

## Prioritising UHC, Health Equity, and Participatory Governance in the Political Declaration of the 4th High-Level Meeting on NCDs

Submitted by bdesantiago on 9 juillet, 2025 - 16:38

Langue Anglais



**On 25 September 2025, global leaders will gather in New York for the fourth United Nations General Assembly High-level Meeting on the Prevention and Control of Noncommunicable Diseases (NCDs)[1] and the Promotion of Mental Health and Wellbeing (HLM4).**

This meeting comes at a critical time: with just five years left to achieve the Sustainable Development Goals (SDGs), the global community must shift from commitments to action. NCDs are the leading cause of death and disability worldwide, and progress towards addressing them has [slowed since 2015](#) [1], falling far short of what is needed to achieve global targets. As governments report on SDG progress at the [High-Level Political Forum \(HLPF\)](#) [2], with SDG 3 on 'health and wellbeing' on the agenda, we at the Coalition of Partnerships for UHC and Global health urge a fresh re-commitment to UHC, addressing the determinants of health, and participatory governance, recognizing that achieving NCD target 3.4 and UHC target 3.8 are interdependent goals: we cannot achieve one without the other.

Here's why it's important to:

### 1. Make UHC a national priority

[Half of the world's population](#) [3] still lack access to essential health services, and for those who do seek care, the costs are often devastating and impoverishing. Nearly [two billion](#) [1] people face financial hardship due to health spending. NCDs, which often require long-term treatment, place a heavy financial burden on families, leading to generational cycles of debt, poverty, and disease. UHC based on primary health care (PHC), with strong referral systems to specialised care, is the solution, as it ensures that everyone, everywhere, can access the full range of essential health services they need—when and where they need them—without financial hardship.[2]

The HLM4 Political Declaration must place UHC at the centre, and encourage the implementation of publicly financed national health benefit packages that cover essential, quality health services, including the prevention, diagnosis, treatment, and long-term management of NCDs and mental health condition

The HLM4 Political Declaration[3] should aim to re-energize Member States' commitment to UHC and its implementation, and continue to emphasize the importance of integrating person-centred noncommunicable disease prevention, control and management into publicly financed national health benefits packages. We urge Member States to retain the targets included in the draft text on health taxes, access to an essential package of quality-assured medicines and technologies, and financial protection policies, as these are key drivers for advancing UHC. We also welcome the mention of strategic purchasing arrangements, such as pooled procurement, to stimulate the scaled-up implementation of cost-effective interventions identified in health benefit packages. These priorities should be reflected in ongoing discussions on the HLPF, where countries are charting a course toward accelerated action towards the SDGs and UHC.

## **2. Address the determinants of health**

Social determinants of health – the conditions in which people are born, grow, work, live, and age – significantly influence [health inequities](#) [4]. For instance, for marginalized populations, factors such as limited access to quality housing, education, social protection and healthy food, along with exposure to infectious diseases, increase the severity and diversity of NCDs. Women and girls living with or at risk of developing NCDs and mental health conditions face [unique and systemic barriers](#) [5] to healthcare services—particularly in low-resource environments. Limited financial autonomy, restricted time and mobility, and caregiving responsibilities may prevent them from seeking timely care. [Structural economic disadvantages](#) [6], such as the global gender [pay gap](#) [7], unpaid and invisible care work, underemployment, and lack of social protection, further reduce their ability to afford and access health services.

Women, children, and adolescents (WCAH) are particularly vulnerable to the effects of health inequities and gaps in care. The rising burden of NCDs among adolescents and the long-term impacts of poor maternal health on both mothers and children must be better addressed through integrated, life-course approaches to health. The HLM4 Political Declaration must explicitly prioritize WCA health as a core element of NCD prevention and UHC. This includes ensuring access to age-appropriate services for adolescents, strengthening maternal health services with embedded NCD screening and management, and addressing intergenerational risks linked to poor nutrition and environmental exposures.

Addressing the determinants of health yields greater prevention and early diagnosis leading to better health outcomes across the life course. We support the considerations for addressing social determinants of health included in the draft political declaration and underscore the need for the HLM4 Political Declaration to acknowledge the full extent of structural and systemic inequalities that shape access to care and exposure to NCD risk factors, including economic disparities, gender inequalities, and economic status. The HLPF presents a momentous opportunity to elevate these concerns and ensure that national and global SDG strategies reflect the need for inclusive and equitable health systems that prioritize the most vulnerable, and policies that reduce disparities in health outcomes between countries and within communities.

## **3. Promote participatory governance**

Ensuring the [meaningful involvement](#) [8] of people living with NCDs and mental health conditions helps shape policies that reflect real needs and dismantle barriers to access is a powerful enabler of progress. Young people, in particular, must be meaningfully engaged in shaping the policies that affect their futures. They are increasingly vulnerable to NCDs, facing daily exposure to major risk factors such as unhealthy diets, tobacco and alcohol use, physical inactivity, and air pollution. The Kigali Youth Declaration, a call to action from young people themselves, underscores the importance of youth-led solutions driven by their lived experiences and voices.

Institutionalizing participation through inclusive governance structures ensures transparency, builds public trust, and improves the uptake of services, leading to better health outcomes and reduced stigma. As countries review progress towards SDG3 and related targets at the HLPF, and as negotiations on the HLM4 Political Declaration advance, prioritizing people-centred approaches and formalizing participatory mechanisms for communities, civil society, youth, and people affected by NCDs and mental health conditions will be key to ensuring that no one is left or pushed behind.

## **Calls to action**

We urge Member States to:

1. Recognize the centrality of UHC in accelerating progress to address NCDs and mental health conditions, and that NCD target 3.4 and UHC target 3.8 are interdependent goals.
2. Strengthen social and financial protection schemes and coverage for NCD and mental health services to minimize out-of-pocket health spending;
3. Promote equitable access to essential quality NCD and mental health services, medicines, and health products by scaling up and integrating quality NCD prevention, care and management into primary health care (PHC) systems and national essential health benefit packages aligned with national disease burdens.
4. Address the social, environmental, economic and commercial determinants of health and advance gender equality as a prerequisite for resilient health systems and quality, equitable outcomes;
5. Promote and institutionalize the engagement of communities, including people living with or at risk of developing NCDs and mental health conditions, in the implementation of the HLM4 Political Declaration.

Achieving global NCD targets by 2030 is within our grasp, but only if we refocus our priorities by investing in UHC, tackling the root causes of poor health outcomes, and ensuring that people are part of the decisions that shape and impact their lives. The HLM4 should not be another milestone but an opportunity to act decisively. The dialogue at HLPF should build momentum for the commitments at the HLM in September, to bring us closer to deliver on the SDGs.

#### Footnotes:

[1] The first UN High-Level Meetings in 2011 and 2014 focused on a 4x4 approach, including cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases; in 2018, the 3rd UN High-Level Meeting introduced the '5x5' approach, formally recognising mental health and neurological disorders as a key component of the NCD response.

[2] See [here](#) [9] for an analysis of the importance of PHC and strong referral systems for achieving UHC.

[3] A full review by the NCD Alliance of Rev.1 of the Political Declaration for the UN High-Level Meeting on NCDs and Mental Health (HLM4) can be found [here](#) [10].

#### About the authors:

**Pamela Cipriano**, Co-chair of the UHC2030 Steering Committee, is an internationally recognised nursing leader. As a strong advocate for the nursing profession and resilient health systems, Pamela has been instrumental in shaping policies that promote quality and affordable healthcare services worldwide. She is the International Council of Nurses (ICN) President and a Professor at the University of Virginia. She previously served as Dean of the UVA School of Nursing, ICN's First Vice President and as the President of the American Nurses Association. Her passion for improving health outcomes and fostering collaboration will be invaluable assets to UHC2030.

**Katie Dain** is Chief Executive Officer of the NCD Alliance, and has worked with NCDA since its founding in 2009. Katie is widely recognised as a leading advocate and expert on NCDs. She co-chairs the WHO Civil Society Working Group on NCDs, and has served as a commissioner on the WHO Independent High-Level Commission on NCDs, The Lancet Commission on NCDs of the Poorest Billion, The Lancet Commission on Global Oral Health, and The Rockefeller-Boston University Commission on Health Determinants, Data and Decision-making. She is also a member of the Steering Committee for the Coalition for Access to NCD Medicines and Products. Her experience covers a range of sustainable development issues, including global health, gender equality and women's empowerment, violence against women, and women's health. Before joining the NCD Alliance, she held a series of policy and advocacy posts in international NGOs and government, including the International Diabetes Federation (IDF) in Brussels; the UK Government as a gender policy adviser; Womankind Worldwide; and the Terrence Higgins Trust.

**Rajat Khosla** is the PMNCH Executive Director. He comes from the International Institute on Global Health (UNU-IIGH) where he acted as Director. Rajat works on women, children and adolescent health through the intersections of

research, policy, and practice. Over the last twenty years his work has focused on global health and inequalities, sexual and reproductive health and rights, gender equality and health equity. He has published widely in academic publications and writes regularly on these issues. He previously worked at the World Health Organisation and UN Office of the High Commissioner for Human Rights where his work focused on research and normative development for implementation of the Sustainable Development Goals related to health in particular on issues related to sexual and reproductive health; develop and guide policy and legal analysis; and develop policy frameworks on the integration of women's rights in humanitarian emergencies. Previously Rajat has served in a variety of research and policy roles with civil society organisations and think tanks such as the Centre for the Study of Developing Societies, and the International Environmental Law Research Centre, and other. He has also advised numerous organisations such as UNDP, UNICEF, UNFPA and others on issues related to women, children and adolescent health. Rajat is an Adjunct Research Professor at the University of Southern California Institute on Inequalities in Global Health and a Visiting Fellow at the University of Essex Human Rights Centre. His current affiliations include membership of the UNU-IIGH Gender and Health Hub High-level Advisory Committee. He is an alumna of University of Delhi and University of Essex.

**Magda Robalo** brings a distinguished career in public health and global development to her role as co-chair of UHC2030. With her extensive experience in health policy and advocacy, Magda has championed equitable access to healthcare for all, especially the most vulnerable populations. She has spearheaded successful initiatives in her current role as President and Co-Founder of The Institute for Global Health and Development and as former Minister of Public Health, Presidential High Commissioner for the COVID-19 response in Guinea-Bissau, WHO Representative, WHO Director of Communicable Diseases and Global Managing Director of Women in Global Health. Her leadership and strategic vision will undoubtedly propel UHC2030 forward in achieving its goals.

**Tea Collins** is a physician, diplomat, researcher and global health leader with over 25 years of experience at the intersection of clinical medicine, global health policy, and public health. As a senior cross-cutting lead at the NCD Department (WHO), she provides technical guidance and manages high-profile cross-cutting strategic projects focused on capacity building, development cooperation, healthcare financing, health systems strengthening, maternal and child health, integrated care, non-communicable diseases (NCDs), multistakeholder engagement, and implementation research. Throughout her tenure at WHO, Dr. Collins has played a key role in advancing global NCD and mental health agendas, leading cross-departmental initiatives and coordinating efforts across agencies aligned with the 2030 Sustainable Development Goals.

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**Search Keywords:** HLM4, health equity, people living with NCDs, Universal Health Coverage (UHC)



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**Liens**

- [1] [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
- [2] <https://hlpf.un.org/>
- [3] <https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>
- [4] <https://www.bmj.com/content/364/bmj.l251>
- [5] <https://www.taskforcewomenandncds.org/reflections-from-women-deliver-championing-gendered-approaches-to-addressing-non-communicable-diseases/>
- [6] <https://pmc.ncbi.nlm.nih.gov/articles/PMC8074552/>
- [7] <https://www.weforum.org/stories/2022/08/gender-pay-gap-health-care/>
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