

UN Multi-Stakeholder Hearing on NCDs and Mental Health

Statements from the NCD community

(2 May 2025)



Statement for UN Multistakeholder Hearing – Panel 2

Delivered on behalf of International Diabetes Federation

Dear colleagues, friends, and decision-makers,

My name is Lucía, and I have lived with type 1 diabetes for over 30 years. Today, I speak not only for myself but for millions of people living with NCDs and mental health conditions worldwide.

Representing International Diabetes Federation, we align with The Call to Lead on NCDs, because we believe that lasting change begins with those who live these realities every day.

If we truly want to build stronger health systems and achieve Universal Health Coverage, we must listen to those who live with these conditions every day. That means putting people at the centre of care—people-centred care.

People-centred care means seeing the whole person, not just the disease. It means treating people with dignity, listening to their needs, and ensuring they are part of the decisions that affect their lives.

But for this to happen, meaningful engagement is essential. We don't want to be included at the last minute or just as a formality. We want to be part of the process from the beginning—helping shape policies, design services, and evaluate results. Because we are the experts in living with these conditions.

To make this real, we ask you to:

- Recognize our right to be involved in all decisions about NCDs and mental health.
- Remove the barriers that keep people like me out—whether it's lack of access, stigma, or underfunding.
- Formalize and incentivize meaningful engagement, so that everyone, especially the most marginalized, can take part.
- Invest in our engagement—with training, funding, and real leadership roles for people with lived experience.

One critical issue that must be addressed is affordable access to healthcare and supplies. For many people living with NCDs, access to the medications, devices, and supplies they need is not just a challenge; it is often out of reach. No one should ever have to choose between paying for their medication and meeting their basic needs. Universal Health Coverage should ensure that everyone has access to essential health services, without financial hardship. This includes affordable, consistent access to the supplies and treatments that are essential to managing our health and living fulfilling lives.

As we stand in these polarized and uncertain times, it is crucial that we remember the fundamental truth: health and life are human rights. Now more than ever, we must act with urgency to ensure that everyone, especially those living with chronic conditions, is not left behind. The decisions we make today will shape the future of global health.

If we want health for all, we need voices from all. If we want systems that work, we must build them together. So, my question to all of you is: Are you ready to share power, or just share space? Because nothing about us should ever be decided without us.

Thank you.

Statement for UN Multistakeholder Hearing – Panel 2

Delivered on behalf of Healthy Caribbean Coalition

Thank you for inviting the Healthy Caribbean Coalition (HCC).

Civil society has and continues to play an essential role in strengthening of health systems. As a member of the NCD Alliance and as a regional alliance representing over 85 CSOs, my comments will be framed through this lens.

HCC recently released Caribbean civil society Advocacy priorities for the HLM4, aligned with the NCD priorities and tailored to the unique context of SIDS. Drawing on our priorities, I would like to highlight four major health system challenges and share examples of how civil society has and can support meaningful and impactful, shifts in health systems. The challenges are:

1. Lack of involvement of people most affected by and at risk of NCDs
2. Compartmentalisation and weak governance of the response
3. Inability of health systems to face emerging challenges
4. Underfinancing of health systems

Civil society has and can support meaningful and impactful though:

1. Meaningful engagement of key groups including people living with NCDs, people with lived experience, young people and the elderly must be institutionalized into the decision-making architecture of health systems to ensure an equity- and rights-based multisectoral NCD response which engages communities and places people first.
- Member States have been slow to develop sustained, structural platforms for participatory, inclusive NCD decision-making. Civil society is a powerful broker, connecting communities to decision-makers, and bringing deep experience and expertise to policymaking tables. PAHOs recently launched Better Care for NCDs has a core component around community engagement providing an entry point for co-development of platforms for civil society inclusion and meaningful participation as key voices in the decision-making structures informing primary health care.
2. Breaking down silos requires strengthening of the governance of the multisectoral response to support policy coherence and maximise impact, while protecting policymaking from undue influence.
- Despite pockets of success of multisectoral platforms, many Member States still face challenges including true realization of a whole-of-government and whole-of society response which fosters policy coherence while safeguarding against conflicts of interest and undue influence. Civil society - uniquely positioned to support governments while also holding them accountable - has been advocating for strong governance of the multisectoral response including through: monitoring of industry interference; increasing public awareness through communication campaigns; and building capacity to manage conflicts of interest.
3. Responding to emerging threats - Health systems must be responsive and resilient in the face of increasing natural and made-made crises seen on a scale not experienced before – climate change is one of these threats of which SIDS are on the front lines. Building climate-resilient health facilities and ensuring the integration of NCD prevention and control measures into

preparedness and response to disasters, emergencies, pandemics, and humanitarian situations is an urgent priority.

- Civil society organisations have a complementary and critical role to play in supporting vulnerable communities post disasters as part of broader efforts to build system-wide resilience. HCC in collaboration with health and academic partners, recently adapted a series of brochures for management of NCDs – practical tools for people living with NCDs including mental health in disaster, emergency and humanitarian conditions.

4. And Finally, financing.

- Given the perpetual underfinancing of NCDs, the current contraction of global development aid, and the continued limited fiscal space in settings such as ours - countries will need to deliver on tried and true best practices such as taxes on unhealthy commodities. Sir George Alleyne et al. in recent a JAMA piece identifying key areas for action for the HLM4 called for the implementation and increase of health taxes – regarding these as *‘perhaps the most important priority’*. Civil society has been a driving force behind the implementation of fiscal policies from tobacco, to alcohol, sugar-sweetened beverages and most recently a 20% salt tax in Barbados and UPP taxes in Columbia
- Taxation of unhealthy commodities alone will not cover the exorbitant costs of care - Governments, supported by the global community must unlock innovative financing options including leveraging the nexus between climate change and NCDs. Importantly, the financial burden of NCDs cannot and must not continue to sit solely on the shoulders of the State while the unhealthy commodity industry continues to externalize costs, leaving the cash-strapped, resource-constrained Governments to pay the NCD price tag. Innovating financing must include shifting the financial burden of NCD treatment to the industries driving them.

I wish to close with a call on Health systems actors, influencers and beneficiaries to more intentionally integrate NCD prevention into their narrative and paradigm. The notion of financing robust health systems able to achieve universal health coverage in a context of growing NCD and obesity burden especially in resource-limited settings such those in the Small island developing states of the Caribbean and across LMICs – is a pipe dream. Governments MUST MUST take bold action to reshape our health systems and the environments in which they operate, away from health-harming and profit generating – to health promoting and life-enhancing.

Prevention must be part of the health systems agenda.

Thank you.



Statement for UN Multistakeholder Hearing – Panel 2

Delivered on behalf of Africa NCD Network

Mr. President, Excellencies, distinguished delegates, I represent the Africa NCDs Network (ANN), a coalition of civil society networks and organisations monitoring and advancing the prioritisation of NCDs prevention and control in Africa. First, we align strongly with the Call to Lead on NCDs and the eight (8) Africa NCDs Network HLM advocacy priorities including community engagement, strengthening political commitment and leadership as well as increasing domestic NCD financing.

Only 1.8% of global aid funding goes to our generation's most pressing global health concern. We now live in an inward-looking world among countries where increasing domestic economic and political interests relegate the masses by not considering the practical humanity-focused values of financing and sustaining health nationally and internationally. Financing should be heralded squarely in the political declaration, and accountability in financing NCDs should be required.

We therefore urge Member States to:

- Mobilise domestic financing by earmarking funds from fiscal policies and other innovative and sustainable revenue streams.
- Demonstrate political will, leadership, and intentionality by including NCDs now in their UHC packages and other national insurance programs
- Securing and assigning dedicated funding from appropriate sources for NCDs.

To combat the escalating burden of NCDs in today's world, we need local mobilisation led by political will and lived experience and fueled by strong international solidarity and collaboration for win-winolutions for this and the next generation.



Statement for UN Multistakeholder Hearing – Panel 2

Delivered on behalf of Healthy Philippines Alliance

Thank you, Mr. President. Excellencies, distinguished delegates, I speak on behalf of the Healthy Philippines Alliance. We align with “The Call to Lead on NCDs” promoted by the global NCD Alliance.

NCDs have become the leading cause of death and disability worldwide, significantly affecting low and middle-income countries like the Philippines. In these regions, NCDs account for 73% of all deaths and 82% of premature deaths before the age of 70. This growing epidemic is driven by various social, economic, and environmental health determinants. Marginalized and vulnerable communities, particularly those with lower socioeconomic status, are disproportionately affected.

Tackling the burden of NCDs requires comprehensive, multisectoral, and interdisciplinary approaches that engage the entire society and government.

We urge governments to address these critical disparities and inequities by:

1. Implementing evidence-based interventions for prevention, early diagnosis, treatment, and disease management that are tailored to local contexts and cultures.
2. Prioritizing nutrition, which is crucial in the prevention and management of NCDs. Governments must implement policies and programs that reduce the sugar, sodium, and saturated fat in foods—particularly the consumption of ultra-processed foods—and ensure their inclusion in national development plans.
3. Establishing social protection mechanisms and safety nets to alleviate financial challenges and support individuals living with NCDs.
4. Ensuring sustainable and adequate financing and resources for NCDs to create healthier communities and supportive environments that promote wellness, encourage physical activity, and reduce air pollution.
5. Strengthening their commitment to universal healthcare by recognizing the importance of incorporating person-centered NCD prevention, control, and health promotion interventions into national health benefits packages.
6. Ensuring that strengthening primary healthcare is a fundamental component of national health strategies.

This approach aims to simultaneously achieve Sustainable Development Goal targets 3.4 and 3.8, while building on the successes of other effective global health programs.

Statement for UN Multistakeholder Hearing – Panel 2

Delivered on behalf of NCD Alliance

The UN Secretary General's Progress Report shows the world is off track in achieving the SDG 3.4. The burden of NCDs and mental ill-health remains unacceptable, inequitable and increasing.

Ahead of this 4th HLM, the NCD Alliance has issued the Call to Lead on NCDs, signed by 500 civil society organisations and backed by 2.5 million people, that calls on governments to make a set of commitments in this year's political declaration.

One, Accelerate implementation. The last decade has been coined a policy success but implementation failure. This HLM and political declaration has to change this, renewing commitments to cost-effective policies that we know work, to reduce the risk factors and improve access to care.

This includes:

- the NCD 'best buys' which not only improve health outcomes, but bring a strong ROI.
- integrating MH and air pollution into national NCD plans and strategies.
- Address the root causes and determinants of NCDs.
- Integrating NCDs into UHC and PHC.

Second, Mobilize investment. This HLM must address the glaring mismatch between the scale of the NCD burden and the level of funding. We urge governments to increase sustainable financing for NCDs, by

- Adopting specific and measurable financing targets for NCDs and improving financing data/tracking.
- Committing to health taxes, that have a triple win of raising revenue, improving health outcomes, and reducing long-term health care costs.
- Optimizing health budgets through investments in integrated care and people-centred solutions.
- Pricing policies, strategic purchasing, and pooled procurement that can streamline public expenditure.

Third, Deliver accountability. We call on Member States to commit to regularly monitoring and reporting to citizens and the global community on an updated set of NCD targets extended to 2030 and beyond; ensure inclusion of NCDs into the post-SDG agenda, and commit to the next NCD HLM in 4 years time, 2029. A 7 year gap it just too long for the no. Killer worldwide.

There are 2 prerequisites for seeing progress in these 3 areas – 1) community engagement. Governments must put people at the heart of the NCD response, engaging civil society, communities and people with lived experience in decision-making and policy development, implementation, and accountability. 2) protecting health policy from undue influence of health harming industries – tobacco, alcohol, ultra processed food and fossil fuels.

We have the evidence, the commitments and the solutions to create a healthier world for all. It is time for governments to turn intent into action. Its time to lead on Non communicable diseases.

Statement for UN Multistakeholder Hearing – Panel 2

Delivered on behalf of ACT Brazil

Thank you Madam Chair, Excellencies, distinguished delegates and colleagues,

I'm Paula Johns, executive director and founder of ACT Health Promotion in Brazil, a Brazilian organization that coordinates a coalition of more than thousand members working to curb the NCD and Mental health pandemic. We are also part of the Brazilian National Health Council. I'm saying this to emphasize the vital role played by the Brazilian Unified Health System. Created in 1988 and inspired by Alma ATA declaration.

We thank you for this opportunity to speak and stand in solidarity with civil society organizations around the world and the NCDA and align with their call to lead on NCDs. We know the problem! We know what works! We are off track! We have enough evidence to do a lot more than we are doing! We know that the global and mental health pandemic is not an issue that will be solved only by individual behaviour or choices! We need population wide policies as well as integrated policies across the prevention and treatment continuum of NCDs and mental health

Why are we not doing it?

As a national level advocacy organisation working on NCDs risk factors for more than 20 years and I'll tell you why! The social and commercial determinants of health gives us a theoretical framework to understand the problem.

But, to make it simple and clear - as the world is organized today it pays off and it is highly profitable to produce and sell products and services that are harmful to health and mental health and that are highly addictive.

We need to change that!

Health taxes is a proven measure to reduce consumption of those products and it can also generate revenue for governments to invest in UHC, health promotion and healthy environments policies.

Other proven measures are marketing restrictions, including digital marketing, true and clear information for consumers and healthy environments and institutional policies.

Climate crisis together with biodiversity loss and pollution crisis - including plastic and air pollution are directly linked with the NCD and Mental health pandemic!

So let's ACT on it and CO-create a healthier, more sustainable and equitable world for all!!

So, my message for Member States is, CSO from all over the world, without conflict of interests, will stand by your leadership to fulfill your role to protect health over profits and to ensure a healthier and livable planet for future generations!

My message for the private sector from the harmful to health industries is: Pay your taxes, obey the rules, stop lobbying against population wide proven and effective regulatory measures. Re-invent yourselves! We have no planet B. The time to act is now.

Thank you from ACT health promotion.

Civil-Society Workign Group for the 2030 Agenda

Thank you, Madam Chair,

My name is Laura Cury, and I speak on behalf of the Civil Society Working Group for the 2030 Agenda in Brazil. I'm grateful for the opportunity to address this assembly.

We stand in solidarity with civil society partners, including the NCD Alliance, and strongly support the Call to Lead on NCDs.

In many developing countries like mine, the rising burden of noncommunicable diseases and mental health conditions is inseparable from poverty, systemic inequities, gender and racial injustice, and commercial determinants that place profit over people's health.

To address this, we urge global leaders to mobilize investment, accelerate policy implementation, and strengthen accountability.

Major but often overlooked risk factors—alcohol use, physical inactivity, and air pollution—require urgent attention. So does the regulation of harmful marketing and digital advertising, targeting especially, but not only, vulnerable populations.

According to WHO, every US\$1 invested in NCD interventions yields US\$7 in social and economic returns. Fiscal tools like health taxes on tobacco, alcohol, ultra-processed foods, and fossil fuels are proven effective tools yet largely underutilized. These must be part of a broader strategy that links the health agenda to the 2030 Agenda and Financing for Development, especially as health and development budgets face unprecedented cuts.

At the same time, we must end subsidies that benefit harmful industries and instead invest in food and energy systems that support human and planetary health—through sustainable agriculture, nutritious diets, and clean energy.

Integrated policies must bridge the gap between the 5 main NCD risk factors, but also with plastic pollution, and climate change—requiring a *One Health* approach and bold cross-sector coordination.

To succeed, these policies must be free from conflicts of interest. Public health cannot be shaped—or undermined—by the industries causing harm.

Finally, we stress the importance of social participation, especially the leadership of youth, women, Black and Indigenous peoples, and those with lived experience.

Investing in health today means securing a more just, equitable and sustainable, future for all tomorrow.

The time to act is now—let's leave no one behind.

Thank you.

Statement for UN Multistakeholder Hearing – Panel 2

Delivered on behalf of HRIDAY, the Healthy India Alliance (India NCD Alliance), South-East Asia Regional NCD Alliance, and Global NCD Alliance

We, HRIDAY, the Healthy India Alliance (India NCD Alliance), the South-East Asia Regional NCD Alliance and the Global NCD Alliance, come together to deliver an urgent and united call to action ahead of the 2025 UN High-Level Meeting on NCDs and Mental Health. People living with NCDs, mental health conditions, and their caregivers must no longer be left behind.

We urge Member States to:

1. **Mobilise sustainable investment** to promote health by integrating NCD and mental health services in primary health care and universal health coverage packages. Prioritise equity, inclusivity, and prevention by reaching the most marginalised first including migrant populations and measure return on investment not only in economic terms but in human dignity and lives saved.
2. **Operationalise meaningful community engagement** to ensure **meaningful involvement of people with lived experiences and caregivers** in health research, programmes, and governance—from village-level health committees to national, regional and global policy platforms. Investing in their leadership and capacity will ensure policies and programmes are grounded in real-world experience and meet the needs of those most affected.
3. **Co-develop models of empathic, community-led and person-centered care** that empower lived experience champions and health workers through co-designed, culturally resonant training and capacity-building initiatives, enabling systems to be inclusive, responsive, and resilient.
4. **Strengthen data and accountability systems** to disaggregate NCD and mental health indicators by age, gender, and geography, ensuring monitoring systems track both outcomes and equity. Embed inclusive, transparent monitoring and evaluation mechanisms, co-led by civil society and people with lived experiences, into national health governance structures.
5. **Promote health where people live, learn, and work** by implementing evidence-based health promotion in schools, health systems, and community settings. Empower lived experience champions and youth leaders to drive change locally and regionally.

This is a defining opportunity to shift from promises to purposeful action. We must lead with empathy, grounded in the lived realities of communities. By investing in inclusive, co-created, and accountable systems, we can build a future where NCD prevention and care are not only effective—but equitable and just.

The time to lead is now—together, for inclusive, people-centered health systems across our region and beyond.

Posicionamiento respecto a la Audiencia Multisectorial de las Naciones Unidas - Panel 2

Presentado en nombre de CLAS y Alianza Juvenil

Señora Moderadora, Excelencias, distinguidos delegados y colegas,

Mi nombre es XXXXXX y en representación de la Coalición América Saludable, alianza que reúne más de 200 miembros entre organizaciones y personas en América Latina; y en representación de la Alianza Juvenil, agradecemos la oportunidad de dirigirnos a ustedes.

Cuando termine esta intervención, más de 20 personas habrán muerto por una ENT en la región de las Américas. Esta es una crisis silenciosa, prevenible e injusta. Por ello, hacemos un llamado a todos los gobiernos a que enfrenten la interferencia de las grandes industrias responsables de fomentar los factores de riesgo de las ENT.

Observamos una preocupante influencia de actores que obtienen beneficios económicos a expensas de la salud de la población. Las industrias como la del tabaco, el alcohol y los productos ultraprocesados obstaculizan el avance de políticas fundamentales para la prevención y el control de las ENT.

Los gobiernos deben garantizar transparencia en los procesos para que los determinantes comerciales de la salud no interfieran en el diseño, promoción e implementación de las políticas públicas que salvan vidas. Exigimos garantizar una participación significativa de personas con experiencia vivida y de jóvenes en los procesos de toma de decisión. A 14 años de la primera Reunión de Alto Nivel sobre ENT, las personas con experiencia vivida, en situación de riesgo, y las/los jóvenes continuamos enfrentando una brecha en equidad que es inaceptable.

Nuestra participación sigue siendo simbólica, no significativa. Es urgente que los gobiernos involucren a las comunidades en la toma de decisiones, implementación y evaluación de políticas que afectan su salud y bienestar. Es hora de transformar la participación simbólica en un compromiso real con la inclusión.

Llamamos a los gobiernos a liderar en la respuesta a las ENT y responder a las necesidades locales. Queremos políticas que no sean sólo promesas, sino planes financiados, medibles y sostenibles. Sin la acción y la voluntad política de nuestros gobernantes, todas estas peticiones serán solo palabras vacías.

Alineados con el Call to Lead de la NCD Alliance y la Declaración de la Juventud de Kigali, instamos a todos los gobiernos a comprometerse a financiar, implementar y monitorear acciones basadas en evidencia, libre de conflicto de interés, para proteger a la población frente a los factores de riesgo y abordar los determinantes sociales y comerciales de la salud.

Asimismo, es fundamental fortalecer los sistemas de salud, especialmente al personal sanitario, con el fin de garantizar una atención de calidad y mejores resultados para las personas afectadas por las ENT y las condiciones de salud mental. La Reunión de Alto Nivel de septiembre debe traducirse en compromisos concretos, medibles y sostenibles. Es hora de actuar.

Muchas gracias.