

Concept Note

Noncommunicable Disease and Mental Health Legislators' Initiative

1. Context, background and rationale

A pivotal moment for non-communicable diseases and mental health

1.1 Reducing the burden of non-communicable diseases (NCDs) and improving mental health remains a leading health and development challenges and 2025 is a pivotal year as the global health and development community prepares for the Fourth High-level Meeting on NCDs in September 2025.

1.2 NCDs (principally cardiovascular disease, diabetes, cancers and chronic lung disease) and mental health conditions are hindering economic growth by weakening human capital and reducing workforce participation. Without urgent, concerted action, the long-term trajectory of these diseases and conditions will have even more profound socioeconomic impacts for individuals, households and societies, resulting in inefficiencies, inequities and impoverishment. Together they not only threaten achieving the NCD and mental health-related Sustainable Development Goal (SDG) targets,¹ but also undermine a number of other SDGs.²

1.3 Recognising the importance of legislators and legislative bodies in developing and sustaining effective responses to NCDs and mental health conditions, the G20 & G7 Health and Development Partnership (G20&H7HDP) and the United Nations Inter-Agency Task Force on the Prevention and Control (UN NCD Task Force), including the Health4Life Fund launched a new Global Legislators Initiative on NCDs and Mental Health that fosters multistakeholder partnerships, financing, high-level dialogues. This Initiative builds on the experience of the Antimicrobial Resistance (AMR) Legislators Initiative.³ Together G20&H7HDP and the UN NCD Task Force provide a powerful platform to advance NCDs and mental health conditions.

The burden of NCDs and mental health conditions

1.4 The burden of NCDs and mental health conditions in countries across all income groups is immense (Box 1).

Box 1. The burden of NCDs and mental health conditions⁴

¹ SDG Target 3.4: reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being; Target 3.5: Strengthen responses to reduce the harmful use of alcohol; Target 3.6: By 2030, halve the number of global deaths and injuries from road traffic accidents; Target 3.8: Achieve universal health coverage; Target 3a: Strengthen the implementation of the WHO Framework Convention on Tobacco Control; Target 3b: Support the research and development of vaccines and medicines for NCDs that primarily affect developing countries and provide access to affordable essential medicines and vaccines for NCDs.

² Tackling NCDs and mental health also supports a number of other SDGs, e.g. no poverty (SDG 1); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); sustainable cities and communities (SDG 11); responsible consumption and production (SDG 12); climate action (SDG 13); peace, justice and strong institutions (SDG 16); and partnerships for the goals (SDG 17).

³ H20 Summit: Fireside chat – Legislators Initiative on Raising Awareness and Action to tackle NCDs for 2025.

⁴ Adapted from EB154/7. Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs. Prevention and management of NCDs, promotion of mental health and well-being, and treatment and care of mental health conditions. Report by the WHO Director-General. 2024.

- i. In 2021, NCDs killed at least 43 million people, with 18 million people dying prematurely (before the age of 70 years). NCDs are not just diseases of high-income countries, as seen by the fact that 82% of all NCD deaths are in low- and middle-income countries, where around 84% of the world's population lives.
- ii. Cardiovascular diseases account for the largest share of NCD deaths (19 million deaths in 2021), followed by cancers (10 million), chronic respiratory diseases (4 million), and diabetes (2 million, including kidney disease deaths caused by diabetes). These four groups of diseases account for 80% of all premature NCD deaths.
- iii. Age-specific rates of most NCDs are declining in most countries (which is a main reason for the increasing life expectancy in most countries), although more quickly in high- as opposed to low-income countries. However, the number of people living with NCDs is increasing in many countries, largely because of the growth and aging of populations across the world.
- iv. The progress has reducing premature mortality (under 70 years) from NCDs has slowed since 2015 and the COVID-19 pandemic has increased mortality from NCDs due to delayed vaccinations, screening programmes, detection, and treatment.
- v. In 2020, more than 19 million people developed new cases of cancer. An estimated one in five people will develop cancer in their lifetime. By 2040, the burden of cancer is expected to nearly double with least-developed countries experiencing the most rapid increase.
- vi. More than one billion people are living with obesity. Hypertension affects over 1.3 billion adults – only one in five have their blood pressure under control. Over 800 million adults live with diabetes – a fourfold increase since 1990. More than one-half are not on medication. The increasing prevalence of obesity is a main cause of diabetes, hypertension and other cardiometabolic conditions. Chronic respiratory diseases affects more than 640 million people worldwide.
- vii. Globally 1.3 billion people still using tobacco and total alcohol consumption per capita has increased in many parts of the world, including South-East Asia and the Western Pacific. More than one in four adults and more than 80% of adolescents do not meet WHO's recommended levels of physical activity. In 2016, more than 1.9 billion adults were overweight, of whom more than 650 million were obese, while 37 million children under 5 years of age were overweight. Globally, 99% of the population breathes air that exceeds WHO guideline limits and contains high levels of pollutants, with low- and middle-income countries suffering from the highest exposures. 2.3 billion people relied primarily on polluting fuels and devices for cooking in 2021.
- viii. Close to one billion people live with a mental disorder, including around 8% of the world's young children (aged 5–9 years) and 14% of the world's adolescents (aged 10–19 years). Four out of five of these people live in low- and middle-income countries.

1.5 In addition to the human toll, all countries are affected by huge economic losses connected to NCDs and mental health conditions. Premature deaths take away individuals during their most productive economic years, reducing human capital and decreasing productivity while increasing costs from serious illness, disability and death.

1.6 In 2011, a report from the World Economic Forum and the Harvard School of Public Health estimated the global economic burden of NCDs in 2010 and projected the size of the burden through 2030.⁵ The report concluded that while NCDs already pose a substantial economic burden, under a 'business as usual' scenario, this burden would evolve into a staggering one over the next two

⁵ Bloom DE, Cafiero ET, Jané-Llopis E. et al. *The Global Economic Burden of Noncommunicable Diseases*. Geneva: World Economic Forum. 2011.

decades. Based on direct and indirect costs for four main NCDs, the report suggested a cumulative output loss of US\$ 30.4 trillion between 2011 and 2030 with mental health conditions projected to cost the global economy \$16 trillion by 2030. As these data are now quite old and they almost certainly underestimate the future economic impact of these conditions, especially given the impact of the COVID-19 pandemic.

1.7 Investments in health not only create wealth and boost GDP but also improve overall health outcomes and mental well-being.

Evidence-based interventions exist to respond to NCDs and mental health conditions

1.8 The WHO Global Strategy for the Prevention and Control of NCDs, 2013-2030 and its implementation roadmap 2023-2030,⁶ and the WHO Comprehensive Mental Health Action Plan 2013-2030⁷ include actions for Member States and development partners. When it comes to prevention, almost all necessary action requires actions beyond the health sector. Many require legislative, fiscal and regulatory action. Both strategies therefore emphasise the importance of whole-of-government and whole-of-society responses and the role of legislators.

1.9 A set of evidence-based, cost-effective and feasible interventions exist to improve mental health and tackle NCDs.^{8,9} These interventions come with a significant return on investment.¹⁰ Many of the most effective require legislative, regulatory and fiscal action and therefore the active support from legislative bodies.

1.10 These interventions need to be placed within the context of national multisectoral NCD and mental health action plans and broader health and development frameworks, with robust monitoring and evaluation systems in place.

The importance of legislators

1.11 Parliamentarians and governments have responsibility to be aware of the socioeconomic impact of NCDs and mental health on their communities, that there are interventions available to prevent and treat people with NCDs, and they provide excellent value for money. Box 2 provides examples of how legislators can play a crucial role in responding to NCDs and mental health conditions.

Box 2: The role of legislators¹¹

Legislators play a crucial role in responding the NCDs and mental health conditions through:

- Advocating for action on NCDs and mental health and making the economic case for investing in NCDs and mental health conditions.

⁶ [Implementation roadmap 2023–2030 for the Global action plan for the prevention and control of NCDs 2013–2030](#)

⁷ Comprehensive mental health action plan 2013–2030. Geneva: World Health Organization; 2021.

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.

¹⁰ [Saving lives, spending less: the case for investing in noncommunicable diseases](#). Geneva: World Health Organization; 2021.

¹¹ [UN Inter-Agency Task Force, UNDP and WHO. NCDs: what legislators need to know. 2018.](#)

- Developing and passing legislative, regulatory and fiscal action – the cornerstone of efforts to prevent NCDs and mental health conditions.
- Encouraging whole-of-government action.
- Advocating for NCD focus and mental health support to civil societies, the private sector, and employers.
- Promoting universal health coverage and ensuring that primary health care-based health systems are in place that meet the needs for marginalised populations and ensuring access is in line with human rights norms and standards.
- Holding government, the private sector, and others to account for implementing and enforcing effective interventions and providing environments that support people being able to make choices that reduce their likelihood of developing NCDs and mental health conditions.
- Encouraging innovation and promoting international cooperation.

The importance of the G7 and G20 and their presidencies and the power of partnership

1.12 The High-level meeting in 2025 provides the world's biggest opportunity for a reset on NCDs and mental health since the COVID-19 pandemic and the global commitment to build back better.¹² The G7 and G20 through their respective presidencies can play a pivotal role in ensuring a successful political declaration. Both the recent H20 Summit and the World Bank-WHO international dialogue highlighted the need for sustainable financing for NCDs and mental health, with the need to ensure a commitment to greater domestic and international catalytic funding will be central to discussions at the 2025 UN High-level meeting.¹³

1.13 Innovative financing and health taxes are both important instruments that can deliver health and economic returns. Proposals that include better ratings for countries investing smartly in health or matching investments through models involving the IMF illustrate innovative financing ideas. Concrete commitments from G7 and G20 nations are imperative, emphasizing the return on investment in health.

1.14 Collaboration among G20 countries presents a clear opportunity to improve NCD and mental health financing and action. Partnership between the G20 and low- and low-middle-income countries, UN system agencies, international financial institutions, academia, NGOs, foundations and the private sector are crucial for scaling solutions. Uniting stakeholders under a common goal ensures a comprehensive and sustained approach. Effective political communication is necessary to develop and sustain these partnerships and translate health investments into pragmatic action. Legislators can play a key role in influencing effective commitment and action across the G7 and G20 and unlocking partnerships.

2. The Initiative

2.1 The Initiative will run in 2025 and 2026. The Legislators' Report and Model Resolution will be launched at the H20 Summit in Geneva on the 19-20th June. The launch of the report will be followed by a political campaign to garner political momentum ahead of the 2025 High-level meeting.

¹² H20 Summit: Panel 4: Sustainable Financing for Chronic Diseases – How to Prepare for the UNHLM Meeting on NCDs in 2025 and how to create convergence between G7 and G20 Presidencies 2024/2025.

¹³ [International Dialogue on Sustainable Financing for NCDs and Mental Health. Meeting report. Washington, DC: World Bank and the World Health Organization. 2024.](#)

2.2 The Initiative will be led by a network of parliamentarians from the high-income and low-middle-income countries, with the strategic support of G20&G7HDP partners and representatives from the UN NCD Taskforce.

2.3 The G20&G7HDP, the UN NCD Task Force and the UNDP team will act as secretariat, responsible for organizational details, collating evidence, and provide support for drafting the report.

2.6 The G20&G7HDP Team and the UN NCD Task Force will work together to promote the initiative and raise the necessary funds for the Initiative and a subsequent political campaign.

2.7 The Initiative will have four hearings, during which rapporteurs will hear evidence from representatives from national governments, international organizations, NGOs, relevant private and public sector entities, financing institutions, and academia.¹⁴ A final meeting to review recommendations will be held.

2.8 The four hearings will be:

- (i) Economic and social determinants, drivers and consequences of NCDs and mental health conditions.
- (ii) Developing, implementing, and evaluating multistakeholder evidence-based action for the prevention and control of NCDs.
- (iii) Developing, implementing, and evaluating multistakeholder evidence-based action to improve mental health.
- (iv) Strengthening governance, finance and partnerships to prevent and control NCDs and mental health conditions.

2.9 The evidence gathered through the hearings will enable recommendations to be included in a short report together with a model resolution to be presented to National Parliaments throughout 2025/2026, which will then feed into the UN High-level meeting.

2.10 Ad hoc policy roundtables and side events around health-related relevant meetings, for example the UN General Assembly will help raise the profile of, and support for the Initiative.

2.11 The Hearings will be conducted by a group of 4 Legislators, who will act as co-rapporteurs **Christopher Kalila, Chairperson for the Commonwealth Parliamentary Association (CPA) and Zambian MP, Prof Agnes Buzyn, Former Minister of Health for France, Dr. Rosena Allin-Khan, UK MP and Hon. Minister Gemma Arias-Vasquez, Gibraltar.**

2.12 Expert Advisory Group

An Expert Advisory Working Group is being established to: (i) provide technical advice on the hearings content, focus and questions for the rapporteurs; (ii) assist the Secretariat identify relevant speakers; and (iii) provide feedback on recommendations on the draft report.

2.13 Secretariat

¹⁴ The AMR Initiative included hearings from over 150 stakeholders.

The G20&G7HDP, the UN NCD Task Force and the UNDP team will act as secretariat, responsible for organizational details, collating evidence, and provide support for drafting the report.

2.14 Concept notes for each hearing will be developed along with the names of those that will be invited to give evidence. Relevant background material will be made available. The hearings will look to review the current situation in each area, within the broader health and development context, drawing on lessons learnt, examples of best practice, and opportunities for improved action and development of practical recommendations.

2.15 The timing for the hearings and the review of recommendations will be as follows:

Hearing 1: Economic and social determinants, drivers and consequences of NCDs and mental health conditions.	March 2025
Hearing 2: Developing, implementing, and evaluating multistakeholder evidence-based action for the prevention and control of NCDs.	March 2025
Hearing 3: Developing, implementing, and evaluating multistakeholder evidence-based action to improve mental health.	April 2025
Hearing 4: Strengthening governance, finance and partnerships to prevent and control NCDs and mental health conditions.	May 2025
Review of recommendations.	May 2025

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