



**European Union**  
**Statement**

**WHO**

**76<sup>th</sup> World Health Assembly**

**(21-30 May 2023)**

---

**Item 13.2 – Political declaration of the third high-level meeting of the  
General Assembly on the prevention and control of non-communicable  
diseases and mental health**

---

**Geneva, 22 May 2023**

**WHO**  
**76<sup>th</sup> World Health Assembly**

**Item 13.2: Political declaration of the third high-level meeting of the  
General Assembly on the prevention and control of non-communicable  
diseases and mental health**

**EU Statement**

Chair,  
Director General,  
Excellencies,  
Colleagues,

I am delivering this statement on behalf of the EU and its 27 Member States.

The candidate countries Türkiye, North Macedonia, Montenegro, Serbia, Albania, Ukraine, Republic of Moldova and Bosnia and Herzegovina\*, the potential candidate country Georgia, the EFTA country Norway, member of the European Economic Area, as well as Armenia align themselves with this statement.

EU recognises the major disease burden caused by NCDs including oral health and mental health conditions, and supports the work of WHO and MS in the prevention and control hereof and we support WHO's efforts to develop “best buys” that countries can use based on their epidemiological situation, needs and priorities.

---

\* North Macedonia, Montenegro, Serbia, Albania and Bosnia and Herzegovina continue to be part of the Stabilisation and Association Process.

We are concerned that no country is on track to achieve all voluntary global targets for 2025. Whilst some countries, especially small ones, appear to be on track to achieving the premature mortality targets, other indicators concerning risk factor prevalence are worsening. We observe that investments in NCDs are falling short, even though we know that investing in prevention and treatment of NCDs render a great return of investment. To achieve the targets, we must accelerate our efforts in ensuring enabling environments for the promotion of health and well-being and in the prevention and control of NCDs and mental health conditions.

We would like to highlight four main points:

First, in times of pandemics, humanitarian emergencies, conflicts and wars, as in regular times, it is essential to pursue prevention and control of NCDs and mental health conditions across the life-course – and integrate this into emergency responses to preserve essential health service delivery at any time.

Second, improvement of equitable and affordable access to a full range of essential health services, especially for underserved populations, is necessary to meet the needs of people living with NCDs and mental health conditions. Improving access and quality of care will require a gender responsive and an integrated person centered approach, especially for people with multiple conditions related to NCDs and mental health.

Third, ambitious and sustainable “health in all policies” strategies, designed using a one health approach paying attention to environment and climate change, are critical in tackling underlying risks factors of NCDs and mental health conditions. Simultaneously, strengthened multisectoral action are needed to tackle the growing challenge of NCDs and mental health conditions.

Fourth, many NCDs share social, economic and environmental determinants and risk factors, thus we consider the continued approach of comprehensively

addressing NCDs as a group essential to avoid the development of vertical disease-specific global structures. Nevertheless, in some cases exceptions from this principle may be necessary, as in the case of promotion of mental health and addressing mental health conditions considering their increase, especially among children and adolescents. Maintaining health literacy, particularly in an age of an ongoing infodemic, is key to addressing worsening risk factor trends.

Mental health remains one of the most neglected areas of health calling for coordinated and multisectoral action, with full involvement of people with lived experience and a focus on community-based approaches.

Ensuring accessible and high-quality mental health services, person-centred, free of stigma and discrimination is key to achieving universal health coverage and we encourage WHO to strengthen the efforts for mental health and increase focus on information sharing and stigma reducing efforts paying particular attention to the persons in vulnerable situations. We would also like to stress the importance of prevention of mental health disorders and promotion of mental health and well-being in all settings, including at the workplace and in schools.

Finally, similar to the HLMs on PPPR, UHC and TB taking place this year, the EU and its Member States believe that the preparations of the NCD HLM in 2025 should be done in New York, closely engaging the WHO, based on a report by the secretariat, in order to guarantee sufficient cross-sectoral engagement by governments and global stakeholders. We call on Members States to ensure that their agenda setting in Geneva and in New York promotes coherence and synergies between the General Assembly health-related HLMs and the priorities for the work of WHO decided in Geneva.

Thank you.