



High-level meeting 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”

Thursday, 25 September 2025

United Nations Headquarters, New York

Concept Note

In accordance with General Assembly resolution 79/273, the fourth high-level meeting on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being will be convened on Thursday, 25 September 2025, under the theme “Equity and integration: transforming lives and livelihoods through leadership and action on noncommunicable diseases and the promotion of mental health and well-being”.

With the aim of undertaking a comprehensive review of the progress achieved since the 2018 political declaration of the third high-level meeting and to mobilize political commitment towards the prevention and control of noncommunicable diseases (NCDs) and the promotion of mental health and well-being, the meeting will bring together Member States and Observers, civil society organisations and the private sector.

Background

Every two seconds, someone under the age of 70 years dies from a noncommunicable disease. In 2021, more than 43 million people globally died from noncommunicable diseases, accounting for 75 per cent of non-pandemic-related deaths. Seven of the 10 leading causes of death were linked to noncommunicable diseases, including ischaemic heart disease, stroke, chronic obstructive pulmonary disorder, lung cancer, dementia, diabetes and chronic kidney disease. Mental health conditions remain prevalent and largely untreated, affecting nearly 1 billion people worldwide, while more than 700,000 people died from suicide in 2021.

Noncommunicable diseases and mental health conditions, and their risk factors (tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity and air pollution) are influenced by social, economic, environmental, and commercial determinants. Addressing them requires effective multisectoral government action and coherent public policies to reduce the prevalence and premature mortality from these conditions and mitigate their impact.

Five years away from 2030, the world is not on track to meet Sustainable Development Goal target 3.4 of reducing by one third premature mortality from noncommunicable diseases through prevention and treatment and promoting mental health and well-being. While some countries are

on track to meet individual targets, overall progress remains insufficient and has slowed significantly since 2015.

Underinvestment in health services has created a significant equity gap in care and support for people affected by noncommunicable diseases and mental health conditions, resulting in productivity losses and other indirect costs to society, which far outstrip health care costs.

The United Nations Secretary-General's report to the General Assembly as contained in document A/79/762 on the progress on the prevention and control of non-communicable diseases and the promotion of mental health and well-being highlighted limited investments in noncommunicable diseases and mental health prevention and control, as well as underinvestment in policy, legislative, and regulatory measures to address their shared risk factors, created a significant gap between the need for quality of care, and availability of services. The report further indicated that nearly all countries face financial constraints, which has contributed to underinvestment in noncommunicable diseases and mental health services, as well as limited capacity to advance policy, legislative and regulatory measures to address their risk factors.

However, governments have been slow in prioritizing measures to prevent and control noncommunicable diseases and mental health conditions and addressing the underlying determinants to alleviate pressures on health systems and improve equitable health outcomes. To deliver public health and clinical interventions that meet local needs strong political commitment will be essential as well as scaling-up whole-of-government and whole-of-society mechanisms through enhanced multisectoral and multistakeholder collaboration, including with people living with noncommunicable diseases, mental health, and neurological conditions, sustainable financing of well-integrated health systems focused on people-centered primary health care approaches, and community participation in decision-making.

Closing this gap will require a reorientation of health systems towards primary health care as the foundation for universal health coverage, improved health equity, health security, and improved health and well-being.

On 2 May 2025, the President of the General Assembly held an interactive multistakeholder hearing as part of the preparatory process for the fourth high-level meeting on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being. The multistakeholder hearing consisted of two panel discussions. They focused on stakeholder perspectives, experiences and recommendations to tackle determinants and reshaping and strengthening health systems for noncommunicable diseases and mental health and well-being. Participants identified concrete milestones towards achieving these aims at the fourth high-level meeting.

Format

The high-level meeting will be held in-person from 10 a.m. to 6 p.m. and will consist of an opening segment, a plenary segment for general discussion, two multistakeholder panels and a brief closing segment.

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

Participants are invited to engage on the following guiding questions:

1. How can multisectoral government action and multistakeholder collaboration mitigate the impact of behavioural, social, economic, environmental and commercial determinants of NCDs and mental health conditions to ensure greater health equity? And how should action be prioritized?
2. What are some *win-win* narratives and incentives that can be used to foster engagement with sectors beyond health to achieve policy coherence in equitable health outcomes? What is the available evidence? What has worked and what has not? What are the examples from Member States?
3. What is the role of the UN system, development partners, civil society, and other relevant stakeholders, including young people and those with lived experience and the private sector, in addressing the NCD and mental health agenda? What are their potential conflicts of interest? How can decision-making on engagement with multistakeholder actors be aligned for public health and health equity?
4. What challenges do governments face in strengthening mechanisms to institutionalize national coordination for multisectoral and multistakeholder collaborations, including meaningful engagement of people living with noncommunicable diseases and mental health conditions?

Multistakeholder 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.

Participants are invited to engage on the following guiding questions:

1. How can health systems be transformed to deliver integrated, people-centred NCD and mental health services across all levels of care and the life course? What structural and political barriers currently limit this transformation, and what solutions are needed to overcome them and ensure accountability?
2. How can the engagement of the UN system, development partners, civil society and other relevant stakeholders, including the private sector, be leveraged to strengthen health systems for integrated approaches and synergies in service delivery?
3. Considering the transition from low-income country to middle-income country status, a rapidly changing global health landscape, and declining development assistance targeted for health, what needs to be done to ensure that governments scale up essential services as part of health system financing strategies for universal health coverage and development partners support them in doing so?
4. How can multistakeholder actors support and complement government efforts in relation to knowledge, resources, and expertise to strengthen health systems? What unique value can the non-government actors bring to this effort while ensuring alignment with public health priorities and safeguards?

Participation

The high-level meeting is open to Member States, Observers of the General Assembly, the United Nations system, representatives of non-governmental organizations in consultative status with ECOSOC and representatives of organizations with special accreditation. In accordance with the modalities of the meeting, all Member States, Observers and members of the United Nations specialized agencies to participate in the high-level meeting, including the multistakeholder panels, at the highest level possible.

Member States are also encouraged to include in their delegations ministers from all relevant ministries, as appropriate, representatives such as parliamentarians, mayors and governors, representatives of civil society, including non-governmental organizations, Indigenous Peoples, people of African descent, persons with disabilities, community organizations and faith-based organizations, academic institutions and the private sector with expertise in noncommunicable diseases and mental health, philanthropic foundations, and networks representing persons affected by noncommunicable diseases and mental health conditions, including persons living with relevant rare diseases, as appropriate, with due regard for gender balance and geographical representation;

Programme outline

The following is an outline of the programme of the high-level meeting. The full programme will be circulated separately.

Time	Session	Venue
10:00 a.m. - 10:30 a.m.	Opening Segment	Conference Room 1
10:30 a.m. – 1:00 p.m.	Plenary Segment	Conference Room 1
11:00 a.m. – 1:00p.m.	Multistakeholder Panel 1	Conference Room 2
1:00 p.m. – 3:00 p.m.	Break	
3:00 p.m. – 5:30 p.m.	Plenary segment	Conference Room 1
3:00 p.m. – 5:00 p.m.	Multistakeholder Panel 2	Conference Room 2
5:30 p.m. – 6:00 p.m.	Closing segment	Conference Room 1

Outcome of the high-level meeting

The high-level meeting shall approve a concise and action-oriented political declaration, agreed in advance by consensus through intergovernmental negotiations, to be submitted by the President of the General Assembly for adoption by the General Assembly.

Logistics information

A detailed logistics note for this high-level meeting will be circulated separately.