World Health Organization

Executive Board
156th session

Provisional agenda item 7 EB156/7

6 January 2025

Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Report by the Director-General

Context

1. This report is submitted in response to decision WHA72(11) (2019), in which the Health Assembly requested the Director-General to follow up on the 2018 political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. It reports on the progress made in several areas (see Table) and is supplemented by a comprehensive overview of the Secretariat's technical work to support Member State efforts to prevent and control noncommunicable diseases (NCDs).[1]

Table. Mandates for the progress reports contained in this document

Resolution WHA74.4 (2021) on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes
Resolution WHA74.5 (2021) on oral health
Resolution WHA73.2 (2020) on the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030
Resolution WHA66.8 (2013) on the comprehensive mental health action plan 2013–2020 and decision WHA72(11) (2019) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
Decision WHA74(11) (2021) on the role of the global coordination mechanism on the prevention and control of noncommunicable diseases in WHO's work on multistakeholder engagement for the prevention and control of noncommunicable diseases
Decision WHA75(11) (2022) on the follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

[1] To be available at Noncommunicable diseases, rehabilitation and disability in January 2025.

Situational analysis

2. This section describes progress towards internationally agreed targets, including those in the NCD Global Monitoring Framework and target 3.4 of the Sustainable Development Goals. High-quality data are crucial for tracking NCDs and mental health but gaps remain. This was thrown into stark relief during the pandemic of coronavirus disease (COVID-19). The present report therefore focuses on global trends in NCD mortality up to 2019.

3. From 2000 to 2019, the likelihood of premature death from any of the four main NCDs decreased globally. For 30-year-olds, the risk of death from an NCD before the age of 70 (Sustainable Development Goal indicator 3.4.1) fell from 23% in 2000 to 18% in 2019.

4. That said, the global decline in premature deaths slowed between 2015 and 2019, to half that of 2000 to 2015. In 2019, only 19 countries and territories were estimated to be on course to reach target 3.4.

5. In high-income countries with reliable data, mortality from any of the four main NCDs declined slightly between 2015 and 2019 but the trend stalled during the COVID-19 pandemic.

6. Some countries have reduced women's risk of premature NCD death to under 6%; 23 countries are on track to meet Sustainable Development Goal target 3.4 for women, compared to 16 for men.

7. In 2021, at least 19 million people (28% of all deaths) died of cardiovascular diseases; 1.6 million of diabetes (many under age 70); around 10 million of cancer; around 4 million of chronic respiratory diseases; and around 1.8 million (mostly women) of Alzheimer disease and other forms of dementia.

8. Death by suicide, a Sustainable Development Goal indicator for mental health, claimed over 700 000 lives in 2021, with the suicide rate among men more than double that of women. The Sustainable Development Goal target of a one-third reduction in suicides by 2030 is unlikely to be reached. Nearly 1 billion people continue to be affected by mental health conditions.

9. In 2021, more than 3 billion people worldwide were living with a neurological condition. The overall number of disabilities, illnesses and premature deaths caused by neurological conditions has increased by 18% since 1990.

10. In 2019, 1.3 billion adults had hypertension, with only 21% having their blood pressure controlled. While the 2025 target of a 25% relative reduction in uncontrolled hypertension is unlikely to be met, 30 countries are on track to meet/have already met it.

11. Air pollution greatly increases the risk of NCD mortality. In 2022, 2.1 billion people continued to rely on polluting cooking and heating fuels, and 99% of the world's population lives in areas exceeding safe levels of fine particulate matter.

12. In 2022, 21% of adults used tobacco, down from 26% in 2010. The global target of a 30% relative reduction by 2025 is unlikely to be met except in the case of women and some regions (Africa and South-East Asia).

13. Over 1 billion people were living with obesity in 2022. Although the world is not on track to halt the rise in obesity by 2025, four countries have done so for adults and obesity in adolescents has plateaued in 14 countries and territories.

14. Global alcohol consumption fell slightly – from 5.7 litres per capita in 2010 to 5.5 litres in 2019 – but not enough to meet the global reduction targets of at least 10% by 2025 and at least 20% by 2030. However, 57 countries have already achieved a 10% reduction and a further 32 countries have achieved a 20% reduction.

15. In 2022, nearly one third of adults were insufficiently active, with women more affected than men, and older ages also less active. Only some countries are on track to meet the global target of a 15% relative reduction in inactivity by 2030.

16. At least 23% of the global population benefits from essential oral health interventions under the largest government health financing schemes. Only 66% of Member States have reported the availability of essential oral health care in public health facilities.[2]

17. All WHO regions have adopted regional frameworks to implement the global strategy to accelerate the elimination of cervical cancer as a public health problem. In 2022, 30 out of 142 countries with national cancer control plans had operational cervical cancer programmes.

Work by the Secretariat

18. The following sections provide an overview of the Secretariat's work to implement the mandates set out in the Table.

Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes

19. The WHO Global Diabetes Compact, launched in 2021, has been adopted in many WHO regions and is the subject of a multi-year project in the WHO African Region.

20. To address the needs of over 450 million people living with untreated diabetes, WHO, in 2024, issued a technical brief as part of its work to enhance access to high-quality, safe, effective and affordable essential medicines and associated health technologies.

21. Under the acceleration plan to stop obesity, WHO worked with 34 countries to accelerate the response to the obesity epidemic.

Oral health

22. In 2024, WHO convened the first ever global oral health meeting in Bangkok, Thailand, to accelerate and scale national oral health efforts. The meeting adopted the Bangkok Declaration and called for the establishment of a global coalition for oral health.[3]

[2] See Tracking progress on the implementation of the Global Oral Health Action Plan 2023–2030: Comprehensive baseline report on the global oral health targets (forthcoming in early 2025).

[3] Bangkok Declaration – No Health Without Oral Health (accessed 18 December 2024).

Comprehensive mental health action plan 2013–2030

23. In 2019, 51% of Member States had developed or updated their policy or plan for mental health in line with human rights instruments, compared to 45% in 2013 – well short of the 80% global target. By 2024, approximately 115 000 key stakeholders had completed the WHO QualityRights e-training course on a rights-based approach to mental health, recovery and community inclusion.

24. All six WHO regional committees endorsed new action plans or strategies on mental health as well as resolution WHA77.3 (2024) on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies.

25. In 2024, 59 countries had emergency mental health and psychosocial support coordination mechanisms, covering 90% of emergencies compared to 50% in 2020. The pool of coordinators for rapid deployment has expanded to 400 experts.

26. The intervention guide for the WHO mental health gap action programme has been used in over 100 Member States, and training, including a WHO Academy e-learning module, has been delivered together with 910 organizations.

27. The WHO Special Initiative for Mental Health has increased access to community-based mental health services for over 59 million more people in nine countries. The UNICEF/WHO Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents strengthened national health and education sector capacities to deliver support.

28. In 2024, WHO issued a global status report on alcohol and health and treatment of substance use disorders providing a comprehensive overview of alcohol consumption, alcohol-related harm, policy responses and treatment capacities. Twenty countries received support through the SAFER initiative's learning platform.

29. To help Member States to achieve the global targets of the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, WHO published an implementation toolkit containing actions, tools and resources for policy-makers and a report on improving access to medicines for neurological disorders.

Global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030

30. As at July 2024, the national immunization programmes of 74% of countries included HPV vaccination and global HPV vaccination coverage in girls up to 15 years had increased to 27%. Fifty-eight countries had adopted single-dose HPV vaccination schedules.

31. In 2024, the number of Member States with national policies that contain screening recommendations increased to 155 from 130 in 2020. Of these 155 Member States, 75 have included HPV testing recommendations.

32. WHO has strengthened collaboration and mobilized partners to support implementation in countries and undertaken resource mobilization efforts including convening virtual partners meetings and a global cervical cancer elimination forum.

Mid-term evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases

33. Decision WHA74(11) recognized the role of the global coordination mechanism, extended its terms of reference until 2030 and requested the Director-General to ensure its continued performance. The WHO Evaluation Office has conducted an independent mid-term evaluation that is available on its dedicated website.[4] The mechanism drew up a compendium report of country case studies on multisectoral approaches to addressing NCDs.

The preparatory process leading to the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

34. The 2018 political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases requested the United Nations Secretary-General to submit a progress report on implementation to the General Assembly by the end of 2024, in preparation for a high-level meeting in 2025. The date, scope, modalities, format and organization of the high-level meeting will be agreed by Member States in a resolution negotiated in early 2025.

35. Given WHO's global leadership and coordination role in promoting and monitoring action on NCDs and mental health, the WHO Director-General will prepare the progress report on behalf of the Secretary-General.

36. The scope, purpose and modalities of the preparatory process are set out in document A75/10 Add.5 (Annex 11), which was noted by the Seventy-fifth World Health Assembly.[5]

37. The Secretariat has launched multistakeholder engagement activities, including global and regional consultations, briefings and other processes, to enable Member States, international organizations and non-State actors to provide inputs during the preparatory process, with additional information provided on a dedicated WHO webpage.[6]

The opportunity for a transformative political declaration

38. The explicit inclusion of NCDs in the 2030 Agenda for Sustainable Development was crucial for spurring global action. Halfway to 2030, however, progress towards Sustainable Development Goal target 3.4 is off track. Unless urgent action is taken, the health of individuals, households and societies will be significantly affected in the long term. Underinvestment in health services has created a significant gap in care and support for people affected by NCDs and mental health conditions. Targeted investments are needed to reorient health systems towards primary health care as the foundation for universal health coverage and health security, with a focus on NCDs and mental health.

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[4] See WHO Evaluation Office (accessed 18 November 2024).

[5] Decision WHA75(11) (2022).

[6] See HLM4: On the road to 2025 and beyond (accessed 18 November 2024).

39. Achieving health equity demands stronger political action, resilient health systems, affordable quality medicines and technologies and improved monitoring. It involves enhanced emergency preparedness and response encompassing NCDs and mental health services, financial protection to reduce out-of-pocket costs and investment in risk reduction. Addressing the underlying social, economic, commercial and environmental drivers of risk is crucial. Coordinated, whole-of-government approaches and strategic multistakeholder collaboration remain essential to advance effective NCD and mental health responses.

40. The fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases provides an opportunity to adopt a new, ambitious and achievable political declaration on NCDs, based on evidence and grounded in human rights, to accelerate the global NCD response beyond 2025.

Action by the Executive Board

41. The Board is invited to note the report and provide guidance in respect of the questions below.

- How can the Secretariat support Member States as they prepare for the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases? What additional technical discussions, dialogues, briefings and information sessions do Member States require?

- How could the outcome of the fourth high-level meeting best be utilized to further drive global progress on NCDs and mental health?

- How can the Secretariat further support Member States in their efforts to align with the strategies and plans covered in this report?
