The 2025 UN High-level Meeting on NCDs and Mental Health: The art of negotiation

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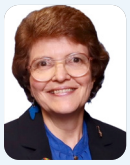
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The fourth United Nations High-level Meeting (HLM4) on Non-communicable Diseases and Mental Health in September 2025 was the culmination of months of consensus-building and was an important moment for global and national policy on NCDs. The statements by governments at HLM4, and the accompanying Political Declaration, provide all those working on NCDs and mental health with a direction of travel for global cancer advocacy to 2030 and beyond.

Every year during the General Assembly of the United Nations in New York City, high-level meetings (HLMs) are convened to bring together world leaders and governments to discuss specific health, development, and security issues. They are an important opportunity to secure commitments, build political will, and attract increased funding at the very highest level, while raising broader public and policymaker awareness of the need for action on global priorities. The first health-related HLM was on HIV/AIDS in 2001; others have included Ebola, antimicrobial resistance, tuberculosis, and universal health coverage *(1)*.

The fourth HLM on Non-Communicable Diseases (NCDs) and Mental Health (HLM4) was held on 25 September 2025 *(2)*. Its focus was on mental health and NCDs as a whole, rather than the individual diseases – with cancer being one of the five main conditions that the World Health Organization (WHO) includes within this agenda (alongside cardiovascular disease, diabetes, chronic lung disease, and mental health conditions), along with five shared risk factors (unhealthy diet, tobacco use, physical inactivity, alcohol use, and air pollution).

This meeting, like the previous three NCD HLMs (in 2011, 2014, and 2018), highlighted the prevention and control of NCDs worldwide, including a focus on their social and economic impacts. NCDs are a major challenge to sustainable development, threatening both individual health and the economies of many countries, leading to increased inequities. Taken together, NCDs and mental health conditions are the leading cause of death and disability in the world. Right now, someone aged under 70 dies from an NCD every two seconds, with 86% of these premature NCD deaths occurring in low- and middle-income countries *(3)* – and yet the majority of NCDs can be prevented or delayed. "Grappling with NCDs is a fundamental pillar in our development strategy," said the Minister of Health and Human Services for Somalia.

Every HLM sees the adoption of a Political Declaration (PD), prepared and negotiated in the preceding months. This sets out a consensus position and acts as both catalyst and guide for future action. The drafting was led by government "co-facilitators" (Luxembourg and St Vincent and the Grenadines), who published the Zero Draft of the PD in May 2025 *(4)*. This initial version was a significant step forward on the previous (2018) Declaration, including global targets to help drive accountability, and a number of commitments for the first time to reform the prevention and care of mental-health conditions – but with notable gaps, including concerningly little on the need for meaningful engagement of civil society and people living with NCDs.

For over a year, non-governmental organizations, including

the UK Working Group on NCDs, advocated to governments on how to build on the commitments set out in the 2018 PD. This intensified after the release of the first (zero) draft of the 2025 PD, in the face of significant lobbying by the private sector (notably, the alcohol and unhealthy food industries)*(5)*.

In some ways, the final PD *(6)* is an advance on the 2018 PD, including (for cancer) a clear focus on childhood, liver and cervical cancers, and on building more responsive cancer-control systems. However, lobbying, combined with today's challenging political climate, has led to the weakening of some key aspects, particularly on health-promoting environments *(7)*. "Compromises have denuded commitment," the Prime Minister of St Maarten for the Kingdom of the Netherlands commented.

For example, the original target on the number of countries with strong health taxes on tobacco and alcohol was removed (and inclusion of sugar-sweetened beverages removed entirely), and a proposed ban on tobacco advertising softened to merely a recommendation. Language such as "as appropriate" became scattered throughout, reducing the urgency and universal need for action. The only reference to "equity" that remains is in the title of the PD. The wording "harmful" use of alcohol is retained, despite evidence showing that there is no safe level of alcohol use either for brain health *(8)* or for cancer risk, and alcohol is a class-1 carcinogen *(9)*.

Although the PD is a document reached by consensus, the statements made by governments during the HLM itself (see also Box 1) revealed important areas of global agreement, with several noting that they, too, had wished to see a more ambitious final text. There was wide acknowledgement of the scale of the crisis, with a strong focus on the need for "all-of-society engagement" and a cross-sectoral approach. A fully integrated primary healthcare (PHC) system was recognized as a necessity for NCD and mental-health care. As the Prime Minister and Minister for Finance from the Bahamas put it, "Treating the body without treating the mind leaves people only half cared for."

Despite time-keeping efforts to hold speakers to a maximum of three minutes, not everyone wishing to speak was able to do so during the eight hours of plenary – which is indicative of the impact of NCDs and mental health on every country in the world. Negotiating blocs are likely to have impacted how negotiations unfolded, given geopolitical priorities, with some speakers either identifying with or formally aligning their delegation to groupings including Small Island Developing States (SIDS), the G77, and the European Union.

Nine Heads of Government spoke, including seven from SIDS, which are particularly harshly affected by NCDs: "This is not a silent epidemic: it is an emergency that chips away at our resilience daily," said the Deputy Prime Minister of Samoa.

Box1: Recurring themes from the plenary statements

- There is a pressing need to address mental-health conditions on the same level as NCDs, especially amongst young people.
- NCDs and mental health are development issues and their financial impacts have a strongly negative effect on national and global economies.
- There is a continued need to commit to sustainable financing for NCDs and mental health – both prevention and control – at all levels (national/state/regional/global) and for dedicated international development assistance.
- The prevention and early detection of NCDs and mental-health conditions must be integrated within PHC, with PHC being fundamental to achieving universal health coverage.
- Addressing NCDs and mental health conditions requires an all-of-government approach.
- The necessity of multisectoral engagement and partnership, including government, the private sector, and civil society.
- Effective prevention is a priority, validating the use of fiscal measures and regulations limiting exposure to known risk factors such as tobacco, use of alcohol and foods with high fat, salt or sugar content.
- The importance of protecting young people, including through tobacco and vaping control and by providing alternatives to unhealthy food.
- There is continued widespread support for WHO.

Two panels ran in parallel with the plenary, on tackling determinants of NCDs, and on strengthening health systems and financing. These were an additional opportunity to hear from more member states and were an important forum for the voice of civil society organizations.

Throughout, there was overwhelming support for the World Health Organization (WHO). The exceptions were the United States and Argentina, whose objections were no surprise. Their rejection of the PD forced it to a formal vote in the General Assembly in the weeks after the HLM, which at the time of publication is still to take place.

However, the plenary also highlighted critical gaps in global ambition. There was an imbalance in the care continuum, focusing extensively on the need to address prevention but with little on reducing morbidity, and only a couple of statements mentioned palliative care (despite palliative care being mentioned five times in the PD). The life-course perspective was unbalanced: there was welcome attention on children and youth (especially mental health and childhood cancers) but a concerning lack of focus on diversity, gender, disability, and ageing more broadly.

Notably, there was an alarming lack of commitment to meaningful engagement of people living with NCDs, with only a few honourable mentions, such as by South Africa. However, this imbalance was partially addressed by the final speech of the plenary, given by a spokesperson from the WHO Civil Society Working Group on NCDs. Kwanele Asante offered a powerful framework, using the language of citizenship to remind member states of their legal duties to respect, promote, and fulfil fundamental health and human rights, part

of which are stringent regulations to prevent health harms of the alcohol, unhealthy food, and tobacco industries.

The PD may be a consensus document, but the true test for action lies in national implementation. HLM4 has clarified that the fight is no longer about agreeing on goals, but about demanding that governments fulfil their duties by translating global ambitions into robust, regulated, equitable national health policy. All those in the NCD and cancer communities should seize the opportunity that this provides, on the understanding that the PD acts as the floor and not the ceiling when it comes to advancing the global NCD agenda, ahead of and beyond the Sustainable Development Goals horizon of 2030. ■

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