

UNITED NATIONS
**Health4Life
Fund**



2025 Annual Report

**The United Nations Multi-Partner Trust Fund to
Catalyze Country Action for Noncommunicable Diseases
and Mental Health**





Catalyzing country-level investments

on NCDs and mental health
to achieve universal health
coverage and the SDGs

Introduction

The United Nations Health4Life Fund was established in 2021 by the United Nations Development Programme (UNDP), UNICEF and the World Health Organization (WHO), to galvanize domestic financing and accelerate country action for the prevention and control of noncommunicable diseases (NCDs) and for improving mental health – areas of health and development that have been neglected over many years, and continue to remain poorly resourced.

The Health4Life Fund provides catalytic support to enable governments, the United Nations development system and other partners to jointly scale up action towards targets aligned with global, regional and country level commitments on NCDs and mental health.

Against growing constraints in health and domestic financing and in official development assistance, maximizing resources—and harmonizing and aligning action—has become even more critical. That is why the Health4Life Fund is more important than ever. What distinguishes the Health4Life Fund is its ability to translate political commitments into coordinated, financed, and country-led implementation.

Across countries, the Fund is demonstrating how catalytic investments can unlock policy change, strengthen systems, and create pathways for sustainable domestic financing at scale.

5

active
country
grants



**New
Learning Lab**

for South-South
and triangular
cooperation



US\$ 8 million

pledged, with
US\$4.5 million
invested in catalytic
projects so far



**10
million**

potential number
of people reached
across the five
countries



2025 in a nutshell

- ✓ The Health4Life Fund included in the 2025 Political Declaration—Health4Life Fund launches new Call to Action
- ✓ Implementation advanced in Rwanda and Zambia, with foundational systems and policy shifts underway
- ✓ New country projects launched in Lao PDR, Papua New Guinea, and Sierra Leone
- ✓ South-South Learning Lab operationalized, delivering policy and knowledge exchange

2025 high-level meeting

The fourth high-level meeting on NCDs, mental health and wellbeing, held in September 2025, sought to align political ambition with country-led solutions to close the financing and governance gap for NCDs and mental health.

- Reaffirmed the Fund as a country-led financing platform that responds to national priorities on NCDs and mental health.
- Recognized the Fund in the Political Declaration as a concrete example of aligned UN action that is delivering results – and ready to scale.



Fourth UN High-level Meeting on NCDs
(Courtesy of Natalia Shkvarok/NCD Alliance)

Country Grants

Country grants are supporting activities across health system strengthening and integration for NCDs and mental health, governance and policy reform, youth engagement, and sustainable domestic financing. Grants are estimated to have a combined reach of up to ten million people. Across countries, the Fund is demonstrating how catalytic investments can unlock policy change, strengthen systems, and create pathways for sustainable domestic financing at scale.

Country grants



Rwanda

Building an integrated, efficient, resilient system to expand equitable access to NCD and mental health services across the life course

Project duration: December 2024–November 2026

Grant amount: US\$999,915

UN system implementing partners:

WHO, UNICEF, International Labour Organization (ILO), UNHCR – the UN Refugee Agency

Government implementing partners:

Ministry of Health, Rwanda Biomedical Center

Civil society implementing partners:

Rwanda NCD Alliance, Partners in Health, Uyisenga Ni Imanzi, YWCA

Rwanda continues to stand out as one of Africa's most resilient and rapidly transforming economies, with GDP growing by 7.8 percent in the first half of 2025. Yet the country faces significant and growing NCD and mental health burdens: NCDs now account for 41 percent of mortality (up from 27.9 percent in 2019/20), and 20.5 percent of the general population experience mental health conditions, a proportion that rises to 52.2 percent among genocide survivors. The inter-relationship is stark: 83 percent of people with diabetes show depressive symptoms, while over 40 percent of cancer patients report depression or anxiety.

This project aims to strengthen Rwanda's health system response to NCDs and mental health conditions by developing integrated, people-centered models of care across the life course. It is being piloted through schools, workplaces, health facilities, and community structures, and supported by multisectoral coordination mechanisms. Building on the country's existing robust health system and universal health coverage platform, interventions are expanding equitable access to gender- and age-responsive services, supported by service packages, protocols, and tools that integrate NCD and mental health care into primary care and beyond, taking into consideration the long-term effects of the 1994 genocide.

Initial engagement with financing and insurance stakeholders has begun, with pathways being explored for inclusion of NCD and mental health services in national benefit packages. Community-based and trauma-informed approaches are being integrated through adaptation of tools and engagement with local actors.

By advocating for increased domestic and external financing, and for inclusion of NCD and mental health care in insurance benefit packages, the project will create sustainable pathways for scale-up. Cross-sectoral engagement with education, labor, and humanitarian actors (including through ILO and UNHCR support) will ensure that the needs of displaced and vulnerable populations are addressed, while civil society partners will support advocacy and service uptake among youth, women, and genocide survivors.

Key results in 2025

- A **comprehensive situational analysis** identified gaps across health facilities, schools, and workplaces, informing the design of integrated SOPs and training materials.
- National SOPs were developed for **coordinated mental health and NCD care**, providing practical guidance across health facilities, schools, and workplaces, supported by a context-specific M&E framework.
- A **Training Manual** on Integrating Mental Health and NCDs was developed, equipping health professionals with practical guidance, knowledge, and tools to apply national guidelines and evidence-based practices.
- 18 master trainers completed a five-day **Training of Trainers**, creating a national pool of trainers now rolling out training across all three pilot districts.
- Relevant tools, including mental health and psychosocial **support manuals** and adolescent-focused tools such as EASE and Take Five were adapted into Kinyarwanda, ensuring cultural relevance and accessibility.
- A **Workplace Wellness Program Operational Plan** (2025–2027) was developed with a capacity-building roadmap incorporating digital and e-learning components.
- **Consultative meetings** with district authorities in Gasabo, Kirehe, and Huye strengthened local ownership and multisectoral coordination.

These achievements position Rwanda, in its second year of the project, to enhance service delivery with the aim of institutionalizing integrated NCD and mental health services within national systems, with strong potential for scale through existing universal health coverage mechanisms. An evaluation of the impact of the grant will take place at the end of 2026/early 2027.



Training of Trainers workshop (Credit: ©WHO Rwanda)



We can now detect problems early and refer students to proper care. Health4Life provided us with essential knowledge about NCDs and mental health. Some students were already facing these challenges, but now we understand how to support them effectively. This will improve both their academic performance and overall well-being.

Dominique Bihozagara, Headteacher,
GS Kimironko 2, Rwanda

Country grants

Zambia



Enhancing youth health through governance and policy for NCD and mental health prevention

Project duration: October 2025 – September 2028

Grant amount: US\$999,065

UN system implementing partners:

WHO, UNICEF, UNDP, World Bank

Government implementing partners:

Ministry of Health, Ministry of Education, Ministry of Youth, Sport and Child Development, Ministry of Trade, Commerce and Industry, Ministry of Local Government and Rural Development

Civil society implementing partners:

Centre for Infectious Disease Research in Zambia, Zambia NCD Alliance, The Youth Platform

This project addresses the rising burden of NCDs and mental health conditions among adolescents and youth (aged 10–29) in Zambia by targeting key behavioural risk factors: tobacco use, alcohol misuse, physical inactivity, and unhealthy diets. It will strengthen the legal and policy environment by revising the Liquor Licensing Act (2011) and the National Alcohol Policy, and by supporting comprehensive tobacco control legislation aligned with the WHO Framework Convention on Tobacco Control.

Complementary measures will establish standards to curb the sale of unhealthy foods, including sugar-sweetened beverages. School- and community-based interventions—including vocational centres and universities—will embed behaviour change approaches and integrate NCD prevention into curricula. In parallel, the project will build health-system capacity through training for mental health service delivery and deploy digital tools and public awareness campaigns to promote healthier lifestyles and reduce stigma.

In 2025, implementation began amid a constrained and shifting financing landscape. The Ministry of Health’s share of the national budget declined from 11.8 percent to 10.7 percent, while NCD prevention continued to receive less than 1 percent of domestic health financing. The US Government’s withdrawal of aid—including a US\$50 million annual reduction in support for medicines—also severely affected the health sector’s delivery capacity. Despite these challenges, the Health4Life Fund project launched and achieved important foundational milestones in 2025.

The project is already beginning to influence key regulatory and fiscal policy discussions, positioning NCD prevention within broader national economic and public health priorities.



Young people are not just beneficiaries – they are drivers of change Healthy Minds, Bright Futures – the theme of the Youth Week panel – engaged approximately 1,000 young people in a conversation about mental health, resilience, and well-being. Two hundred joined the Youth Well-Being Community on the spot, underscoring a strong demand for structured, evidence-based youth health engagement. UNDP aims to translate these engagements into clearly defined commitments, robust follow-up mechanisms, and sustainable youth-focused system reforms that endure well beyond the week’s events.

Zambia Health4Life Fund Youth Champion Platform, National Youth Week, March 2026

Key results in 2025

- A **national launch** was held in October, officiated by the Permanent Secretary of the Ministry of Health. The event brought together UN agencies, provincial health authorities, civil society, youth networks, and academic institutions, including Sustainable Development Goal (SDG) supporter and music artist B-Flow, giving the event significant visibility and reach.
- 70 young people were recruited as **mental health and NCD champions** (40 in Lusaka; 30 in Kitwe and Ndola). They joined the Youth Mental Health and NCD Prevention Champion Platform—a scalable, multi-partner model that builds a structured network of trained youth embedded in communities, schools, and local youth centres.
- The Health4Life Fund team supported the **reframing of Youth Week** from a commemorative activity into a catalytic platform. A panel discussion on ‘Healthy Minds, Bright Futures: The Power of Mental Wellness in Career Success’ engaged approximately 1,000 young participants, with 200 joining the Youth Well-Being Community platform.
- Consultations with the National Food and Nutrition Commission advanced work on **sodium content regulation and a 25 per cent excise tax on sugar-sweetened beverages**, which are key fiscal and regulatory levers for NCD prevention.
- A desk review on **suicide prevention** was completed, with stakeholder consultations underway toward a comprehensive National Multisectoral Suicide Prevention Strategy using WHO’s LIVE LIFE framework.
- The **national mental health training package** was adopted in 2025, covering 14 modules from anxiety disorders to adolescent counselling. Procurement is underway to train health workers at primary health care level across six targeted districts.
- A competitive expression of interest was issued to NGOs and CSOs to **support multimedia design and social behaviour change communication for NCD** and mental health prevention among 10–29-year-olds.

These milestones are building momentum toward structural policy reform and sustained investment in youth health and prevention.

Country grants

Lao PDR



Transforming NCD Care through
Health System Strengthening

Project duration: January 2026 – December 2027

Grant amount: US\$850,000

UN system implementing partners:

WHO, UNDP, UNICEF

Government implementing partners:

Ministry of Health, Finance, and Sports and Education

This project is establishing a national NCD surveillance system. It will do this by embedding a dedicated NCD module into the District Health Information Software 2 (DHIS2) platform. This will address a critical data gap that has historically weakened Lao PDR's NCD response. Partners are also co-developing a multisectoral NCD action plan with government and civil society, including a sustainable financing strategy to support long-term implementation across sectors.

The project includes youth-led behaviour change initiatives to promote healthier lifestyles, strengthen community demand for services, and build grassroots accountability for NCD prevention outcomes. It prioritizes equity by focusing on rural populations, women, ethnic minorities, and adolescents—groups facing rising NCD risk but with the least access to care. Overall, it aims to remove key bottlenecks in surveillance, financing, and access.

Country grants

Sierra Leone



Building Sustainable Funding and
Investment Mechanisms for NCD
Prevention

Project duration: January 2026 – December 2028

Grant amount: US\$849,943

UN system implementing partners:

WHO, UNDP, UNICEF

Government implementing partners:

Ministry of Health, Ministry of Finance

Civil society implementing partners:

Sierra Leone NCD Alliance

This project responds to Sierra Leone's significant gap in financing for NCDs, aiming to mobilize and leverage resources from various sources to create a sustainable base for domestic resourcing of the country's NCD response. These avenues include integrating essential NCD services into the Sierra Leone Social Health Insurance scheme and the Free Health Care Initiative to secure financial protection for affected populations and embedding NCD priorities into the Medium-Term Expenditure Framework and Programme-Based Budgeting, institutionalizing NCDs within national planning and resource allocation cycles.

The project is also strengthening domestic resource mobilization by advancing health-promoting excise taxes on tobacco, alcohol, and sugar-sweetened beverages, reducing reliance on donor funding. To sustain domestic budget advocacy and accountability, the country team is developing a national NCD policy, operational plan, and dedicated investment strategy, while building clinical and governance capacity to deliver the Essential Health Service Package at district level. Catalytically, the project links fiscal reform directly to health outcomes, aiming to secure Universal Health Coverage for NCDs towards achievement of SDG 3.4 in Sierra Leone.

Country grants

Papua New Guinea



Strengthening National Capacity and
Multisectoral Commitment to NCD
Prevention

Project duration: January 2026 – December 2028

Grant amount: US\$845,835

UN system implementing partners:

WHO, UNDP, UNICEF

Government implementing partners:

National Department of Health, Provincial Health Authorities,
PNG Institute of Medical Research

Civil society implementing partners:

University of PNG, Youth Council Network

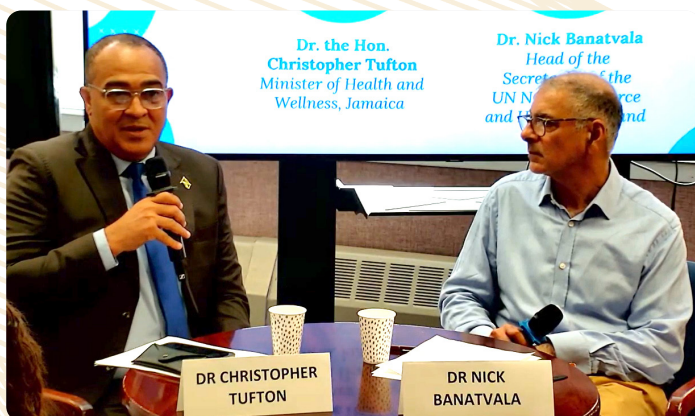
The project is modernizing NCD surveillance in Papua New Guinea (PNG) by conducting a STEPS survey and integrating NCD indicators into routine health information systems to create a sustainable evidence base for planning and monitoring. The country team is also developing a national NCD investment case as a tool to guide policy and budget advocacy, and political prioritization and resource allocation. The project is piloting an innovative and ambitious multisectoral budgeting mechanism to foster policy coherence and establish shared accountability across government sectors. Youth serve as active partners through participatory action research, peer-led prevention initiatives, and advocacy, ensuring interventions reflect community perspectives and address intergenerational health risks. This project develops a replicable, data-driven model for fiscally sustainable, youth-engaged NCD prevention that will catalyze broader health system transformation across PNG.



Multisectoral Workshop to Develop Health4Life Fund Proposal. Port Moresby. (Credit: ©WHO PNG)

South-South Learning Lab

In 2025, the Health4Life Fund established the South-South Learning Lab (SSLL) as a catalytic platform to translate evidence into policy action and financing at scale. The SSLL connects technical exchange, high-level advocacy, and knowledge production to support countries in advancing integrated NCD and mental health responses. With UNDP leading facilitation and coordination, and leveraging a new partnership with the UN Office for South-South Cooperation (UNOSSC), the SSLL was structured across three main areas: technical exchange, high-level advocacy, and knowledge production and shared agenda setting.



Discussions at the SSLL dialogue during the high-level week of the UN General Assembly (Credit: ©UNDP)

Technical exchange

Knowledge production and shared agenda setting



South-South Learning Lab (SSLL)



High-level advocacy

SSLL



Technical exchange: air quality and climate action

In July 2025, the SSLL convened a cross-regional virtual exchange, '[Integrating Air Pollution into Nationally Determined Contributions \(NDCs\): Insights From Country Action and Collaboration](#),' engaging 82 participants across 23 UN Country Offices. Timed ahead of the fourth high-level meeting on NCDs, mental health and wellbeing, the 30th United Nations Climate Change Conference (COP30), and NDC 3.0 processes, the exchange brought together the Governments of Chile, Nepal, and Zimbabwe – health, climate, and environment representatives – with technical inputs from WHO, UNDP, and the World Bank.



Credit: ©UNDP

SSLL



High-level advocacy: UN General Assembly dialogue on investment in NCDs and mental health

Investment cases are not just economic documents – they are political tools. Jamaica's new South-South collaboration with the Philippines demonstrates how shared experience can unlock commitment and financing at scale.

Dr the Hon Christopher Tufton, Minister of Health and Wellness, Jamaica (SSLL dialogue at UNGA, September 2025)

During the high-level week of the United Nations General Assembly (UNGA) in September 2025, the SSLL hosted an [in-person dialogue](#) to highlight the strategic value of investment cases in mobilizing political commitment and sustainable financing.

The Minister of Health of Jamaica emphasized a new South-South collaboration with the Philippines, while additional contributions from Thailand, Saudi Arabia, and Cameroon underscored the value of investment cases in strengthening policy coherence, unlocking domestic resources, and enabling civil society engagement. A youth advocate from Mongolia, an air pollution investment case country, spoke on his experience living with dangerous air quality levels.

SSLL



Knowledge production and shared agenda setting: a decade of investment cases

Through the SSLL, UNDP and the Task Force developed the flagship paper, [“Realizing the return – insights from a decade of investment cases on noncommunicable diseases and mental health”](#). The paper synthesizes a decade of investment case work across more than 60 countries, combining economic and political economy insights with a comprehensive picture of policy impact and financing outcomes.

Grounded in direct feedback from more than 30 countries and informed by the SSLL-convened dialogue during UNGA, the paper sets out a forward-looking agenda to support deeper implementation of investment case recommendations.



Promoting Global-South leadership

because local priorities and expertise must guide global investment in NCDs and mental health

Lessons, Risks & Challenges

Effective multisectoral cooperation requires sustained investment in time and coordination, but is essential to achieving integrated and scalable outcomes. The constraints in global health financing have strengthened the case for the pooled fund model and for the approach to diversification of financing partnerships that the Health4Life Fund pioneered through its Global South-led model. The response to, and interest in, the work of the SSLL has also emphasized the appetite for new models of international cooperation in greater cross-country learning and shows the promise in cross-country learning and triangular cooperation.

Maximizing the impact of the SSLL, from exchange to knowledge to policy uptake, requires continued engagement and financing beyond initial convenings.



Health4Life Fund Project Workshop. Kigali. (Credit: ©WHO Rwanda)

The four structural and contextual risks that were navigated during the year are described here.

Issue 

Reduction in multilateral support

Description 

Reductions in multilateral support by Member States, including the US withdrawal from WHO, created structural challenges for the Fund at both global and country levels. These challenges resulted in operational and capacity constraints, including the loss of the Secretariat’s resource mobilization focal point. The effects of these structural challenges are expected to continue impacting operations in the near term.

Response 

The Fund protected core operational functions, with more selective efforts dedicated to new resource mobilization. At the same time, shifts in global health and development financing have strengthened the case for the pooled fund model and for the diversification of financing partnerships that the Health4Life Fund has advanced.

Issue 

Coordination complexity

Description 

The H4LF’s multistakeholder approach embedded in its governance, day-to-day management, and country-level grant implementation has, at times, demonstrably slowed implementation.

Response 

Building stronger relationships with stakeholders and establishing clear coordination structures has reduced transaction costs over time. Joint planning and budgeting at both Secretariat and country level have further embedded multistakeholder ways of working into routine operations.

Issue 

Political risk

Description 

Political shifts across Member States, whether partners or implementing countries, may affect H4LF operations. Upcoming elections in Scotland (a Steering Committee member) and Zambia (an implementing country), for example, could bring changes in government priorities or affect existing relationships.

Response 

Strong relationships with non-political officials in both partner and implementing countries should help mitigate most partnership and implementation risks. In implementing countries, robust documentation systems have also been put in place to support smooth transitions should they be needed.

Issue 

Budgetary constraints

Description 

Funding and budget constraints pose risks at multiple levels of H4LF operations. At the Secretariat level, limited and uncertain donor funding threatens the long-term sustainability of the mechanism. At country level, budget pressures within UN agencies and government counterparts have slowed programme rollout in Rwanda and Zambia, constraining consultant recruitment and capacity-building activities. In Zambia specifically, high inflation and currency instability are eroding the real value of committed funds.

Response 

At Secretariat level, mitigation focuses on long-term financial planning and proactive securing of commitments from current and future donors for HQ-level activities. At country level, mitigation includes increased reliance on existing national expertise, flexible and adaptive planning, and deeper integration into Ministry of Health structures to reduce cost dependency. Multi-currency budgeting practices and regular budget reforecasting are applied to manage exposure to currency volatility.

Call to Action

With political momentum secured at the fourth high-level meeting with the inclusion of the Health4Life Fund in the Political Declaration, 2026 presents a unique opportunity to convert commitment into implementation.

The Health4Life Fund offers a ready and increasingly validated mechanism to channel catalytic financing into country-led policy reform, system integration, and sustainable financing pathways.



The next step is to scale.



We call on Member States, development partners, philanthropic organizations, and private sector actors to:

Contribute

Contribute to the Health4Life Fund in support of country-led NCD and mental health action.

Commit

Commit multi-year financing to enable predictable, catalytic scale-up.

Champion

Champion the Fund across UN and other intergovernmental processes as a One-UN solution delivering results.

Scaling now will determine whether global commitments translate into measurable improvements in people's lives.



Health4Life has filled a crucial gap in our services. Now, when treating patients with NCDs, we also assess their mental health, knowing that chronic conditions can impact emotional well-being. This approach allows us to provide better care and detect problems earlier. We are grateful for this training, which will have a lasting positive impact on our community.

Orelie Mujawayezu, Director, Health Centre in Gikomero, Rwanda

Health4Life Steering Committee

The following were represented on the Health4Life Fund Steering Committee in 2025: WHO (permanent co-chair), UNICEF (rotating co-chair), UNDP, governments of Kenya, Mauritius, Philippines, Scotland and Uruguay, the UN Multi-Partner Trust Fund Office, NCD Alliance, and United for Global Mental Health. Summary of Steering Committee meetings are available on the [Health4Life website](#). The Steering Committee is guided by the [Fund's Terms of Reference](#), [Governance Arrangements](#), and [Operations Guidance](#). Resource mobilization is guided through a resource mobilization strategy and a roadmap. Guidance exists for the way that the Fund engages with non-State actors.



We further call upon UN agencies, regional and intergovernmental organizations, within their respective mandates, to support Member States through catalytic development assistance, including through the Task Force and the Health4Life Fund.

Paragraph 78. 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.



Uniting partners across government and society

because multisectoral action is required to tackle NCDs and promote mental health

The Health4Life Fund was established in 2021 by UNDP, UNICEF and WHO (three members of the [United Nations NCD Task Force](#)) following the third high-level meeting on NCDs. It is administered by the [UN Multi-Partner Trust Fund Office](#). The Fund catalyzes domestic financing and action to prevent and control NCDs and to improve mental health. It also enables governments, the United Nations development system and other development partners to work together towards country-level priorities in line with evidence-based norms and standards. The Fund is based on established financing-for-development, as well as aid and development effectiveness principles.

 www.health4life.fund

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