access to care, enhancing accountability, strengthening monitoring and data collection, and promoting gender equity. He also underscored the importance of listening to individuals directly affected by NCDs and mental health conditions. He confirmed that all input received will contribute directly to shaping a concise and action-oriented political declaration through the intergovernmental process.

H.E. Ms. Inga Rhonda King, Permanent Representative of Saint Vincent and the Grenadines and co-Facilitator of the HLM, emphasized that NCDs are preventable, but effective prevention requires a comprehensive, full-systems approach. While the negotiations of the political declaration will be undertaken by Member States, achieving a strong and meaningful outcome will only be possible with the contribution of all stakeholders. She called on all stakeholders to remain engaged with Member States to ensure their perspectives are reflected in the outcomes of the HLM and closed the meeting.